

**City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685**

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

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AGREEMENT

This Agreement is made this **1st** day of **July 2018** in the City and County of San Francisco, State of California, by and between The Regents of the University of California, on behalf of its San Francisco campus, acting by and through its Office of Research, a California Constitutional corporation, hereinafter referred to as “Contractor,” and the City and County of San Francisco, a municipal corporation, hereinafter referred to as (“City”), acting by and through its Director of the Office of Contract Administration or the Director’s designated agent, hereinafter referred to as “Purchasing.”

Recitals

WHEREAS, the Contractor wishes to **provide early childhood mental health consultation, mental health outpatient treatment services, and professional clinical supervision training**; and,

WHEREAS, a Request for Proposal (“RFP”) was issued on **May 4, 2018, August 5, 2016, and March 24, 2017**, and City selected Contractor as a qualified vendor pursuant to the RFP; and

WHEREAS, Contractor represents that it is qualified to perform the services required by City as set forth under this Contract and shall remain so for the term of the Agreement;

WHEREAS, the services to be provided by Contractor under this Agreement are not covered by the Affiliation Agreement;

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers **PSC 49607-15/16 and PSC 46987-16/17 on March 5, 2018 and June 19, 2017**, respectively;

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions [Reserved.]

Article 2 Term of the Agreement

2.1 Term.

The term of this Agreement shall commence on **July 1, 2018** and expire on **December 31, 2021**, unless earlier terminated as otherwise provided herein.

Article 3 Financial Matters

3.1 Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.

This Agreement is subject to the budget and fiscal provisions of the City’s Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City’s obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor’s assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3.2 **Guaranteed Maximum Costs (“GMC”)**

The City’s payment obligation to Contractor shall not at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 **Compensation.**

3.3.1 **Payment.** Compensation shall be made in monthly payments on or before the **30th** day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of Public Health**, concludes has been performed as of the **last** day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Six Million Three Hundred Seventy-Four Thousand, Seven Hundred Sixteen Dollars (\$6,374,716)**. The breakdown of costs associated with this Agreement appears in **Appendix B**, “Calculation of Charges,” attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

3.3.2 **Deficiencies; Payment Disputes.** Payments to Contractor by City shall not excuse Contractor from its obligation to replace Services not performed in accordance with the terms of this Agreement, even if such deficiencies may not have been apparent or detected at the time such payment was made. The Parties shall submit all payment disputes, if any, to dispute resolution under Section 11.6 (Dispute Resolution).

3.3.3 **(Reserved.)**

3.3.4 **Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City as specified in this Article 3, to Contractor at the address specified in Section 11.1 “Notices to the Parties,” or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 **LBE Payment and Utilization Tracking System. [Reserved.]**

3.3.6 **Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 Federal or State Funded Contracts.

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement.

(b) **Reserved Grant Terms.**

3.4 Contract Amendments; Budgeting Revisions.

3.4.1 **Formal Contract Amendment:** Contractor shall not be entitled to an increase in the Guaranteed Maximum Price or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.4.2 **City Revisions to Program Budgets:** The City shall have authority, without the execution of a Formal Amendment, to purchase services or scope identified in Appendix A (Statement of Work) or Appendix B (Calculation of Charges) in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the GMC or the Term by use of a written City Program Budget Revision.

3.5 Audit and Inspection of Records.

3.5.1 Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than ten (10) years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

3.5.2 If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.5.3 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

3.6 Submitting False Claims.

Pursuant to San Francisco Administrative Code Section 21.35, but and subject to any applicable statutory or constitutional exemptions, 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 or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (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.

3.7 Payment of Prevailing Wages [Reserved (Not a Public Work).]

Article 4 Services and Resources

4.1 Services Contractor Agrees to Perform.

Contractor agrees to perform the Services provided for in Appendix A, "Statement of Work." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for Services beyond the scope listed in Appendix A unless Appendix A is modified as provided in Sections 3.4 above (Contract Amendments; Budgeting Revisions).

4.2 Qualified Personnel.

Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. To the extent possible, Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 **Subcontracting.**

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor shall supervise its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 Contractor will not employ subcontractors.

4.4 **Independent Contractor; Payment of Employment Taxes and Other Expenses.**

4.4.1 **Independent Contractor.** Contractor shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, 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 in accordance 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 Section, 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.

4.4.2 **Payment of Employment 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.

