

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 in San Francisco, California, by and between **Regents of the University of California San Francisco** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, the Department of Public Health, Community Behavioral Health Services ("Department") wishes to provide mental health services to constituents of childcare programs, homeless shelters, and family resource centers in San Francisco serving children ages birth through five years of age; and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to add Appendices A and B for fiscal year 2015/16, increase compensation and update standard contractual clauses; and

WHEREAS, a Request for Proposal ("RFP") RFP-23-2009 was issued on September 25, 2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4150 09/10 on June 21, 2010;

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

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

a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010, Contract Number BPHM11000090, between Contractor and City.

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

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

a. Section 2 is hereby amended in its entirety to read as follows:

2. Term of Agreement. The term of this Agreement shall be July 1, 2010 to December 31, 2017.

b. Section 3 of the Agreement currently reads as follows:

3. Effective Date of Agreement.

This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

Section 3 is hereby amended in its entirety to read as follows:

3. Effective Date of Agreement.

This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing. However, City shall pay for services performed from the beginning date of the term of the Agreement upon certification of the Controller of the availability of funds.

c. Section 5 of the Agreement currently reads as follows:

5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Three Hundred Five Thousand Seven Hundred Forty Dollars (\$9,305,740)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

Section 5 is hereby amended in its entirety to read as follows:

5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for works set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twelve Million Three Hundred Sixteen Thousand Five Hundred Seventeen Dollars (\$12,316,517)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are

received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

d. Section 8 is hereby amended in its entirety to read as follows:

8. Submitting False Claims; Monetary Penalties.

Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

e. Section 10 is hereby amended in its entirety to read as follows:

10. Taxes.

- a. Payment, as applicable, of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Nothing in that paragraph shall be interpreted as a waiver of any immunities or defenses that Contractor may otherwise have.
- b. Without waiving its rights afforded to it as a California Constitutional Corporation, Contractor states as follows: Contractor recognizes and understands that this Agreement may create a “possessory interest” for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:
 - (1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.
 - (2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this

Agreement may result in a “change in ownership” for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

(3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (See, e.g., Rev. & Tax Code Section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

(4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

f. Section 11 is hereby amended in its entirety to read as follows:

11. Payment Does Not Imply Acceptance of Work.

The payment by City for Services under this Agreement, or the receipt of payment thereof by Contractor, shall in no way affect the obligation of Contractor to perform the Services set forth in **Appendix A** of this Agreement, nor does it preclude City from seeking any available legal remedy should Contractor fail to perform such Services.

g. Section 12 is hereby amended in its entirety to read as follows:

12. Qualified Personnel

Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. To the extent possible, Contractor will comply with City’s reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City’s request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

h. Section 13 is hereby amended in its entirety to read as follows:

13. Responsibility for Equipment

a. City shall not be responsible for any damage to persons or property to the extent it is a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City, while such equipment is in the sole care, custody, and control of Contractor.

- b. Any equipment purchased by Contractor with funds provided under the terms of this Agreement shall be deemed to be the property of the City and title to such equipment shall vest in the City. Contractor shall notify the Contract Administrator of any purchase of equipment in writing and shall provide an inventory of such equipment to the Contract Administrator within thirty (30) calendar days of the expiration or termination of this Agreement. If payment under this Agreement is based on a fee for service, equipment purchased using funds from this Agreement shall be referenced in **Appendix B**.

i. **Section 14 is hereby amended in its entirety to read as follows:**

14. Independent Contractor; Payment of Taxes and Other Expenses.

a. Independent Contractor.

Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

b. Payment of Taxes and Other Expenses.

Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorney's fees, arising from this section, but only in proportion and to the extent such claims, losses, costs, damages, and expenses, including attorney's fees, are caused by or result from the negligent or intentional acts or omissions of Contractor, its officers, agents or employees.

j. Section 15 is hereby amended in its entirety to read as follows:

15. Insurance.

Contractor and City agree that each party will maintain in force, throughout the term of this Agreement, a program of insurance and/or self-insurance of sufficient scope and amount to permit each party to discharge promptly any obligations each incurs by operation of this Agreement. A certificate of insurance is not required from either party. In the event an insurance waiver is required or approved, it shall be attached hereto as Appendix C.

k. Section 16 is hereby amended in its entirety to read as follows:

16. Indemnification.

- a. Contractor shall defend, indemnify, and hold City, its officers, employees and agents, harmless from and against any and all liability, loss, expense, attorneys' fees, or claims for injury or damages, arising out of the performance of this Agreement, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Contractor, its officers, agents or employees.

- b. City shall defend, indemnify, and hold Contractor, its officers, employees and agents, harmless from and against any and all liability, loss, expense, attorneys' fees, or claims for injury or damages, arising out of the performance of this Agreement, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of City, its officers, agents or employees.

l. Section 17 is hereby amended in its entirety to read as follows:

17. Incidental and Consequential Damages. Deleted by agreement of the parties.

m. Section 18 is hereby amended in its entirety to read as follows:

18. Liability of City. Deleted by agreement of the parties.

n. Section 19 is hereby amended in its entirety to read as follows:

19. Liquidated Damages. Deleted by agreement of the parties.

o. Section 21 is hereby amended in its entirety to read as follows:

21. Termination for Convenience.

- a. Either party may terminate this Agreement by giving thirty (30) calendar days advance written notice to the other party of the intention to terminate this Agreement, including the date upon which it will become effective. Upon issuance and receipt of a notice to terminate, both parties shall mitigate any outstanding financial commitments. In the event of termination of this Agreement before expiration, the Contractor agrees to file with the City all outstanding claims, cost reports and program reports within sixty (60) calendar days of such termination. Contractor shall be paid for those services performed pursuant to this Agreement to the satisfaction of City up to the date of termination and after said date for any services mutually agreed to by the parties as necessary for continuity of care, in which case the following sentence shall not apply. Costs which City shall not pay include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries and/or benefits, post-termination administrative expenses, or any other cost which is not reasonable and authorized under this Agreement. City's payment obligation under this Section shall survive termination of this Agreement.
- b. Upon receipt of a notice of termination from the City, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:
 - (1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
 - (2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

- (3) Terminating all existing orders and subcontracts.
 - (4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
 - (5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
 - (6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
 - (7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.
- c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:
- (1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead not to exceed the negotiated indirect rate as set forth in **Appendix B**. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
 - (2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
 - (3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.
 - (4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.
- d. With respect to such post-termination costs, in no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable post-termination costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit

related to post-termination costs, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

- e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; and (2) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d).
- f. City's payment obligation under this Section shall survive termination of this Agreement.

p. Section 22 is hereby amended in its entirety to read as follows:

22. Rights and Duties upon Termination or Expiration.

- a. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement: 8 through 11, 13 through 18, 24, 26, 27, 28, 48 through 52, 56, 57, 64 and item 1 of **Appendix D** (HIPAA) attached to this Agreement.
- b. Subject to the immediately preceding subsection (a), upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. When all payments due under this Agreement to the time of termination, less those legally withheld, if any, have been paid by City to Contractor, Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired as required pursuant to this Agreement or acquired with funding provided under this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

q. Section 24 is hereby amended in its entirety to read as follows:

24. Proprietary or Confidential Information of City.

- a. Each Party understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, one party may have access to private or confidential information which may be owned or controlled by the other party ("Providing Party") and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to Providing Party. Each party agrees that all information disclosed and marked as "Confidential" by the Providing Party to the other ("Receiving Party") or that the Receiving Party should reasonably know under the circumstances is confidential with the burden on the Providing Party to prove that the Receiving Party should have so known, shall be held in confidence and used only in performance of the Agreement. Receiving Party shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data. City acknowledges that, as a public non-profit educational institution, Contractor is subject to statutes requiring

disclosure of information and records which a private corporation could keep confidential. This section does not apply to patient medical records or to confidential information regarding patients or clients.

- b. Contractor shall maintain the usual and customary records for clients receiving Services under this Agreement. Subject to applicable state and federal laws and regulations, Contractor agrees that all private or confidential information concerning clients receiving the Services set forth in **Appendix A** under this Agreement, whether disclosed by City or by the individuals themselves, shall be held in confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. The City reserves the right to terminate this Agreement for default if the Contractor violates the terms of this section.
 - c. Contractor agrees that it has the duty and responsibility to make available to the Contract Administrator or his/her designee, including the Controller, the contents of records pertaining to any City client which are maintained in connection with the performance of the Contractor's duties and responsibilities under this Agreement, subject to the provisions of applicable federal and state statutes and regulations. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.
 - d. If this Agreement is terminated by either party, or expires, the Contractor shall provide City with copies of the following records to the extent they were created with funding provided by this Agreement or directly related to services funded by this Agreement and to the extent Contractor is permitted by law to release or disclose same: (i) all records of persons receiving Services and (ii) records related to studies and research; (iii) all fiscal records. If this Agreement is terminated by either party, or expires, such records shall be submitted to the City upon request. Notwithstanding any provision in this Agreement to the contrary, Contractor does not waive its rights under CA Evidence Code §1157, *et seq.* or any other federal and state laws and regulations pertaining to the confidentiality or privacy of Contractor, its patients, students, faculty, employees, and agents.
 - e. The parties will set forth on each statement of work, any reports information, or other material they deem to be confidential or proprietary. Any confidential or proprietary reports, information, or materials of the City received or created by Contractor under this Agreement shall not be divulged by Contractor to any person or entity other than the City except as required by federal, state or local law, or if not required by law, without the prior written permission of the Department of Public Health Contract Administrator listed in **Appendix A**.
- r. **Section 25 is hereby amended in its entirety to read as follows:**

25. Notices to the Parties.

Unless otherwise indicated elsewhere in this Agreement, all written communications sent by the parties may be by U.S. mail, e-mail or by fax, and shall be addressed as follows:

TO CITY: Office of Contract Management fax: (415) 252-3088
Department of Public Health
1380 Howard Street, 4th floor
San Francisco, CA 94102
Attn: Sharon Jones email: sharon.jones@sfdph.org