4.5 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 Contractor, except as provided in Paragraph 4.3 above, unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

4.6 Warranty.

Contractor represents to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

4.7 Liquidated Damages. [Reserved (Business Decision).]

4.8 Bonding Requirements. [Reserved (Business Decision).]

Article 5 Insurance and Indemnity

5.1 Insurance.

5.1.1 Required Coverages. Each Party shall, at such Party's own expense, obtain, maintain, and keep in full force and effect, at all times during the term hereof, insurance coverage with respect to its property, plant and equipment and its activities conducted thereon and under this Agreement consisting of:

(a) Comprehensive general liability insurance in an amount not less than Ten Million Dollars (\$10,000,000) each claim and Twenty Million Dollars (\$20,000,000) annual aggregate;

(b) Professional liability insurance in an amount not less than Ten Million Dollars (\$10,000,000) each claim and Twenty-Five Million Dollars (\$25,000,000) annual aggregate;

(c) Business interruption insurance covering loss of income for up to twelve (12) months;

(d) Cyber and privacy insurance or technology errors and omissions insurance covering liability and property losses, including liability for data breach, including notification costs, credit monitoring, costs to defend claims by state regulators, fines and penalties, loss resulting from identity theft and the like with an occurrence or per claim limit of not less than Twenty Million Dollars (\$20,000,000) annual aggregate; and

(e) Workers compensation insurance consistent not less than statutory minimums. Each Party's Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the other Party for all work performed by that Party, its employees, agents and subcontractors.

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

5.1.2 Self-Insurance. In lieu of maintaining commercial insurance coverage, a Party may adopt alternative risk management programs which the governing body of such Party determines to be reasonable and which shall not have a material adverse impact on reimbursement from third party payers, including, without limitation, to self-insure in whole or in part individually or in connection with other institutions, to participate in programs of captive insurance companies, to participate with other health care institutions in mutual or other cooperative insurance or other risk management programs, to participate in state or federal insurance programs, to take advantage of state or federal laws now or hereafter in existence limiting medical and malpractice liability, or to establish or participate in other alternative risk management programs.

5.1.3 Company Requirements. Other than with respect to a party's self-insurance or other alternative risk management programs described above, all of the insurance policies required hereunder shall be issued by corporate insurers licensed to do business in California and rated A- or better by A.M. Best Company.

5.1.4 Proof of Insurance. Each Party shall provide the other with proof of the insurance required by this Section 5 upon the reasonable request of the other Party.

5.2 Indemnification.

5.2.1 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, including for infringement of intellectual property, 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.

5.2.2 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, including for infringement of intellectual property, 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.

Article 6 Liability of the Parties

6.1 Liability of City [Reserved (Business Decision).]

6.2 Incidental and Consequential Damages [Reserved (Waived by Contracting Officer under San Francisco Administrative Code Section 21.23).]

6.3 Liability for Use of Equipment.

Subject to Section 5.2.2, City shall not be liable for any damage to persons or property as a result of Contractor's use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City, while such equipment is in the care, custody, and control of Contractor.

6.4 Ownership of Equipment purchased under this Agreement

Any equipment purchased by Contractor with funds provided for that purpose 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) 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.

Article 7 Payment of Taxes

7.1 Reimbursement by City for Sales and Use Taxes.

Subject to any applicable statutory or constitutional exemptions, payment of 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 this paragraph shall be interpreted as a waiver of any immunities or defenses that Contractor may otherwise have. Sales and use taxes maybe invoiced by Contractor and shall be reimbursed by the City.

7.2 Possessory Interest Tax.

Subject to any applicable statutory or constitutional exemptions, and without waiving its rights afforded to it as a California Constitutional Corporation, Contractor acknowledges 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:

7.2.1 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.

7.2.2 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.

7.2.3 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.

7.2.4 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.

Article 8 Termination and Default

8.1 Termination for Convenience

8.1.1 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 be 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 the termination of this Agreement.

8.1.2 Upon receipt of the notice of termination, 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:

- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Not placing any further orders of subcontracts for materials, services, equipment or other items.
- (c) Terminating all existing orders and subcontracts.
- (d) 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.
- (e) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (f) 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.

8.1.3 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.

(a) 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

(b) 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.

(c) 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.

(d) 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.

8.1.4 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).

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for the same Services covered by Contractor's final invoice; (ii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection.

8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Either party fails or refuses to perform or observe any other material term, covenant or condition contained in this Agreement, and such default continues for a period of ten days without cure after written notice thereof from the nonbreaching party to the breaching party. However, the parties may agree in writing to extend the cure period.

(2) Either party (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of such party or of any substantial part of such party's property or (e) takes action for the purpose of any of the foregoing.

(4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to such party or with respect to any substantial part of such party's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of such party.

8.2.2 On and after any Event of Default, the nonbreaching party shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3 Rights and Duties upon Termination or Expiration.

This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.1	Payment	11.8	Construction
3.3.2	Deficiencies; Payment Disputes	11.9	Entire Agreement
3.3.7	Federal or State Funded Contracts	11.10	Compliance with Laws
3.5	Audit and Inspection of Records	11.11	Severability
3.6	Submitting False Claims	11.12	Cooperative Drafting
Article 5	Insurance and Indemnity	Article 12	Department Specific Terms
Article 6	Liability of Parties	12.6	Federal and State Financial Participation
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
8.1.6	Payment Obligation	13.3	Business Associate Agreement
Article 9	Rights in Deliverables	13.4	Protected Health Information
11.6	Dispute Resolution Procedure		

8.3.1 Subject to the survival of the Sections identified in Section 8.4.1, above, upon termination of this Agreement prior to expiration of the term specified in Article 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.