TO CONTRACTOR: The Regents of the University of California fax: (415) 476-8158
UCSF Office of Sponsored Research
Government and Business Contracts
3333 California Street, Suite 315
San Francisco, CA 94143
(if overnight, use zip code 94118)
Attn: Joti Mahal-Gill email: navjot.mahal-gill@ucsf.edu

PAYMENTS: Payee: "The Regents of the University of California"
Mail Remittance Cashier
Accounting Office
University of California, San Francisco
1855 Folsom Street, Suite 425
San Francisco, CA 94143
(if overnight, use zip code 94103)

Any notice of default must be sent by registered mail.

s. **Section 26 is hereby amended in its entirety to read as follows:**

26. Ownership of Results.

Any interest of Contractor or its subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors specifically under the direction and control of City and identified in **Appendix A, Appendix B, and any attachments to Appendix A and B**, to this Agreement shall become the property of City and will be transmitted to City upon request. City hereby gives Contractor a non-exclusive, royalty-free, worldwide license to use such Materials for scholarly or academic purposes when City owns the results, and Contractor gives City a non-exclusive, royalty-free, worldwide license to use such Materials for scholarly or academic purposes when Contractor owns the results. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

t. **Section 27 is hereby amended in its entirety to read as follows:**

27. Works for Hire.

If, in connection with services performed specifically under the direction and control of City and identified on **Appendix A** to this Agreement, Contractor and/or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of City (collectively,

“Works”). City hereby gives Contractor a non-exclusive, royalty-free, worldwide license to use such Works for scholarly or academic purposes. Except as provided herein, Contractor may not sell, or otherwise transfer its license to any commercial third party for any reason whatsoever. In all other instances, Contractor shall retain ownership and shall give City a non-exclusive, royalty-free, worldwide license to use such items for scholarly or academic purposes.

u. Section 29 is hereby amended in its entirety to read as follows:

29. Subcontracting.

- a. Services rendered by the Contractor pursuant to this Agreement may be carried out under subcontracts. All such subcontracts shall be in writing and shall abide by such federal, state and local laws and regulations as pertain to this Agreement. No subcontract shall terminate the legal responsibilities of the Contractor to the City to ensure that all activities under this Agreement shall be carried out.
- b. Contractor may utilize consultants to assist in a variety of functions. All agreements with consultants must be in writing, stating the amount of compensation and the scope of work.
- c. Neither party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.
- d. Contractor shall provide the City with a list of all subcontractors and consultants retained by Contractor to provide Services under this Agreement either before such retention or as soon as reasonably possible after retention. City shall have the right to exercise its reasonable discretion to reject the retention of any subcontractor or consultant by Contractor. Upon any rejection by City, Contractor shall end rejected subcontractors or consultants provision of Services under this Agreement.

v. Section 30 is hereby amended in its entirety to read as follows:

30. Assignment.

The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor, except as otherwise provided in Paragraph 29, above, unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

w. Section 32 is hereby amended in its entirety to read as follows:

32. Consideration of Criminal History in Hiring and Employment Decisions. Deleted in consideration of Contractor's Public Entity status and approved by Office of Contracts Administration (OCA).

x. **Section 33 is hereby amended in its entirety to read as follows:**

33. Local Business Enterprise Utilization; Liquidated Damages. Deleted in consideration of Contractor's Public Entity status.

y. **Section 34 is hereby amended in its entirety to read as follows:**

34. Nondiscrimination; Penalties. Deleted based on Contracts Monitoring Division's (CMD) approval of sole source exception.

z. **Section 35 is hereby amended in its entirety to read as follows:**

35. MacBride Principles—Northern Ireland. Deleted in consideration of Contractor's Public Entity status.

aa. **Section 39 is hereby amended in its entirety to read as follows:**

39. Compliance with Americans with Disabilities Act. Deleted in consideration of Contractor's Public Entity status and the fact that this Agreement serves a substantial public interest, per Administrative Code Chapter 12C.5-1(b).

bb. **Section 41 is hereby amended in its entirety to read as follows:**

41. Public Access to Meetings and Records. Deleted in consideration of Contractor's Public Entity status.

cc. **Section 43 is hereby amended in its entirety to read as follows:**

43. Requiring Minimum Compensation for Covered Employees. Deleted in consideration of Contractor's Public Entity status.

dd. **Section 44 is hereby amended in its entirety to read as follows:**

44. Requiring Health Benefits for Covered Employees. Deleted in consideration of Contractor's Public Entity status.

ee. **Section 45 is hereby amended in its entirety to read as follows:**

45. First Source Hiring Program. Deleted in consideration of Contractor's Public Entity status.

ff. **Section 47 is hereby amended in its entirety to read as follows:**

47. Preservative-treated Wood Containing Arsenic - Deleted in consideration of the fact that this Agreement is not for the purchase of preservative-treated wood products.

gg. Section 48 is hereby amended in its entirety to read as follows:

48. Modification of Agreement.

- a. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement, except that changes in the scope of service that do not increase the level of total compensation shall be subject to the provisions of the Department of Public Health Policy / Procedure Regarding Contract Budget Changes in effect at commencement of the term of this Agreement, a copy of which has been provided to Contractor. In the event that City desires to amend the Policy/Procedures Regarding Contract Budget Changes, it will provide Contractor with at least thirty (30) days written notice of the proposed changes and provide Contractor with the opportunity to ask questions, raise concerns or recommend alternative revisions. City shall, in good faith, consider Contractor's questions, concerns and recommendations in finalizing any changes to the Policy/Procedure Regarding Budget Changes; however, the final approval of such changes shall be solely in City's discretion.
- b. City may from time to time request changes in the scope of the services of this Agreement to be performed hereunder. Such changes, including any increase or decrease in the amount of Contractor's compensation, which are mutually agreed upon by and between the City and Contractor, shall be effective only upon execution of a duly authorized amendment to this Agreement. Contractor shall cooperate with the City to submit to the Director of CMD any amendment, modification, supplement, or change order that would result in a cumulative increase of the original amount of this Agreement by more than twenty percent 20%(CMD Contract Modification Form).

hh. Section 49 is hereby amended in its entirety to read as follows:

49. Administrative Remedy for Agreement Interpretation

- a. Negotiation; Alternative Dispute Resolution. The parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement by negotiation. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. If agreed by both parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. Neither party will be entitled to legal fees or costs for matters resolved under this section.
- b. Government Code Claims. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the Government Code Claim requirements set forth in Administrative Code Chapter 10 and Government Code Section 900, et seq.

ii. Section 52 is hereby amended in its entirety to read as follows:

52. Entire Agreement.

This Agreement, including all Appendices expressly incorporated herein, sets forth the entire understanding between the parties, and supersedes all other oral or written provisions as it pertains to the subject matter herein. This contract may be modified only as provided in Section 48.

jj. Section 53 is hereby amended in its entirety to read as follows:

53. Compliance with Laws.

The parties shall comply with all applicable laws in the performance of this Agreement.

kk. Section 54 is hereby amended in its entirety to read as follows:

54. Services Provided by Attorneys.

The parties do not intend that any legal services will be provided under this Agreement. Any services to be provided under this Agreement (with funding provided by City) to be performed by a law firm or attorney as set forth in the statement of work must be reviewed and approved in writing in advance by the City Attorney. 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.

ll. Section 55 is hereby amended in its entirety to read as follows:

55. Supervision of Minors.

In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for positions involving the supervision of minors.

mm. Section 57 is hereby amended in its entirety to read as follows:

57. Protection of Private Information.

Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor. The provisions of this Section 57 shall not apply to the extent inconsistent with federal, state or local law.

nn. Section 58 is hereby amended in its entirety to read as follows:

58. Reserved.

oo. Section 60 is hereby amended in its entirety to read as follows:

60. Slavery Era Disclosure. Deleted in consideration of Contractor's status as a State of California agency per San Francisco Administrative Code Chapter 12.Y.3(b).

pp. Section 61 is hereby amended in its entirety to read as follows:

61. Dispute Resolution Procedure. Deleted by agreement of the Parties.

qq. Section 62 is hereby amended in its entirety to read as follows:

62. Additional Terms.

Additional Terms are attached hereto as **Appendix D** and are incorporated into this Agreement by reference as though fully set forth herein.

rr. Section 63 is hereby amended in its entirety to read as follows:

63. Cooperative Drafting.

This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

ss. Section 64 is hereby added and reads as follows:

64. Protected Health Information

Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the negligent acts or omissions of Contractor. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

tt. Appendices A and A-1 through A-3 dated 07/01/15 (i.e. July 1, 2015) are hereby added for fiscal year 2015/16.

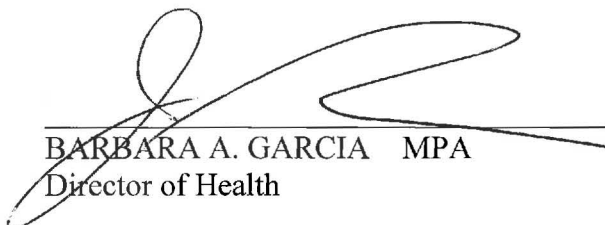
uu. Appendices B and B-1 through B-3 dated 07/01/15 (i.e. July 1, 2015) are hereby added for fiscal year 2015/16.

- 3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the effective date of this Agreement.
- 4. Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

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

CITY

Recommended by:



BARBARA A. GARCIA MPA
Director of Health

CONTRACTOR

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

 8/26/15

JOTI MAHALL GILL
CONTRACTS SPECIALIST
3333 CALIFORNIA STREET, SUITE 315
SAN FRANCISCO, CA 94102

Approved as to Form:
DENNIS J. HERRERA
City Attorney

City vendor number: 44467

By: 

KATHY MURPHY
Deputy City Attorney

Approved:

JACI FONG
Director of the Office of Contract
Administration, and Purchaser

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

CITY

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KATHY MURPHY
Deputy City Attorney

Approved:

JACI FONG
Director of the Office of Contract
Administration, and Purchaser

Appendix A
Services to be Provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Joseph Cecere, Principal Contact for the City, or his / her designee and City will contact the UC Program Director, Kristin Reinsberg, or other appropriate UCSF staff person, Contractor's Principal Investigator for this Agreement, or his/her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the

aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

- (1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.
- (2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.
- (3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.
- (4) Contractor is responsible correcting known site hazards, the proper use of equipment located at the site, the health and safety of their employees, and for all other persons who work at or visit the job site as per local and/or state regulations.
- (5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.
- (8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Acknowledgment of Funding:

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

K. Research Study Records:

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

L. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

M. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Assurance:

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

- (1) Staff evaluations
- (2) Personnel policies and procedures
- (3) Quality Improvement
- (4) Staff Education and Training

P. Compliance with Grant Award Notices

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

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

2. **Description of Services**

Detailed description of services are listed below and are attached hereto:

Appendix A-1: Daycare Consultants Program / Training

Appendix A-2: Spring Project

Appendix A-3: Psychotherapy Services

1. PROGRAM NAME / ADDRESS UCSF Infant-Parent Program / Daycare Consultants Program
San Francisco General Hospital
1001 Potrero Avenue, Building 5, Unit 6B
San Francisco, California 94110 - 3518

Contact: Kristin Reinsberg, Program Director
Kristin.Reinsberg@ucsf.edu, 415- 206-6180 Fax: 415- 206-4722

Program Codes: 38C86 / Daycare Consultants Program
38C87 / Training for Daycare Consultants Program

2. NATURE OF DOCUMENT Renewal (Amendment One)

3. GOAL STATEMENT

The goal of this project is to provide mental health consultation and related direct mental health services to constituents of child care programs, homeless shelters, substance abuse residential treatment homes and family resource centers in San Francisco serving children birth through five years of age.

4. TARGET POPULATION

2390 children (birth through 5 years) participating in 29 childcare programs, 10 family resource centers, 4 residential substance abuse treatment centers, 1 family childcare network, 1 primary care facility, and 6 homeless shelters throughout San Francisco will benefit from consultation to the 344 staff of these programs. Approximately 70 of these children and their parents may be the focus of consultation. Approximately 20 children will receive Early Intervention support and 18 children and their families will receive direct treatment (group, dyadic parent-child, or individual therapy).

Site Name	# of Classrooms	# of Children	# of Staff	Hrs per Wk	Fund Source(s)	Site Type
1 st Place 2 Start	2	20	3	8	DCYF	ECE
Buen Dia Family School	1	40	11	1	PFA	ECE
Community Preschool, Grace Cathedral	1	35	7	2	PFA	ECE
Compass Children's Center	4	90	20	10	HSA	ECE
Florence Crittenton Infant Child Development Program - Broderick Site	2	28	16	4	MHSA	ECE
Friends of St. Francis	2	35	5	3	PFA	ECE
Good Samaritan Child Development Center	2	38	7	8	DCYF	ECE
Guidry's Early Care And Education Program	2	10	2	2	Prop 10	ECE
Holy Family Day Home	2	40	6		HSA	ECE
Holy Family Day Home Infant/Toddler	3	20	10	7	DCYF	ECE
Holy Family Day Home Preschool/Transitional Kindergarten Site	3	60	16	24	PFA	ECE
Kids Kollege Preschool and Child Care	3	30	6	2	MHSA	ECE
Mission State Preschool of City College	1	20	3	5	Prop 10	ECE
Noe Valley Cooperative Preschool	1	24	3	On Call	DCYF	ECE
Phoebe Hearst	4	110	13	On Call	DCYF	ECE
Potrero Kids, Daniel Webster	2	38	5	8	PFA	ECE
Potrero Kids, Daniel Webster	2	38	5	8	PFA	ECE
Potrero Kids, PK3	4	60	16	6	MHSA	ECE

Site Name	# of Classrooms	# of Children	# of Staff	Hrs per Wk	Fund Source(s)	Site Type
SFSU Associated Students Inc. Preschool	3	60	8	5	Prop 10	ECE
SFSU Associated Students Inc. Infant/Toddler	6	80	12	6	HSA	ECE
SFUSD Las Americas	2	48	13	4	PFA	ECE
SFUSD Public Montessori	2	40	5	2	HSA	ECE
SFUSD Sheridan	1	20	2	4	HSA	ECE
SFUSD Tenderloin Community Child Development Center	1	24	7	3	PFA	ECE
SFUSD William Cobb- Inclusion	1	22	3	4	PFA	ECE
South of Market Childcare Center - Judith Baker Site (2 classes)	2	40	12	7	Prop 10	ECE
South of Market Childcare Center - Judith Baker Site (1 classes)	1	20	4	9	HSA	ECE
South of Market Childcare Center - Yerba Buena Site	4	75	16	9	PFA	ECE
St. Elizabeth's Child Care Program of Epiphany Center	3	14	7	2	HSA	ECE
Wind In The Willows	4	50	4	On Call	DCYF	ECE
APA Family Support Services (FRC) – Neighborhood Center	N/A	100	5	3	MHSA	FRC
API – Family Resources Network (20 agencies in the network)	N/A	100	5	1	MHSA	FRC
Compass Family Resource Center	N/A	80	11	5	FRC	FRC
Good Samaritan Family Resource Center	N/A	60	10	10	FRC	FRC
Homeless Pre-Natal	N/A	20	3	3	FRC	FRC
Young Family Resource Center	N/A	Varied	4	6	FRC	FRC
Excelsior Family Connections	N/A	20	4	6	FRC	FRC
Portola Family Connections	N/A	110	6	4	FRC	FRC
South of Market Child Care Inc. Family Resource Center	N/A	100	8	8	FRC	FRC
Support for Families with Children with Disabilities	N/A	100	5	6	MHSA	FRC
Ashbury House	1	5	4	1	HSA	SA
Epiphany Residential Program	N/A	20	5	2	MHSA	SA
Health Right 360 (Female Offenders Treatment and Education Program)/ Women's Hope	N/A	20	5	12	MHSA	SA
Asian Women's Shelter	N/A	8	8	4	Shelter	Shelter
Clara House Of Compass Community Services	N/A	15	7	6	Shelter	Shelter
Compass Family Shelter	N/A	17	10	3	Shelter	Shelter
Hamilton Family Residences & Emergency Shelter	N/A	155	30	10	Shelter	Shelter
Hamilton Family Transitional Housing	N/A	50	15	10	Shelter	Shelter
St. Joseph's Family Center	N/A	40	20	8	Shelter	Shelter

5. MODALITIES / INTERVENTIONS

UOS Description	UOS	# of Clients	UDC
Individual consultation 3.02 FTE x 40 hrs/wk x 46 wks x 71.75% effort	3,983	2,390	
Group Consultation 2.90 FTE x 40 hrs/wk x 46 wks x 71.75% effort	3,828	2,390	
Classroom Observation .79 FTE x 40 hrs/wk x 46 wks x 71.75% effort	1,048	2,390	
Staff Training .11 FTE x 40 hrs/wk x 46 wks x 71.75% effort	150	10	
Parent Training/Support Group .27 FTE x 40 hrs/wk x 46 wks x 71.75% effort	356	25	
Early Referral & Linkage .07 FTE x 40 hrs.wk x 46 wks x 71.75% effort	96	20	
Early Intervention Individual .82 FTE x 40 hrs/wk x 46 wks x 71.75% effort	1,081	20	
Early Intervention Group .38 FTE x 40 hrs/wk x 46 wks x 71.75% effort	498	20	
Mental Health Individual .58 FTE x 40 hrs/wk x 46 wks x 71.75% effort	766	18	
Mental Health Group .16 FTE x 40 hrs/wk x 46 wks x 71.75% effort	204	18	
Consultant Training & Supervision 1.16 FTE x 40 hrs/wk x 46 wks x 71.75% effort	1,537	N/A	
Systems Work 0.58 FTE x 40 hrs/wk x 46 wks x 75% effort	767	NA	
Evaluation 0.58 FTE x 40 hrs/wk x 46 wks x 75% effort	767	NA	
Total UOS Delivered	15,081		
Total UDC Served			2,390

- **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 in 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 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 the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.
- **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.

6. METHODOLOGY

Daycare Consultants has provided and expanded the delivery of high quality mental health consultation and related direct clinical services to the San Francisco childcare community since 1988. Therefore, outreach, recruitment, promotion and advertisement are unnecessary. This contract allows for continuation of established involvement in these childcare programs.

These 53 programs serving primarily low-income families whose children are birth through five years of age are 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 childcare 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 a childcare and other early childhood service program, thereby positively impacting the mental health of all the children. Particular attention is paid to children in the setting who 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 (childcare, 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.

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 center. Consultation occurs at the childcare 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 childcare staff to help them understand the child's behavior, offer ideas regarding intervention appropriate to a group setting, and support childcare 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 childcare 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 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 on their childcare 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 childcare site provides intensive training for the teacher. Therapeutic groups will meet on average for two hours, two times per week on-site at the childcare 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: An intensive clinical support group at Good Samaritan for depressed mothers that meets weekly will help to ameliorate the effects of maternal depression on young children. The consultant will also help 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, 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 will be offered for parents to address their needs for affiliation, support and discussion of topics of common interest and concern. One of the parent support groups will be expressly intended to address culturally specific child rearing values and needs of Latino families. The group will be conducted in Spanish. 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 masters or pre-doctoral level interns receive this training plus additional supervision and a twice-monthly didactic seminar.

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, childcare staff and consultant when the referring concern is ameliorated. Since the child remains in the childcare center and because of the consultants' ongoing presence, monitoring is possible post termination.

Sixteen Infant-Parent Program/Daycare Consultant clinicians will provide mental health consultation. On average, each has over a decade of experience as a consultant so that they have long-term and well-established relationships with their program partners. In addition, one trainee will provide consultation with intensive clinical supervision. Eight of the consultants are bilingual and/or bicultural. Therefore, services will be able to be delivered in Spanish, Thai, Hindi, Hungarian and Gujarati. While all the consultants' time 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 CBHS document entitled *CBHS Performance Objectives FY 14-15*.