Article 9 Rights In Deliverables

9.1 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.

9.2 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.

Article 10 Additional Requirements Incorporated by Reference

10.1 Laws Incorporated by Reference.

Contractor represents and warrants that it will comply with all applicable laws and regulations in performing the Services. Subject to the foregoing, the full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/

10.2 Conflict of Interest.

Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

10.3 Prohibition on Use of Public Funds for Political Activity.

In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G. The Controller will not consider Contractor use of profit as a violation of this section.

10.4 Reserved.

10.5 Nondiscrimination Requirements.

In the performance of this Contract, Contractor covenants and agrees that it will not discriminate against an applicant for employment because of race, color, religion, sex, age, ancestry, national origin, sexual orientation, handicap, veteran's status, medical condition (as defined in Section 12926 of the State of California Government Code), marital status, or citizenship (within the limits imposed by law or

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

10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. [Reserved pursuant to Administrative Code Section 14B.2 (Exception Public Agency Contract).]

10.7 Minimum Compensation Ordinance. [Reserved pursuant to Administrative Code Section 12.P.2(e)11 (Exception Non-Coterminous Boundaries).]

Notwithstanding, but without waiving the foregoing reservation, Contractor understands and agrees that it shall pay employees funded under the Agreement no less than the minimum compensation required under federal or state law.

10.8 Health Care Accountability Ordinance. [Reserved pursuant to Administrative Code Section 12.Q.2(4)(b) (Exception Public Agency status).]

10.9 First Source Hiring Program. [Reserved pursuant to Administrative Code Section 83.4 (Exception Public Agency status).]

10.10 Drug-Free Workplace.

Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents, or assigns will be deemed a material breach of this Agreement.

10.11 Limitations on Contributions.

By executing this Agreement, Contractor acknowledges that it is familiar with Section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such

person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

10.12 Slavery Era Disclosure [Reserved pursuant to San Francisco Administrative Code Section 12Y.4 (Non - Insurance, Finance, Textile Contract).]

10.13 Working with 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.

10.14 Consideration of Criminal History in Hiring and Employment Decisions [Reserved pursuant to OCA Waiver, Administrative Code Section 12T.8]

10.15 Public Access to Nonprofit Records and Meetings.

Notwithstanding, but without waiving the reservation above, Contractor understands and agrees that it shall comply with all state and federal rules and regulations regarding public access to meetings and records.

10.16 Food Service Waste Reduction Requirements.

Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

10.17 Sugar-Sweetened Beverage Prohibition.

To the extent required by law, Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as set forth in San Francisco Administrative Code Chapter 101, as part of its performance of obligations to the City under this Agreement.

10.18 Tropical Hardwood and Virgin Redwood Ban.

Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.19 Preservative Treated Wood Products.

In the performance of this Agreement, should Contractor purchase preservative-treated wood products on behalf of the City, Contractor shall only purchase such products from the list of alternatives adopted by the Department of the Environment, unless otherwise granted an exemption.

Article 11 General Provisions

11.1 Notices to the Parties.

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

To CITY: Office of Contract Management and Compliance
Department of Public Health
1380 Howard Street, 4th Floor fax: (415) 252-3088
San Francisco, California 94103 e-mail: april.monegas@sfdph.org

and: **Andrew Williams**
Program Manager, Contract Development and Technical Assistance
San Francisco Department of Public Health
1380 Howard Street, 5th Floor tel: (415) 255-3928
San Francisco, CA 94103 email: andrew.williams@sfdph.org

To CONTRACTOR: The Regents of the University of California
UCSF Office of Sponsored Research
Contracts and Grants Division
3333 California Street, Suite 315
San Francisco, CA 94143-0962 fax: (415) 476-8158
(if overnight, use zip code 94118) e-mail: GBCinfo@ucsf.edu

And: **Alicia Lieberman**
Principal Contact
1001 Potrero Avenue, 2124 fax: (415) 476-8158
San Francisco, CA 94140 e-mail: Alicia.Lieberman@ucsf.edu

PAYMENTS: Payee: "The Regents of the University of California"
Mail to:
UCSF MAIN DEPOSITORY
P.O. Box 748872
Los Angeles, CA 90074-4872

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 Compliance with Americans with Disabilities Act.

Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including, but not limited to, Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 Reserved.

11.4 Sunshine Ordinance.

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

11.5 Modification of this Agreement.

This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed by the parties and approved in the same manner as this Agreement. Contractor shall cooperate with Department 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 20% (CMD Contract Modification Form).

11.6 Dispute Resolution Procedure.

11.6.1 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.

11.6.2 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.

11.7 Agreement Made in California; Venue.

The formation, interpretation, and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation, and performance of this Agreement shall be in San Francisco.