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. 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.

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. 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.

Parent and provider satisfaction surveys developed by CBHS will be distributed, collected and returned in accord with requirements. The Infant-Parent Program / Daycare Consultants have historically had exemplary return rates and satisfaction ratings on provider satisfaction surveys. Evidence of CQI activities will be maintained in program's Administrative Binder.

9. ADDITIONAL REQUIRED LANGUAGE

For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS 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 CBHS ECMHCI SOC 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 CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

1. PROGRAM NAME / ADDRESS: UCSF Infant-Parent Program / Daycare Consultants Program
San Francisco General Hospital
1001 Potrero Avenue, Building 5, Unit 6B
San Francisco, California 94110-3518

Contact: Kristin Reinsberg, Program Director
Kristin.Reinsberg@ucsf.edu, 415- 206-6180 Fax: 415- 206-4722

Program Codes: 38C88 / Spring Project

2. NATURE OF DOCUMENT: Renewal (Amendment One)

3. GOAL

The goal of this project is to support 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. This is achieved through the provision of mental health consultation and related direct mental health services to constituents within pre and postnatal primary care clinics at San Francisco General Hospital through the SPRING Project. The primary consultation site is the High Risk Obstetrics Clinic. Consultation will also be provided, when requested, to the Labor and Delivery, Nursery and the Kempe Pediatric Clinic staff.

4. TARGET POPULATION

120 high risk pregnant women receiving prenatal care through the High Risk Obstetrics Clinic at San Francisco General Hospital will benefit from parent training, early intervention and consultation services. 20 health care professionals, including nursing, pediatric and social work staff, and medical residents will also benefit from consultation services and staff trainings. All services will be provided within the 94110 zip code. Based on 2014 demographic information, the families served in this program are 90% Hispanic/Latino, 7% Caucasian and 3% representing other ethnicities. The ages of the mothers range from late teens to early 40s.

5. MODALITIES / INTERVENTIONS

UOS Description	UOS	NOC	UDC
<i>Individual Consultation</i> .30 FTE x 40 hrs x 46 wks x 71.75% effort	390	120	
<i>Group Consultation</i> .19 FTE x 40 hrs x 46 wks x 71.75% effort	255	120	
<i>Classroom Observation</i> .008 FTE x 40 hrs x 46 wks x 71.75% effort	10	120	
<i>Staff Training</i> .03 FTE x 40 hrs x 46 wks x 71.75% effort	40	20	
<i>Parent Training/Support Group</i> .06 FTE x 40 hrs x 46 wks x 71.75% effort	80	20	
<i>Early Referral & Linkage</i> .004 FTE x 40 hrs x 46 wks x 71.75% effort	5	2	
<i>Early Intervention Individual</i> .004 FTE x 40 hrs x 46 wks x 71.75% effort	5	2	
<i>Early Intervention Group</i> .004 FTE x 40 hrs x 46 wks x 71.75% effort	5	2	
<i>Mental Health Individual</i> .004 FTE x 40 hrs x 46 wks x 71.75% effort	5	1	
<i>Mental Health Group</i> .004 FTE x 40 hrs x 46 wks x 71.75% effort	5	1	
<i>Consultant Training & Supervision</i> .08 FTE x 40 hrs x 46 wks x 71.75% effort	101	N/A	
<i>Systems Work</i> .04 FTE x 40 hrs x 46 wks x 75% effort	50	NA	
<i>Evaluation</i> .04 FTE x 40 hrs x 46 wks x 75% effort	50	NA	
Total UOS and UDC	1,001		140

MENTAL HEALTH CONSULTATION (MHSA Activity category)

Provide approximately 1000 hours of mental health consultation services to 20 staff and 120 families at the High-Risk Obstetrics Clinic and associated clinics (Pediatrics, Labor & Delivery and NICU) within San Francisco General Hospital. Services are provided weekly and primary consultation services offered in SPRING include:

- **Consultation - Individual:** Discussions with members of the medical team, including residents, on an individual basis about a family, parent or child, 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(s), such as offering developmental guidance and exploring referrals for additional supports.
- **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.
- **Consultation - Class/Child Observation:** Observing a family or group of families 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 in in a relationship focused developmental conceptualization of the psychological tasks of pregnancy and parenthood. Can include training for psychiatry trainees and residents.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of three 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 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.
- **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 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 CBHS/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

Service Delivery

Since 1988 Daycare Consultants, a component of the UCSF Infant-Parent Program has provided and expanded the delivery of high quality mental health consultation and related direct clinical services to the San Francisco childcare community. Beginning in 2008, the SPRING Project (Supportive Parenting, Resource Integration, and Newborn Guidance), established mental health consultation and related direct clinical services within primary care settings. Therefore, outreach, recruitment, promotion and advertisement are unnecessary. This contract allows for continuation of established involvement in these medical care settings.

Families who are receiving their prenatal care - at San Francisco General Hospital (SFGH), specifically in the High Risk OB/GYN clinic or through the Nurse Midwives - or in community based Centering Pregnancy groups are eligible to receive services. The medical providers in all of these settings are eligible to receive consultation services by virtue of their employment within the setting. Therefore an intake process for inclusion is unnecessary.

The aim of the Infant-Parent Program's SPRING Project is to support 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 service delivery model is based in a multidisciplinary approach focusing on the integration of Obstetric Care and Mental Health Services. The multidisciplinary team is formed by medical staff, public health nurses, social workers, psychiatrists, psychologists, the mental health consultant, and KEMPE Clinic pediatricians for high risk children.

Integrated treatment planning via weekly joint conferences in which the multidisciplinary team participates provides opportunities for group consultation. Through this process, the team has developed innovative treatment approaches with mentally ill women that focus on pregnancy, the postpartum, and the sequelae of trauma and violence.

During the initial assessment, pregnant women are seen by a psychiatrist and the mental health consultant. Psychosocial factors that may put mothers and babies at risk are identified. The medical, psychiatry, and family histories are taken and current stressors and social support network are also identified. Several 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), Postnatal Maternal Attachment Scale, 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 consultation, psychotherapy and/or pharmacotherapy. Pregnant women make informed choices regarding the treatment. Treatment and consultation services vary in duration and frequency, based upon the needs of the mother and family.

Women are followed throughout their pregnancy. When they transition to the Labor & Delivery unit, the mental health consultant and psychiatrists are available to visit them to provide support and offer consultation to medical staff regarding the care of women, especially those women with sexual abuse histories that require concrete and specific support during the medical interventions they need. This coordination and consultation to the Labor & Delivery medical staff and personnel help 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. Consultants participate in the Family Meetings at the NICU to support families and to assist medical staff in providing feedback and news to parents who are vulnerable at the moment.

After clients have delivered their babies, the consultant 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. This narrative is documented and is used later on in the post natal follow up visit (2 weeks after the baby is born) at HR OB/GYN clinic to evaluate the mood attach to the birth experience, especially when the delivery was traumatic for the mother.

The mental health consultant also facilitates a weekly seminar developed for the psychiatry residents, post-doctoral psychology interns and other trainees. The focus is on Perinatal Mental Health from a psychological and developmental approach. Participants are introduced to infant mental health within the different developmental stages of pregnancy. Special attention is given to how to assess - prenatal bonding with the baby, bonding after the baby is born, and issues related to maternal ambivalence and maternal attributions, as well as infant development. Participants develop specific clinical skills used in different stages of pregnancy and are introduced to the use of different scales to screen patients but also to learn how to use them as clinical interventions.

Consultation services within the multidisciplinary team are ongoing, as the composition of families change continuously. As described above, the women in the clinic are followed throughout their pregnancy and consultation services continue to support families and staff as they transition to the Labor & Delivery unit. The consultant continues to see the mother and baby - until the baby is three months of age. During these visits the focus of treatment is to identify the level of psychiatric symptoms, like depression, anxiety, or PTSD, as well as the ways in which mothers are able to read the emotional and physical needs of their infants.

Before the dyad is discharged an assessment of their needs is made to determine further therapeutic support including getting their medications. The team is responsible to make sure that the woman is connected with a Primary Care Physician, the baby is connected to a pediatrician, or to the KEMPE clinic if the baby is a high risk child. When some issues are interfering with the relationship between mother and child, the dyad may be referred to a group for mothers and babies that is facilitated by the mental health consultant and is located within a local Family Resource Center. This particular referral provides continuity in treatment for the mother and infant. Dyads may also be referred if needed to Child Trauma Research Project or for –psychotherapy services within the Infant-Parent Program. All these decisions are made with the mother and with the support and involvement of the team.

One Infant-Parent Program- clinician will provide mental health consultation within SPRING. This consultant is a bi-cultural, bi-lingual Spanish speaking clinician who has had over 15 years of experience providing consultation in medical care settings and specializes in perinatal mental health. In addition, one trainee will provide consultation with intensive clinical supervision and training. Services are delivered in both Spanish and English. While all of the consultants' time will be funded through this grant, programmatic and administrative oversight will be supplemented by other funding sources.

Systems Transformation

Participation and Engagement

The IPP SPRING Project's efforts are aimed at three consumer groups – pregnant women with psychiatric difficulties -, their newborn infants and medical providers. The pregnant women involved in SPRING are engaged in shaping how services are implemented and evaluated. For instance, at the participant's request a parent-infant group was initiated for women whose delivery dates were close to one another. The group composition was amended in response to an appeal that father's be included.

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

Vision

The SPRING Project promotes several components of the MHSA vision. Mental health consultation services support service coordination which results in a seamless experience for clients by co-locating mental health services with prenatal care, so that pregnant women who participate in SPRING receive both sets of needed services in a single site and in the same visit. The weekly 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 consultants have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures. A recent 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 coherent consultation and coordinated efforts with primary care providers and other agencies.

Around pregnancy, childbirth and early parenting, a patient's need to communicate her experience in her native language can be even more acute, and the cultural isolation that often accompanies immigration can leave women at heightened risk for depression. The SPRING project expands the capacity to treat Spanish-speaking pregnant women and new mothers in their mother tongue.

The pregnant women and new parents served in the SPRING Project are integrally involved in determining and achieving goals for themselves and their child. By treating parents together with their infants, the pattern of intergenerational transmission of trauma and mental illness can be interrupted. The overarching goals of SPRING's direct services are to enhance parenting capacities and improve the quality of the parent-child relationship thereby stemming the tide of developmental difficulties and keeping young children's mental health problems from calcifying. These goals assure the greatest chance and earliest opportunity for both infant and parent to lead fulfilling and productive lives.

7. OBJECTIVES AND MEASUREMENTS

CBHS Standard Objectives *Not applicable*

MHSA GOAL: Increase identification of emerging mental health issues, especially the earliest possible identification of potentially severe and disabling mental illness. (Selected from the menu of MHSA Goals)

Individualized Program Objectives:

1. By stationing Infant-Parent Program (IPP) perinatal mental health specialists in the High Risk Obstetric clinic weekly **75% of pregnant women** identified through obstetrics care at SFGH as being at high risk for serious psychiatric difficulties who are typically lost to treatment (both prenatal and psychiatric care) will be retained as *measured by* regular attendance at clinic visits *documented* in the medical chart.
2. Through weekly meetings with the IPP SPRING consultant, **80% of infants born to mothers with significant psychiatric concerns** will display normal neonatal functioning as *measured by* birth weight and Apgar scores as *documented* in the newborn's medical records.
3. By providing weekly consultation and training, **80% of the involved obstetric and pediatric providers** at SFGH will demonstrate increased awareness in the following areas: risks associated with maternal depression for women and infants and effective strategies for intervention. These outcomes will be measured *by* the responses to questionnaires developed for this Project.
4. By providing weekly consultation and training, **80% of the involved obstetric and pediatric providers** at SFGH will demonstrate increased awareness of the critical role of cultural competence in service delivery. These outcomes will be measured *by* the responses to questionnaires developed for this Project.
5. By providing weekly consultation and training, **80% of the involved obstetric and pediatric providers** at SFGH will be better able to accurately identify maternal depression and related psychiatric difficulties. This outcome will be measured *by* the responses to questionnaires developed for this Project.

8. CONTINUOUS QUALITY ASSURANCE

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

1. **PROGRAM NAME/ADDRESS:** UCSF Infant-Parent Program Psychotherapy Services
San Francisco General Hospital
1001 Potrero Avenue, Building 5, Unit 6B
San Francisco, California 94110-3518

Contact: Betsy Wolfe, PhD, Director of Outpatient Services
betsy.wolfe@ucsf.edu 415-206-8807 Fax: 415 206-4722

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

2. **NATURE OF DOCUMENT:** Renewal (Amendment One)

3. GOAL STATEMENT

The Infant-Parent Program is an outpatient mental health clinic devoted to serving children birth to five years of age and their families with a combination of prevention and early intervention services for those at imminent risk for social and emotional difficulties as well as those already manifesting emotional problems. The program provides accessible, community and home-based mental health services that are linguistically and culturally appropriate and evidence informed.

4. TARGET POPULATION

The population of children described below receives services at the Infant-Parent Program when concerns about their functioning meet the medical necessity criteria for specialty Mental Health services as described in the CA Code of Regulations, Title 9. To determine eligibility, Infant-Parent Program convenes a bi-weekly Program Utilization Review Quality Committee (PURQC). This committee authorizes initial and ongoing services utilizing the San Francisco Community Behavioral Health Services, Children Youth and Families, System of Care (SFCBHS, CYF, SOC) Service Intensity Guidelines.

- a. Children under three years of age at the time of referral and their families who are deemed to be medically indigent, and are identified as having serious difficulties in their relationship(s).
- b. Children birth to five years of age and their caregiver(s) who are residing in/or previously resided in the Asian Woman's Shelter, Ashbury House, Compass Family Shelter or Clara House or equivalent homeless shelter or transitional housing arrangement 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. MODALITIES / INTERVENTIONS

Mental Health Services

Mental Health Service 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.

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 children 0 – 3 years old, treatment is provided primarily through weekly visits in the home in order to gain a better understanding of the child's daily circumstances and to be available to those most in need. This treatment 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. The majority of these services are provided by 8 to 12 intensively supervised doctoral trainees in psychology as well as master's level trainees.

Referral

Many referrals come from pediatric providers at SFGH, DPH health centers, or public health nurses, and ongoing collaborative work with the primary care provider is central to the Infant-Parent Program's mental health intervention. SFGH 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, and staff and trainees are placed 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 around clarifying the needs of the child and family, and a close working relationship is then often forged with the HSA worker to identify and pursue the child's best interests in complicated dependency situations.

In addition, a psychologist at the Infant-Parent Program provides weekly linkage with SFGH units within the Departments of Pediatrics, Obstetrics and Psychiatry. An Infant-Parent Program psychologist is part of two ongoing meetings: one in which she consults around screening and disposition for infants born at SFGH Newborn Nursery and one in which she meets weekly with two IPP psychologists providing consultation and treatment to patients in the High Risk Obstetrical Clinic in order to identify women and newborns who might be eligible for infant-parent treatment upon discharge from the clinic.

An additional referral source, the Daycare Consultants component of the Infant-Parent Program, provides mental health consultation and a range of related direct mental health services to child serving agencies working with children birth through five years of age, including childcare centers, domestic violence and homeless shelters. Within the course of consultation children are identified for direct treatment. The IPP/DCC 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.

The potential usefulness of parent-child or individual child treatment is considered, beginning with an assessment phase in which medical necessity for treatment is assessed/established through the use of the CANS. Treatment is aimed at improving the child's developmental trajectory by employing a flexible combination of supportive, interpretative and developmentally based psychotherapy. 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, parent-child treatment will be provided when possible. Treatment is offered on the childcare or shelter site 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 other providers within IPP/DCC, 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 referrals are screened for financial eligibility at the time of referral, and the referral source is contacted 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 about the family's engagement in treatment to the referring party is noted in each intake.

Assessment.

As noted above an 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 meetings with child and caregiver is integrated into the assessment, and items scored 2 or 3 in the Assessment are addressed in the Treatment Plan.

Treatment.

Progress in treatment is mutually determined by the family, the clinician and, for many cases involving clinical trainees, in weekly supervision as well as through the examination of change in the CANS and ANSA scores at designated reassessment intervals (one year from opening and yearly thereafter). The PURQC committee reviews treatment at these designated intervals to assess progress toward goals, the appropriateness of child-parent treatment and the intensity of services needed. The committee reviews CANS/ANSA scores along with 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.

Indirect Services

The Infant-Parent Program provides a significant amount of outreach to bring individuals in the community in need of treatment into it and to consult with, educate and provide support to providers who have contact with these individuals. These efforts involve both regular and "on demand" meetings with rotating pediatric residents and medical students, SFGH staff, public health nurses, child welfare Workers, CBHS Access Line staff.

7. OBJECTIVES AND MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled *Performance Objectives FY 14-15*.

8. CONTINUOUS QUALITY IMPROVEMENT

CQI activities for assessment and treatment is an intensive and continuous effort at the Infant-Parent Program where about 90 percent of its services are provided by trainees who meet with an experienced supervisor for approximately 45 minutes of supervision for each scheduled hour of patient contact. Through this apprentice model, issues of compliance with contract performance objectives and appropriate and timely documentation of clinical work are closely monitored. All clinicians' charts (trainees and staff) are reviewed at least once yearly by the Program Utilization Review and Quality Control (PURQC) Committee which is convened twice monthly to address this task. In addition to auditing charts for compliance issues, this committee provides feedback in writing to providers about their documentation and the clinical work described in the chart which providers are asked to respond to. This feedback is kept in a PURQC binder. Another venue for reviewing/monitoring the quality of the clinical work is the weekly case reviews attended by trainees and supervisors.

Contract performance objectives are monitored primarily through analysis of reports generated by the Avatar System and through participation in monthly CANS conference calls and additional CANS related meetings as required. Additional information about the achievement of outcome objectives is provided by reports provided to the Program by the CANS staff.

In addition to hiring staff and recruiting trainees who are able to provide services in the city's target languages, cultural issues are broadly considered in every case presentation and are targeted and elaborated upon in a weekly one hour multicultural seminar co-taught and attended by IPP staff and trainees as well as by staff and trainees from two of the other child serving programs within the Division of Infant, Child and Adolescent Psychiatry.

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

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

**Appendix B
Calculation of Charges**

1. Method of Payment

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

Cost Reimbursement. 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. Budget Summary

- Appendix B-1: Daycare Consultants Program / Training
- Appendix B-1a: Daycare Consultants (Cost Reimbursement)
- Appendix B-2: Spring Project
- Appendix B-3: Psychotherapy Services

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **\$409,737** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

Term	Amount
July 1, 2010 – June 30, 2011	\$1,510,672
July 1, 2011 – June 30, 2012	\$1,420,852
July 1, 2012 – June 30, 2013	\$1,440,760
July 1, 2013 – June 30, 2014	\$1,617,351
July 1, 2014 – June 30, 2015	\$1,668,447
July 1, 2015 – December 31, 2015	\$ 834,223
January 1, 2016 – June 30, 2016	\$ 834,224
July 1, 2016 – June 30, 2017	\$1,726,632
July 1, 2017 – December 31, 2017	\$ 853,619
Contingency	<u>\$ 409,737</u>
TOTAL	\$12,316,517

- C. Contractor agrees to comply with its Program Budgets or 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. **Fee for Service.** 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 Services rendered during the referenced period of performance. If Services are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City. City's final reimbursement to the Contractor at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in the Program Budgets attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

Cost Reimbursement. 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.