11.8 Construction.

All paragraph captions are for reference only and shall not be considered in construing this Agreement.

11.9 Entire Agreement.

This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

11.10 Compliance with Laws.

The parties shall comply with all applicable laws in the performance of this Agreement. Notwithstanding any other provision of this Agreement, nothing in this Agreement shall be construed as Contractor's contractual commitment to any law, regulation or ordinance to which Contractor is exempt as a California Constitutional Corporation.

11.11 Severability.

Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

11.12 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.

11.13 Order of Precedence.

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, and the Statement of Work attached as Appendix A. The terms of this Agreement are to be read and interpreted together with all other documents, appendices, exhibits, and addenda attached to the Agreement as a single agreement. If the Agreement was procured under a Request for Proposals, the Parties acknowledge and agree that the scope of this Agreement may not exceed the scope of the RFP.

Article 12 Department Specific Terms

12.1 Emergency Response. [Reserved.]

12.2 Third-Party Beneficiaries

No third parties are intended by the parties hereto to be third-party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

12.3 Certification Regarding Lobbying

Contractor certifies to the best of its knowledge and belief that:

12.3.1 No federally appropriated funds have been paid or will be paid, by or on behalf of Contractor to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

12.3.2 If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in

connection with this federal contract, grant, loan or cooperative agreement, Contractor shall complete and submit the appropriate Federal form, in accordance with the form's instructions.

12.3.3 Contractor shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

12.3.4 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.4 Materials Review

Except for production or distribution pursuant to a valid Public Records Act request, Contractor agrees that all materials, including print, audio, video, and electronic materials, developed, produced, or distributed in accordance with Appendix A and with funding under this Agreement shall be subject to a thirty (30) working day review and approval by the Contract Administrator prior to such production, development or distribution. A failure by the City to notify Contractor of objections to the materials within said thirty- (30) working day period shall be deemed approval of the materials.

12.5 California State Entity

Notwithstanding anything to the contrary in this Agreement, the provisions of Sections 3.5 (False Claims), 10.2 (Conflict of interest), 10.18 (Tropical Hardwood), 10.11 (Limitation on Contributions), 10.3 (Prohibition on Use of Public Funds for Political Activity), 13.1.1 (Private Information), and 10.16 (Food Service Waste Reduction Requirements) of this Agreement are enforceable only to the extent such provisions are applicable to a California state entity and constitutional corporation and are required by applicable law.

12.6 Federal and State Financial Participation

12.6.1 Contractor acknowledges that some or all of the items, products, or services that Contractor furnishes to City under this Agreement may be included, directly or indirectly, in whole or in part, in claims submitted by City to Federal or State health care programs. By executing this Agreement Contractor certifies that it is not excluded, suspended, ineligible or otherwise sanctioned from participation in any Federal or State assistance programs. Contractor shall notify City, as provided in Section 11.1, within thirty (30) days of any such exclusion, suspension, ineligibility, or other sanction, and City may terminate this Agreement immediately upon written notice to Contractor in the event of any such exclusion, suspension, ineligibility, or other sanction. This is a material term of this Agreement.

12.6.2 Contractor agrees to indemnify and hold harmless City and City's officers, directors, employees, agents, successors and permitted assigns from and against any and all (including but not limited to Federal, State, or third party) civil monetary penalties, assessments, repayment obligations, losses, damages, settlement agreements and expenses (including reasonable attorneys' fees) to the extent arising from the exclusion, suspension, ineligibility, or other sanction of Contractor and/or Contractor's workforce (including those who oversee Contractor's workforce, supervisors and governing body members) from participation in any Federal or State assistance program.

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 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.

13.1.2 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.

13.1.3 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.

13.1.4 If this Agreement is terminated by either party, or expires, 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.

13.1.5 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.

13.2 Payment Card Industry (“PCI”) Requirements.

13.3 Business Associate Agreement.

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is required to comply with the HIPAA Privacy Rule

governing the access, transmission, and storage of health information and the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”).

The parties acknowledge that Contractor will:

1. Do **at least one** or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (04-12-2018)
 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
2. **NOT do any of the activities listed above in subsection 1;**
Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

This option requires review and approval from the Office of Compliance and Privacy Affairs.

The parties acknowledge and agree that the City and Contractor are each HIPAA Covered Entities and as such may use and disclose Protected Health Information for treatment, payment and health care operations and for other purposes to the extent permitted by HIPAA and other applicable law.

13.4 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 PHI 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 PHI 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 impermissible acts or omissions of

Contractor. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

Article 14 MacBride And Signature

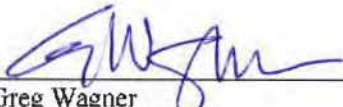
14.1 MacBride Principles -Northern Ireland.

The City urges companies doing business in Northern Ireland to move toward resolving employment inequities and encourages them to abide by the MacBride Principles as expressed in San Francisco Administrative Code Section 12F. The City urges San Francisco companies to do business with corporations that abide by the MacBride Principles. Contractor acknowledges that it has read and understands the above statement of the City.