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):	00117		Preparer: Roger Mohamed 415-206-5030		Appendix B, Pg 3
DHCS Legal Entity Name (MH)/Contractor Name (SA):	UCSF / SFGH Psychiatry Infant-Parent Program (IPP)				FY 2015-16
Contract CMS #	6907				07/01/15
Contract Appendix Number:	A-1 / B- 1	A-1 / B- 1a	A-2 / B- 2	A-3 / B- 3	
Appendix A/Program Name:	Daycare Consultants	Daycare Consultants (Cost-reimb)	SPRING Project	Psychotherapy Svcs Program	
Provider Number	38C8	38C8	38C8	38C8	
Program Code(s)	38C86	38C87	38C88	38C84 & 38C85	
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	TOTAL
FUNDING USES					
Salaries & Employee Benefits:	\$ 1,010,296	\$ 4,747	\$ 66,150	\$ 367,872	\$ 1,449,065
Operating Expenses:	\$ 25,948	\$ 690	\$ 1,484	\$ 12,498	\$ 40,620
Subtotal Direct Expenses:	\$ 1,036,244	\$ 5,437	\$ 67,634	\$ 380,370	\$ 1,489,685
Indirect Expenses:	\$ 124,349	\$ 653	\$ 8,116	\$ 45,644	\$ 178,762
Indirect %:	12%	12%	12%	12%	12%
TOTAL FUNDING USES	\$ 1,160,593	\$ 6,090	\$ 75,750	\$ 426,014	\$ 1,668,447
			Fringe Benefit Rate		41%
CBHS MENTAL HEALTH FUNDING SOURCES					
MH WO - Human Services Agency	\$ 244,376				\$ 244,376
MH WO - Dept. Children, Youth & Families	\$ 128,970				\$ 128,970
MH WO-1st 5 (SF Child & Fam Comm) Shelter	\$ 198,641				\$ 198,641
MH WO-1st 5 (SF Child & Fam Comm) ECMHI	\$ 70,330				\$ 70,330
MH WO-1st 5 (SF Child & Fam Comm) Preschool for All	\$ 278,359				\$ 278,359
MH WO-1st 5 (SF Child & Fam Comm) FRC	\$ 100,944				\$ 100,944
MH STATE - MHSA (Prop 63)	\$ 137,038	\$ 6,090	\$ 75,750		\$ 218,878
MH COUNTY - General Fund WO CODB	\$ 1,935				\$ 1,935
MH FED - SDMC Regular FFP (50%)				\$ 142,811	\$ 142,811
MH STATE - EPSDT				\$ 128,530	\$ 128,530
MH COUNTY - General Fund (matched)				\$ 14,281	\$ 14,281
MH COUNTY - General Fund (unmatched)				\$ 140,392	\$ 140,392
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	\$ 1,160,593	\$ 6,090	\$ 75,750	\$ 426,014	\$ 1,668,447
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,160,593	\$ 6,090	\$ 75,750	\$ 426,014	\$ 1,668,447

DPH 7: Contract-Wide Indirect Detail

UCSF / SFGH Psychiatry Infant-Parent Program (IPP)

INDIRECT EXPENSES

			AMOUNT
MH WORK ORDER - Human Services Agency	\$	26,183	
MH WORK ORDER - Dept. Children, Youth & Families	\$	14,026	
MH WORK ORDER - First Five (SF Children & Family Commission) Shelter	\$	21,283	
MH WORK ORDER - First Five (SF Children & Family Commission) ECMHI	\$	7,535	
MH WORK ORDER - First Five (SF Children & Family Commission) Preschool for All	\$	29,824	
MH WORK ORDER - First Five (SF Children & Family Commission) FRC	\$	10,815	
MH STATE - MHSA (Prop 63)	\$	14,683	
		Subtotal:	\$ 124,349
MH STATE - MHSA (Prop 63)	\$	653	
	\$	-	
		Subtotal:	\$ 653
MH STATE - MHSA (Prop 63)	\$	8,116	
		Subtotal:	\$ 8,116
MH FED - SDMC Regular FFP (50%)	\$	15,301	
MH STATE - EPSDT State Match Funds	\$	13,771	
County General Fund (Matched)	\$	1,530	
County General Fund Unmatched)	\$	15,042	
		Subtotal:	\$ 45,644
University-wide Flat Indirect Rate charged to Sponsored Projects with DPH: 12% of Total Direct Expense		\$1,489,685 x .12	
TOTAL INDIRECT COSTS			\$ 178,763

FY 14-15 BHS BUDGET DOCUMENTS

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

DMH Legal Entity Name (MH)/Contractor Name (SA):	UCSF/SFGH Psychiatry Infant-Parent Program/Daycare Consultants													Appendix B-1, Pg 1	
Provider Name:	Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)													FY 2015-16	
Provider Number:	38C8													07/01/15	
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	
Program Code:	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	
Mode/SFC (MH) or Modality (SA)	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 Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Grp (15% Cap)	Outreach Svcs MH Services Indv/Family	Outreach Svcs MH Svcs Grp (5% Cap)	TOTAL	
FUNDING TERM:	===== 07/1/15 - 06/30/16 =====													7/1/15-6/30/16	
FUNDING USES															
Salaries & Employee Benefits:	\$ 261,423	\$ 251,198	\$ 68,793	\$ 9,833	\$ 23,330	\$ 6,267	\$ 100,346	\$ 50,360	\$ 50,360	\$ 70,594	\$ 47,720	\$ 50,261	\$ 19,813	\$ 1,010,296	
Operating Expenses:	\$ 6,714	\$ 6,452	\$ 1,767	\$ 253	\$ 599	\$ 161	\$ 2,577	\$ 1,293	\$ 1,293	\$ 1,813	\$ 1,226	\$ 1,291	\$ 509	\$ 25,948	
Subtotal Direct Expenses:	\$ 268,137	\$ 257,650	\$ 70,560	\$ 10,085	\$ 23,929	\$ 6,428	\$ 102,923	\$ 51,653	\$ 51,653	\$ 72,407	\$ 48,945	\$ 51,552	\$ 20,322	\$ 1,036,244	
Indirect Expenses:	\$ 32,176	\$ 30,918	\$ 8,467	\$ 1,210	\$ 2,871	\$ 771	\$ 12,351	\$ 6,198	\$ 6,198	\$ 8,689	\$ 5,873	\$ 6,186	\$ 2,439	\$ 124,349	
TOTAL FUNDING USES:	\$ 300,314	\$ 288,568	\$ 79,027	\$ 11,295	\$ 26,800	\$ 7,199	\$ 115,274	\$ 57,851	\$ 57,851	\$ 81,095	\$ 54,819	\$ 57,738	\$ 22,761	\$ 1,160,593	
CBHS MENTAL HLTH FUNDING	Index Codes														
MH WO-HAS	HMHMCHDHSWO	\$ 52,780	\$ 52,848	\$ 15,088	\$ 603	\$ 4,898	\$ 1,125	\$ 24,225	\$ 12,220	\$ 12,220	\$ 35,858	\$ 5,500	\$ 22,556	\$ 4,456	\$ 244,376
MH WO-DCYF	HMHMCHDCYFWO	\$ 33,930	\$ 30,156	\$ 14,603	\$ 754	\$ 6,103	\$ 750	\$ 12,675	\$ 6,336	\$ 6,336	\$ 2,250	\$ 3,300	\$ 5,651	\$ 6,126	\$ 128,970
County General Fund WO (CODB)	HMHMCP751594	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 1,935
MH WO-1st 5-SFCFC-Preschool	HMHMCHPFAPWO	\$ 86,258	\$ 71,997	\$ 33,948	\$ 754	\$ 754	\$ 750	\$ 27,675	\$ 13,917	\$ 13,917	\$ 18,689	\$ 2,200	\$ 5,274	\$ 2,228	\$ 278,359
MH WO-1st 5-SFCFC-ECMHI	HMHMPROP10WO	\$ 18,400	\$ 15,003	\$ 4,828	\$ 377	\$ 1,334	\$ 375	\$ 6,975	\$ 3,470	\$ 3,470	\$ 10,875	\$ 1,320	\$ 3,014	\$ 891	\$ 70,330
MH WO-1st 5-SFCFC-FRC	HMHMCHSRIPO	\$ 23,374	\$ 40,097	\$ 3,772	\$ 1,884	\$ 3,768	\$ 1,800	\$ 10,050	\$ 5,054	\$ 5,054	\$ 2,025	\$ 2,200	\$ 753	\$ 1,114	\$ 100,944
MH WO-1st 5-SFCFC-Shelter	HMHMCH-CFCWO	\$ 53,006	\$ 46,407	\$ 3,018	\$ 5,651	\$ 6,782	\$ 1,500	\$ 19,875	\$ 9,881	\$ 9,881	\$ 7,500	\$ 26,950	\$ 1,507	\$ 6,683	\$ 198,641
MH STATE - MHSA - HMHMPROP63-PMHS63-1510		\$ 32,418	\$ 31,911	\$ 3,621	\$ 1,125	\$ 3,014	\$ 750	\$ 13,650	\$ 6,825	\$ 6,825	\$ 3,750	\$ 13,200	\$ 18,835	\$ 1,114	\$ 137,038
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		\$ 300,314	\$ 288,568	\$ 79,027	\$ 11,295	\$ 26,800	\$ 7,199	\$ 115,274	\$ 57,851	\$ 57,851	\$ 81,095	\$ 54,819	\$ 57,738	\$ 22,761	\$ 1,160,593
TOTAL DPH FUNDING SOURCES		\$ 300,314	\$ 288,568	\$ 79,027	\$ 11,295	\$ 26,800	\$ 7,199	\$ 115,274	\$ 57,851	\$ 57,851	\$ 81,095	\$ 54,819	\$ 57,738	\$ 22,761	\$ 1,160,593
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		\$ 300,314	\$ 288,568	\$ 79,027	\$ 11,295	\$ 26,800	\$ 7,199	\$ 115,274	\$ 57,851	\$ 57,851	\$ 81,095	\$ 54,819	\$ 57,738	\$ 22,761	\$ 1,160,593
UOS & UNIT COST - \$ Over Caps, if any															
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	3,983	3,828	1,048	150	356	96	1,537	767	767	1,081	498	766	204	15,081	
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hours	
\$ per UOS-DPH Rate-DPH FUND SOURCE Only	75.40	75.39	75.44	75.35	75.35	75.00	75.00	75.43	75.43	75.00	110.00	75.34	111.39		
\$ per UOS-Contract Rate-DPH & Non-DPH FUND SOURCE	75.40	75.39	75.44	75.35	75.35	75.00	75.00	75.43	75.43	75.00	110.00	75.34	111.39		
Published Rate (Medi-Cal Providers Only):	75.40	75.39	75.44	75.35	75.35	75.00	75.00	75.43	75.43	75.00	110.00	75.34	111.39	Total UDC	
Unduplicated Clients (UDC):	2,390	2,390	2,390	10	25	20	N/A	N/A	N/A	20	20	18	18	2,390	

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DPH 3: Salaries & Benefits Detail

Program Code: 38C86

Program Name: IPP Daycare Consultants Program/ Early Childhood Mental Health Consultation Initiative (ECMHCI)

Document Date: 07/01/15

	TOTAL		HSA Work Order HMHMCHDHSWO		DCYF Work Order HMHMCHDCYFWO		SFCFC - Shelter HMHMCH-CFCWO		SFCFC- ECMHI HMHMPROP10 WO		SFCFC-Preschool for All HMHMCHPFAP WO		SFCFC -FRC HMHMCHSRIP WO		MHA (Prop 63) HMHMPROP63	
-----07/01/15 - 06/30/16-----																
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinician/Consultant	0.85	\$ 67,651	0.85	\$ 67,651												
Clinician/Consultant	0.75	\$ 50,945	0.63	\$ 42,998											0.12	\$ 7,947
Clinician/Consultant	0.22	\$ 22,511	0.20	\$ 20,635	0.02	\$ 1,876										
Psychologist/ Consultant	0.22	\$ 19,778	0.22	\$ 19,778												
Clinician/Consultant	0.90	\$ 65,535			0.60	\$ 43,690									0.30	\$ 21,845
Program Assistant	0.45	\$ 22,269			0.45	\$ 22,269										
Clinician/Consultant	1.00	\$ 78,780			0.17	\$ 12,999	0.79	\$ 61,842							0.05	\$ 3,939
Director	0.14	\$ 15,712					0.14	\$ 15,712								
Clinician/Consultant	0.80	\$ 72,090					0.51	\$ 45,507	0.07	\$ 6,308					0.23	\$ 20,275
Psychologist/ Consultant	0.80	\$ 78,113							0.39	\$ 38,080	0.41	\$ 40,033				
Clinician/Consultant	0.83	\$ 66,059									0.81	\$ 64,467			0.02	\$ 1,592
Analyst	0.35	\$ 22,136									0.35	\$ 22,136				
Clinician/Consultant	0.50	\$ 37,707									0.50	\$ 37,707				
Clinician/Consultant	0.10	\$ 10,676									0.08	\$ 8,541	0.02	\$ 2,135		
Financial Analyst	0.18	\$ 11,125											0.18	\$ 11,125		
Clinician/Consultant	1.00	\$ 78,491											0.63	\$ 49,238	0.38	\$ 29,253
Totals:	9.09	\$ 719,578	1.90	\$ 151,062	1.23	\$ 80,834	1.43	\$ 123,061	0.46	\$ 44,388	2.15	\$ 172,884	0.83	\$ 62,498	1.09	\$ 84,851
Employee Fringe Benefits:	40%	\$ 290,718	41%	\$ 61,935	39%	\$ 31,831	41%	\$ 50,455	38%	\$ 17,056	40%	\$ 69,682	41%	\$ 25,624	40%	\$ 34,134
TOTAL SAL & BENS		\$ 1,010,296		\$ 212,997		\$ 112,665		\$ 173,516		\$ 61,444		\$ 242,566		\$ 88,122		\$ 118,985

DPH 4: Operating Expenses Detail

Program Code: 38C86

Program Name: IPP Daycare Consultants Program-Early Childhood Mental Health Consultation Initiative (ECMHCI)

Document Date: 07/01/15

Expenditure Category	TOTAL	HSA Work Order HMHMCHDHS WO	DCYF Work Order HMHMCHDCYF WO	SFCFC - Shelter HMHMCH- CFCWO	SFCFC-ECMHI HMHMPROP10 WO	SFCFC- Preschool for All HMHMCHPFAP WO	SFCFC -FRC HMHMCHSRIP WO	MHSA (Prop 63) HMHMPROP63
-----07/01/15 - 06/30/16-----								
Materials & Supplies:								
Program Supplies	\$ 952	\$ 123	\$ 556		\$ 61	\$ 12		\$ 200
Staff Travel:	\$ 980		\$ 500			\$ 200		\$ 280
Consultant/Subcontractor:								
Other Operating Expense:								
UCSF Faculty Recharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
UCSF Staff Recharge	\$ 9,140	\$ 1,911	\$ 1,241	\$ 1,439	\$ 463	\$ 2,163	\$ 830	\$ 1,094
GAEL: General Automotive and Employee Liability Charges	\$ 5,613	\$ 1,178	\$ 631	\$ 960	\$ 346	\$ 1,348	\$ 487	\$ 662
Data Network Recharge	\$ 4,470	\$ 935	\$ 607	\$ 704	\$ 226	\$ 1,058	\$ 406	\$ 535
CCDSS: Computing and Communication Device Support Services	\$ 4,794	\$ 1,049	\$ 681	\$ 740	\$ 254	\$ 1,187	\$ 283	\$ 600
TOTAL OPERATING EXPENSE	\$ 25,948	\$ 5,196	\$ 4,215	\$ 3,842	\$ 1,350	\$ 5,968	\$ 2,007	\$ 3,370

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)						
DHCS Legal Entity Name (MH):	UCSF / SFGH Psychiatry Infant-Parent Program (IPP)					Appendix B-1a, Pg 1
Provider Name:	IPP Daycare Consultants Program (DCC) / Early Childhood Mental Health Consultation Initiative					FY 2015-16
Provider Number:	38C8					07/01/15
Program Name:	DCC					
Program Code:	38C87					
Mode/SFC (MH)	45/10-19					
Service Description:	MH Promotion					TOTAL
FUNDING TERM:	7/1/15-6/30/16					
FUNDING USES						
Salaries & Employee Benefits:	\$	4,747				\$ 4,747
Operating Expenses:	\$	690				\$ 690
Subtotal Direct Expenses:	\$	5,437				\$ 5,437
Indirect Expenses:	\$	653				\$ 653
TOTAL FUNDING USES:	\$	6,090				\$ 6,090
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail					
MH STATE - MSA (Prop 63)	1510	\$	6,090			\$ -
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		\$	6,090			\$ 6,090
TOTAL DPH FUNDING SOURCES		\$	6,090			\$ 6,090
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		\$	6,090			\$ 6,090
CBHS UNITS OF SERVICE AND UNIT COST						
Cost Reimbursement (CR)		CR				CR
DPH Units of Service:		35				35
Unit Type:		Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		175.00				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		175.00				Total UDC
Unduplicated Clients (UDC):		15				15

DPH 3: Salaries & Benefits Detail

Program Code: 38C87
 IPP Daycare Consultants Program / Early Childhood Mental Health
 Program Name: Consultation Initiative (ECMHC)
 Document Date: 07/01/15

Position Title	TOTAL		MHPA (Prop 63) HMHPROP63 PMHS63-1410					
	7/1/15-6/30/16		7/1/15-6/30/16					
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.03	\$ 3,367	0.03	\$ 3,367				
Totals:	0.03	\$ 3,367	0.03	\$ 3,367				
Employee Fringe Benefits:	41%	\$ 1,380	41%	\$ 1,380				
TOTAL SALARIES & BENEFITS		\$ 4,747		\$ 4,747				

DPH 4: Operating Expenses Detail

Program Code: 38C87

IPP Daycare Consultants Program / Early Childhood Mental Health Consultation

Program Name: Initiative (ECMHCI)

Document Date: 07/01/15

Expenditure Category	TOTAL	MHSA (Prop 63) HMHMPROP63 PMHS63-1410		
	7/1/15-6/30/16	7/1/15-6/30/16		
Materials & Supplies:				
Program Supplies	\$ 602	\$ 602		
Staff Travel:				
Consultant/Subcontractor:				
Other UC Direct Costs				
UCSF Faculty Recharge	\$ -			
UCSF Staff Recharge	\$ 30	\$ 30		
GAEL: General Automotive and Employee Liability Charges	\$ 26	\$ 26		
Data Network Recharge	\$ 15	\$ 15		
CCDSS: Computing and Communication Device Support Services	\$ 17	\$ 17		
TOTAL OPERATING EXPENSE	\$ 690	\$ 690		