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

CITY

Recommended by:



Greg Wagner
Chief Financial Officer
Department of Public Health



Contractor

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

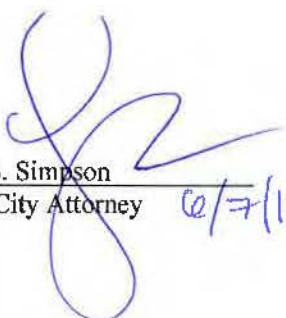


Navjot Maha-Gill
Contract Specialist
3333 California Street, Suite 315
San Francisco, CA 94143-0962

Approved as to Form:

Dennis J. Herrera
City Attorney

By:




Louise S. Simpson
Deputy City Attorney

6/7/19

Supplier ID: 0000012358

Approved:



Alarie Degrafinried
Director of the Office of Contract Administration, and
Purchaser

JUN 21 '19 PM 1:25

Appendices

- A: Statement of Work
- B: Calculation of Charges
- C: Insurance Waiver
- D: [Reserved]
- E: HIPAA Business Associate Agreement
- F: Invoice Template

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Andrew Williams**, Contract Administrator for the City, or his / her designee.

B. Reports:

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

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

C. Evaluation:

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

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. 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:

Only San Francisco residents shall be treated under the terms of this Agreement. 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 for correcting known site hazards, the proper use of equipment located at the site, health and safety of their employees, and all other persons who work or visit the job site.

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

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

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. 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.

N. Quality Assurance:

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

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

Other Miscellaneous Optional Provisions:

O. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, to the extent that the City provides Contractor with the terms of such agreements.

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

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

- Appendix A-1 Day Care Consultants (Early Childhood Mental Health Consultation -ECMHC)
- Appendix A-2 SPRING Project
- Appendix A-3 Psychotherapy Services
- Appendix A-4 Clinical Supervision Academy

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 New

3. GOAL STATEMENT

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 (0 -5) 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 site and 6 homeless shelters throughout San Francisco will benefit from consultation to the 344 staff of these programs. Approximately 35 of these children and their parents may be the focus of consultation. Approximately 10 children will receive Early Intervention support and 10 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	10	DCYF	ECE
Buen Dia Family School	1	40	11	3	PFA	ECE
Community Preschool, Grace Cathedral	1	35	7	2	HSA	ECE
Compass Children's Center	4	90	20	8	HSA	ECE
FACES- Infant Child Development Program - Broderick Site	2	28	16	5	MHSA	ECE
Friends of St. Francis	2	35	5	5	DCYF	ECE
Good Samaritan Child Development Center	2	38	7	5	DCYF	ECE
Guidry's Early Care And Education Prog	2	10	2	4	PFA	ECE
Holy Family Day Home	2	40	6	14	HSA	ECE
Holy Family Day Home Infant/Toddler	3	20	10	10	DCYF	ECE
Holy Family Day Home Preschool/Transitional Kindergarten Site	3	60	16	12	PFA	ECE
Kids Kollege Preschool and Child Care	3	30	6	On call	MHSA	ECE
Mission Campus, City College San Francisco	1	20	3	4	PFA	ECE

Noe Valley Cooperative Preschool	1	24	3	On Call	DCYF	ECE
Ocean Campus, City College San Francisco	2	60	12	4	PFA	ECE
Phoebe Hearst	4	110	13	On Call	DCYF	ECE
Potrero Kids, Daniel Webster	2	38	5	4	MHSA	ECE
Potrero Kids, PK3	4	60	16	4	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	6	PFA	ECE
SFSU Associated Students Inc. Infant/Toddler	6	80	12	6	HSA	ECE
SFUSD Las Americas	2	48	13	4	PFA	ECE
SFUSD Rooftop- Inclusion	1	20	4	2	PFA	ECE
SFUSD Sheridan	1	20	2	3	HSA	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	PFA	ECE
South of Market Childcare Center-Judith Baker Site (1 classes)	1	20	4	8	HSA	ECE
South of Market Childcare Center-Yerba Buena Site	4	75	16	5	PFA	ECE
St. Elizabeth's Child Care Prog of Epiphany Center	3	14	7	1	HSA	ECE
St. Nicholas Child Care	4	67	21	On Call	MHSA	ECE
Wind In The Willows	4	50	4	1	DCYF	ECE
APA Family Support Svcs (FRC)- Neighborhood Cntr	N/A	100	5	On Call	MHSA	FRC
API-Family Resources Network (20 agency network)	N/A	100	5	On Call	MHSA	FRC
Compass Family Resource Center	N/A	80	11	2	FRC	FRC
Good Samaritan Family Resource Center	N/A	60	10	6	FRC	FRC
Homeless Pre-Natal	N/A	20	3	2	HSA	FRC
Young Family Resource Center	N/A	Varied	4	4	FRC	FRC
Excelsior Family Connections	N/A	20	4	4	FRC	FRC
Portola Family Connections	N/A	110	6	4	FRC	FRC
So of Market Child Care Inc. Family Resource Cntr	N/A	100	8	5	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
HR 360 (Female Offenders Tx and Education Prog)/ Women's Hope	N/A	20	5	8	MHSA	SA
Asian Women's Shelter	N/A	8	8	4	CYF	Shelter
Clara House Of Compass Community Svcs	N/A	15	7	6	CYF	Shelter
Compass Family Shelter	N/A	17	10	2	CYF	Shelter
Hamilton Family Residences & Emergency Shelter	N/A	155	30	8	CYF	Shelter
Hamilton Family Transitional Housing	N/A	50	15	8	CYF	Shelter
St. Joseph's Family Center	N/A	40	20	8	CYF	Shelter

5. MODALITIES / INTERVENTIONS

UOS Description – Units of service = Staff hours	UOS	# of Clients	UDC
Individual consultation 2.55 FTE x 40 hrs/wk x 23 wks x 71.75% effort	1,684	2420	
Group Consultation 2.37 FTE x 40 hrs/wk x 23 wks x 71.75% effort	1,748	2420	
Classroom Observation .80 FTE x 40 hrs/wk x 23 wks x 71.75% effort	456	2420	
Staff Training .12 FTE x 40 hrs/wk x 23 wks x 71.75% effort	135	10	
Parent Training/Support Group .17 FTE x 40 hrs/wk x 23 wks x 71.75% effort	147	20	
Early Referral & Linkage .05 FTE x 40 hrs.wk x 23 wks x 71.75% effort	60	5	
Early Intervention Individual .79 FTE x 40 hrs/wk x 23 wks x 71.75% effort	491	10	
Early Intervention Group .31 FTE x 40 hrs/wk x 23 wks x 71.75% effort	426	8	
Mental Health Individual .89 FTE x 40 hrs/wk x 23 wks x 71.75% effort	602	10	
Mental Health Group .07 FTE x 40 hrs/wk x 23 wks x 71.75% effort	87	6	
Consultant Training & Supervision 1.03 FTE x 40 hrs/wk x 23 wks x 71.75% effort	678	N/A	
Systems Work 0.51 FTE x 40 hrs/wk x 23 wks x 71.75% effort	341	NA	
Evaluation 0.51 FTE x 40 hrs/wk x 23 wks x 71.75% effort	342	NA	
Total UOS Delivered	6,713		
Total UDC Served			2,420

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation - Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Consultation-Staff Training:** Providing structured, formal, in-service trainings to groups of three or more individuals from programs receiving consultation services to support staff capacity for responding to social-emotional and mental health needs of the children in these settings.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class.
- **Early Referral/Linkage:** Activities related to assisting families secure additional longer-term help and/or adjunct services.

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

6. METHODOLOGY

Outreach, Admission Enrollment and Intake Criteria and Process

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

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

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

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

Service Delivery Model

I. Mental Health Consultation

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

understanding of the child's current and past experiences. The consultation with the program staff is on-going.

II. **Early Intervention and Direct Clinical Services**

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

III. **Linkage/Coordination/Case Management**

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

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

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

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

Discharge Planning and Exit Criteria and Process

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

Fourteen 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. Seven of the consultants are bilingual and/or bicultural. Therefore, services will be able to be delivered in Spanish, 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

The Infant-Parent Program will make its best efforts to comply with the objectives, and descriptions of how objectives will be measured as outlined in the CBHS document entitled *Behavioral Health Services CYF Performance Objectives FY 2018-19*.

8. CONTINUOUS QUALITY IMPROVEMENT

Bi-weekly group and/or individual supervision meetings ensure that contract performance objectives are being achieved, including the cultural competency of staff and the services being delivered. Staff is made aware of changes in performance objectives and documentation in a timely manner at the bi monthly All Staff Meeting. Follow up and individualized instructional support is offered in individual supervisory meetings. Every staff member will have a chart reviewed twice per year by a program supervisor. Internal chart reviews will include an assessment of billing accuracy and the quality of documentation and services.

Parent and provider satisfaction surveys developed by BHS 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 REQUIREMENTS

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

Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI CYF 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 BHS ECMHCI CYF Program Manager of any changes.

I 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: *Kadija Johnston, Program Director*
Kadija.Johnston@ucsf.edu, 415- 206-5082 Fax: 415- 206-4722

Program Codes: 38C88 / Spring Project

II NATURE OF DOCUMENT: **New**

III GOAL

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 and pediatric medical care clinics at Zuckerberg San Francisco General Hospital (ZSFG).