FY 14-15 BHS BUDGET DOCUMENTS

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

DMH Legal Entity Name (MH): UCSF/SFGH Psychiatry Infant-Parent Program/Daycare Consultants														Appendix B-2, Pg 1
Provider Name: Daycare Consultants- SPRING Project														FY 2015-16
Provider Number: 38C8														07/01/15
Program Name:	SPRING Project	SPRING Project	SPRING Project	SPRING Project	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	38C88	38C88	38C88	38C88	
Mode/SFC (MH)	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 Consult Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Tm/Supp Grp	Outreach Svcs Early Ref/Link	Outreach Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Indv/Fam	Outreach Svcs MH Services Group (5% Cap)	TOTAL
FUNDING TERM:	=====07/01/15 - 06/30/16 =====													07/1/15-6/30/16
FUNDING USES														
Salaries & Employee Benefits:	\$ 25,654	\$ 16,788	\$ 659	\$ 2,632	\$ 5,264	\$ 327	\$ 6,615	\$ 3,294	\$ 3,294	\$ 327	\$ 480	\$ 329	\$ 486	\$ 66,150
Operating Expenses:	\$ 576	\$ 377	\$ 15	\$ 59	\$ 118	\$ 7	\$ 148	\$ 74	\$ 74	\$ 7	\$ 11	\$ 7	\$ 11	\$ 1,484
Subtotal Direct Expenses:	\$ 26,230	\$ 17,165	\$ 674	\$ 2,691	\$ 5,382	\$ 335	\$ 6,763	\$ 3,367	\$ 3,367	\$ 335	\$ 491	\$ 336	\$ 497	\$ 67,634
Indirect Expenses:	\$ 3,148	\$ 2,060	\$ 81	\$ 323	\$ 646	\$ 40	\$ 812	\$ 404	\$ 404	\$ 40	\$ 59	\$ 40	\$ 60	\$ 8,116
TOTAL FUNDING USES:	\$ 29,378	\$ 19,224	\$ 754	\$ 3,014	\$ 6,028	\$ 375	\$ 7,575	\$ 3,772	\$ 3,772	\$ 375	\$ 550	\$ 377	\$ 557	\$ 75,750
CBHS MENTAL HEALTH FUNDING SOURCES														
MH STATE-MHSA: Spring Project HMHMPROP63 PMHS63-1510	\$ 29,378	\$ 19,224	\$ 754	\$ 3,014	\$ 6,028	\$ 375	\$ 7,575	\$ 3,772	\$ 3,772	\$ 375	\$ 550	\$ 377	\$ 557	\$ 75,750
TOTAL CBHS MENTAL HEALTH FUNDING	\$ 29,378	\$ 19,224	\$ 754	\$ 3,014	\$ 6,028	\$ 375	\$ 7,575	\$ 3,772	\$ 3,772	\$ 375	\$ 550	\$ 377	\$ 557	\$ 75,750
TOTAL DPH FUNDING	\$ 29,378	\$ 19,224	\$ 754	\$ 3,014	\$ 6,028	\$ 375	\$ 7,575	\$ 3,772	\$ 3,772	\$ 375	\$ 550	\$ 377	\$ 557	\$ 75,750
TOTAL FUNDING (DPH AND NON-DPH)	\$ 29,378	\$ 19,224	\$ 754	\$ 3,014	\$ 6,028	\$ 375	\$ 7,575	\$ 3,772	\$ 3,772	\$ 375	\$ 550	\$ 377	\$ 557	\$ 75,750
UOS & UNIT COST- \$ Over Caps, if any														
Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	390	255	10	40	80	5	101	50	50	5	5	5	5	1,001
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hours
\$ per UOS-DPH Rate-DPH Fund Source Only	75.40	75.39	75.44	75.35	75.35	75.00	75.00	75.43	75.43	75.00	110.00	75.34	111.39	
\$ Per UOS-Contract Rate-DPH & Non-DPH Fund	75.40	75.39	75.44	75.35	75.35	75.00	75.00	75.43	75.43	75.00	110.00	75.34	111.39	
Published Rate (Medi-Cal Providers Only)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Total UDC
Unduplicated Clients (UDC)	120	120	120	20	20	20	N/A	N/A	N/A	2	2	2	2	140

DPH 3: Salaries & Benefits Detail

Program Code: 38C88
 Program Name: SPRING Project
 Document Date: 07/01/15

	TOTAL		MHTA (Prop 63) HMHMPROP63 PMHS63-1503					
	7/1/15-6/30/16		7/1/15-6/30/16					
Position Title	FTE	Salaries	FTE	Salaries				
Psychologist	0.51	\$ 46,915	0.51	\$ 46,915				
Totals:	0.51	\$ 46,915	0.51	\$ 46,915				
Employee Fringe Benefits:	0.41	\$ 19,235	41%	\$ 19,235				
TOTAL SALARIES & BENEFITS		\$ 66,150		\$ 66,150				

DPH 4: Operating Expenses Detail

Program Code: 38C88
 Program Name: SPRING Project
 Document Date: 07/01/15

Expenditure Category	TOTAL	MHSA (Prop 63) HMHMPROP63 PMHS63-1503		
	7/1/15-6/30/16	7/1/15-6/30/16		
Materials & Supplies:	\$ 73	73		
Staff Travel:				
Consultant/Subcontractor:				
Other UC Direct Costs				
UCSF Faculty Recharge	\$ -			
UCSF Staff Recharge	\$ 513	\$ 513		
GAEL: General Automotive and Employee Liability Charges	\$ 366	\$ 366		
Data Network Recharge	\$ 251	\$ 251		
CCDSS: Computing and Communication Device Support Services	\$ 282	\$ 282		
TOTAL OPERATING EXPENSE	\$ 1,484	\$ 1,484		

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): UCSF / SFGH Psychiatry Infant-Parent Program (IPP)

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Provider Name: IPP Psychotherapy Services

FY 2015-16

Provider Number: 38C8

Document Date: 07/01/15

Program Name:	Psychotherapy Services	Psychotherapy Services		
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Program Code:	38C84	38C85		
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Mode/SFC (MH) or Modality (SA)	15/10-56	45/10-19		
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Service Description:	MH Svcs	MH Promotion		TOTAL
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FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16		
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FUNDING USES

Salaries & Employee Benefits:	\$ 359,186	\$ 8,686		\$ 367,872
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Operating Expenses:	\$ 8,432	\$ 4,065		\$ 12,498
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Subtotal Direct Expenses:	\$ 367,619	\$ 12,751		\$ 380,370
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Indirect Expenses:	\$ 44,114	\$ 1,530		\$ 45,644
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TOTAL FUNDING USES:	\$ 411,733	\$ 14,281		\$ 426,014
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CBHS MENTAL HEALTH FUNDING SOURCES

Index Code

MH FED - SDMC Regular FFP (50%)	HMHMCP751594	\$ 142,811		\$ 142,811
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MH STATE - EPSDT	HMHMCP751594	\$ 128,530		\$ 128,530
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MH COUNTY - General Fund (matched)	HMHMCP751594		\$ 14,281	\$ 14,281
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MH COUNTY - General Fund (unmatched)	HMHMCP751594	\$ 140,392		\$ 140,392
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TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		\$ 411,733	\$ 14,281	\$ 426,014
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TOTAL FUNDING (DPH AND NON-DPH)		\$ 411,733	\$ 14,281	\$ 426,014
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CBHS UNITS OF SERVICE AND UNIT COST

Fee-For-Service (FFS):	FFS	FFS		
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DPH Units of Service:	154,787	93		
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Unit Type:	Staff Minute	Staff Hour		
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Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.66	153.56		
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Cost Per UOS- Contract Rate (DPH & Non-DPH FUNDING):	2.66	153.56		
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Published Rate (Medi-Cal Providers Only):	2.66	153.56		
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Unduplicated Clients (UDC):	225	N/A		225
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DPH 3: Salaries & Benefits Detail

Program Codes: 38C84 & 38C85
 Program Name: IPP Psychotherapy Services
 Document Date: 07/01/15

	TOTAL		MH FED - SDMC Regular FFP (50%) HMHMCP751594		MH STATE - EPSDT State Match Funds HMHMCP751594		County General Fund (Matched) HMHMCP751594		County General Fund (Unmatched) HMHMCP751594	
	7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinician	0.15	\$ 11,938	0.07	\$ 5,571	0.08	\$ 6,367				
Director	0.14	\$ 15,712	0.07	\$ 7,856	0.07	\$ 7,856				
Clinician	0.35	\$ 32,196	0.11	\$ 10,119	0.10	\$ 9,199			0.14	\$ 12,878
Clinician	0.50	\$ 50,957	0.13	\$ 13,302	0.10	\$ 10,232			0.27	\$ 27,423
Clinician	0.35	\$ 34,418	0.11	\$ 10,817	0.10	\$ 9,834	0.04	\$ 3,933	0.10	\$ 9,834
Analyst	0.25	\$ 15,812	0.13	\$ 8,222	0.08	\$ 5,060			0.04	\$ 2,530
Clinician	0.45	\$ 48,045	0.10	\$ 10,677	0.10	\$ 10,677			0.25	\$ 26,691
Psychologist	0.20	\$ 27,190	0.10	\$ 13,595	0.10	\$ 13,595				
Program Assistant	0.35	\$ 17,073	0.17	\$ 8,165	0.14	\$ 6,681	0.05	\$ 2,227		
TBH-Clinician									0.10	\$ 7,561
Totals:	2.83	\$ 260,902	0.99	\$ 88,324	0.87	\$ 79,501	0.09	\$ 6,160	0.90	\$ 86,917
Employee Fringe Benefits:	41%	\$ 106,970	41%	\$ 36,213	41%	\$ 32,595	41%	\$ 2,526	41%	\$ 35,636
TOTAL SALARIES & BENEFITS		\$ 367,872		\$ 124,537		\$ 112,096		\$ 8,686		\$ 122,553

DPH 4: Operating Expenses Detail

Program Code: 38C84 & 38C85

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Program Name: IPP Psychotherapy Services

Document Date: 07/01/15

Expenditure Category	TOTAL	MH FED - SDMC Regular FFP (50%) HMHMCP751594	MH STATE - EPSDT State Match Funds HMHMCP751594	County General Fund (Matched) HMHMCP751594	County General Fund Unmatched) HMHMCP751594
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Materials & Supplies:					
Program Supplies	\$ 4,655	\$ 265	\$ 269	\$ 3,843	\$ 278
Staff Travel:					
Consultant/Subcontractor:					
Other UC Direct Costs:					
UCSF Faculty Recharge	\$ -	\$ -	\$ -	\$ -	\$ -
UCSF Staff Recharge	\$ 2,850	\$ 991	\$ 870	\$ 86	\$ 903
GAEL: General Automotive and Employee Liability Charges	\$ 2,035	\$ 689	\$ 620	\$ 48	\$ 678
Data Network Recharge	\$ 1,394	\$ 485	\$ 426	\$ 42	\$ 442
CCDSS: Computing and Communication Device Support Services	\$ 1,564	\$ 544	\$ 477	\$ 47	\$ 496
TOTAL OPERATING EXPENSE	\$ 12,498	\$ 2,973	\$ 2,662	\$ 4,065	\$ 2,797