IV. TARGET POPULATION

Thirty high-risk pregnant women receiving prenatal care through the Obstetrics Psychiatry Clinic at ZSFG will benefit from, early intervention, mental health and consultation services. Sixteen health care professionals, including doctors, nurses, and social work staff, medical residents and community providers will also benefit from consultation services. All services will be provided within the 94110 zip code. Based on 2017 demographic information, the families served in this program are 84% Hispanic/Latino, 7% African American and 9% representing other ethnicities. The ages of the pregnant and newly parenting women range from late teens to early 40s.

V. MODALITIES /INTERVENTIONS

UOS Description	UOS	NOC	UDC
<i>Individual Consultation</i>	88	30	
<i>Group Consultation</i>	110	30	
<i>Classroom Observation</i>	3	30	
<i>Staff Training.</i>	75	15	
<i>Parent Training/Support Group</i>	33	5	
<i>Early Referral & Linkage</i>	3	5	
<i>Early Intervention Individual</i>	5	2	
<i>Mental Health Individual</i>	27	2	
<i>Consultant Training & Supervision</i>	43	N/A	
<i>Systems Work</i>	22	NA	
<i>Evaluation</i>	22	NA	
Total UOS and UDC	431		45

MENTAL HEALTH consultation and direct intervention (MHSA Activity category)

Provide approximately 431 hours of mental health consultation and direct intervention services to 30 pregnant women and newly parenting families and their medical providers at the Obstetrics Psychiatry Clinic and associated clinics (Labor & Delivery, Post Partum and NICU) within San Francisco General Hospital. Services are provided weekly in the clinic setting and include:

- **Consultation - Individual:** Discussions with pregnant women, newly parenting family and /or members of the medical team, on an individual basis about the parent's stress, trauma and strengths impacting her *pregnancy ,maternal identify and /or the infant, including possible strategies for intervention. It can also include discussions with a medical team member on an individual basis about perinatal mental health and prenatal and perinatal infant development in general. Can also include collaborative work with parent, such as offering developmental guidance and exploring referrals for additional supports.*
- **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 - 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 a relationship focused on 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 training or parent support to a group of three or more *pregnant women or new parents on specific topic.*
- **Early Referral/Linkage:** Activities related to assisting families to secure additional longer-term mental health service *and/or adjunct services.*
- **Early Intervention Services- Individual or Group:** Activities directed to a specific child, parent, or pregnant woman 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/pregnant woman to discuss specific concerns they have about their fetus'/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/clinician, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultant/clinician both individually and in groups.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for this project. Can also include time spent complying

with the BHS/MHSA-initiated evaluation efforts.

- **Systems Work:** Activities related to efforts focusing on expanding the capacity of providers who work with high-risk mothers and babies in medical care settings.

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Services:

Outreach, Recruitment, Promotion and Advertising

Since 1987 the UCSF Infant-Parent Program, has provided and expanded the delivery of high quality mental health consultation and related direct mental health services to the San Francisco community. Beginning in 2008, the SPRING Project (Supportive Parenting, Resource Integration, and Newborn Guidance), established perinatal mental health services within the ZSFG Hospital pre and postnatal clinics. The primary service sites are the Obstetrics Psychiatry Clinic, and Labor and Delivery and Postpartum. This contract allows for continuation of established involvement in these medical care settings. Therefore, outreach, recruitment, promotion and advertisement are unnecessary.

Admission, Enrollment and/or Intake Criteria and Process:

Families who are receiving their prenatal care - at Zuckerberg San Francisco General Hospital (ZSFGH), specifically in the OB Psychiatry Clinic are eligible to receive services. Additionally, medical providers in this and other pre and postnatal and pediatric clinics are eligible to receive consultation services by virtue of their employment within the setting. Given that the services follow the patients through the transition from pregnancy to parenthood, consultation with the providers in L&D, postpartum and at times the NICU and Pediatric clinics is integral to ensuring continuity of care. Therefore, an intake process for inclusion is unnecessary.

In the first clinic visit pregnant women are seen by a psychiatrist and/or the IPP perinatal mental health specialist. Psychosocial factors that may put mothers and babies at risk are identified. The medical, psychiatric, trauma and family histories are garnered and current stressors and social support networks are identified. Initially and at regular intervals, scales are used as screening tools including but not limited to Edinburgh Postnatal Depression Scale (Cox et al., 1987), Maternal Fetal Attachment Scale, Cranley, 1981), and Posttraumatic Stress Disorder Checklist-Specific PCL-S (Walker, et al., 2002). Treatment plans are developed based on the needs of the mother, the fetus, the infant, and the family. Pregnant women are offered individual in-clinic consultation, short-term psychotherapy and/or pharmacotherapy. Pregnant women make informed choices regarding the treatment.

The 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.

Service Delivery Model:

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

model is based on a multidisciplinary approach, focusing on the integration of Obstetric Care and Mental Health Services.

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

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

Women are followed throughout their pregnancy. After clients have delivered their babies, the SPRING clinician visits the mother and the infant at Labor and Delivery to assess the bonding between mother and newborn, to identify challenges in feeding, monitor their mood, and to collect information about their experience of labor and delivery. When they transition to the postpartum unit, the SPRING clinician is available to visit them to provide support and interventions to aid in bonding. They also offer consultation to medical staff regarding the care of women, especially those women with sexual abuse and other trauma histories that often require concrete and specific support during needed medical procedures. This coordination and consultation to the medical personnel 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. The presence of the SPRING clinician within the NICU provides the opportunity for onsite, brief mental health treatment for parents in need, and educational and support sessions with the NICU staff. The IPP Clinician is also available to participate in the Family Meetings at the NICU to support families, and to assist medical staff in providing feedback and news about an infant's prognosis or progress at a very vulnerable juncture for parents who are themselves typically struggling.

Discharge Planning and Exit Criteria

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 services continue to support families as they transition to the Labor & Delivery and postpartum units. The SPRING clinician continues to see the mother and baby - until the baby is three months of age if needed. During these postpartum visits, the focus of treatment is to identify the level of psychiatric symptoms, like depression, anxiety, or PTSD, as well as the ways in which mothers are able to read the emotional and physical needs of their infants.

Before the dyad is discharged an assessment is made to determine the need for further therapeutic support. The team is responsible to make sure that the woman is connected with a Primary Care Physician, the baby is connected to a pediatrician, or to the KEMPE clinic if the baby is a high-risk child. When issues are interfering with the relationship between mother and child, the dyad may be referred for longer-term treatment within the Infant-Parent Psychotherapy component of the Infant- Parent Program. These decisions are made with the parent(s) and with the support and involvement of the OB Psych team.

Program Staffing

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

Three Infant-Parent Program SPRING clinicians, including two post-doctoral fellows and a psychiatrist will provide mental health direct services and consultation within these clinics. One of these clinicians is bi-cultural and two are bi-lingual Spanish speaking. Two of the three providers have extensive experience (4- 35 years) providing care in medical care settings and have specialized in perinatal mental health. Both post-doctoral fellows will receive intensive and in vivo clinical supervision and training. Services are delivered in both Spanish and English.

MHSA Participation and Engagement

The IPP SPRING Project's efforts are aimed at three consumer groups – pregnant women with psychiatric difficulties and their partners -, their newborn infants and medical providers. The pregnant women involved in SPRING are engaged in shaping how services are implemented and evaluated. For instance, 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 conversations.

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 perinatal 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 clinicians have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures. A study conducted at SFGH demonstrated that the efficacy of particular intervention strategies seeking to treat depression among impoverished primary care patients from ethnic minority groups is dependent upon those interventions being delivered in the context of culturally-specific clinical case management. Accordingly, SPRING services are delivered by bi-cultural, bi-lingual clinicians and include culturally congruent interventions and coordinated efforts with primary care providers and other agencies.

Around pregnancy, childbirth and early parenting, a patient's need to communicate her experience in her native language is essential. 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 developing.

These goals assure the greatest chance and earliest opportunity for both infant and parent to lead fulfilling and productive lives.

VII. OBJECTIVES AND MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Performance Objectives FY18-19.

VIII. CONTINUOUS QUALITY ASSURANCE

Quality Assurance and Continuous Quality Improvement requirements will be addressed in the BHS

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: Kadija Johnston Director
Kadija.johnston@ucsf.edu phone : 415 -206-5082

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

2. NATURE OF DOCUMENT: New

3. GOAL STATEMENT

The Infant-Parent Program (IPP) is an outpatient mental health program devoted to serving children birth to five years of age and their caregivers through a combination of promotion, prevention and early intervention services. The treatment services described in this exhibit are directed at infants, toddlers, and preschool age children at imminent risk for social and emotional difficulties as well as those already manifesting emotional problems with the aim of maintaining or restoring the child's development to a typical trajectory. The IPP provides accessible, community and home-based mental health services that are linguistically and culturally appropriate and evidence based.

4. TARGET POPULATION

The population of children and their caregivers described below receives services at the Infant-Parent Program when concerns about either partners functioning meets the medical necessity criteria for specialty Mental Health services. The supervisor of the case determines eligibility in conjunction with a member of the Program Utilization Review Quality Committee (PURQC). Although agreement is usually reached at this level, differences in recommendations are taken to the full 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 for the following target populations.

- a. Children three years of age or younger at the time of referral and their families or pregnant women who are deemed to be medically indigent, and either partner in the parent-child dyad is identified as having serious mental health difficulties effecting the relationship(s) and the child's development.
- b. Children birth to five years of age and their caregiver(s) who are residing in/or previously resided in a homeless shelter or transitional housing arrangement or residential substance abuse treatment program receiving mental health consultation and are identified as having a diagnosable mental health problem .
- c. Children birth to five years of age who are enrolled in childcare programs or family resource centers receiving mental health consultation when they are identified for direct treatment based on difficulties in the child's social and emotional functioning.

5. MODALITIES / INTERVENTIONS

Mental Health Services

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

Assessment

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

Collateral

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

Therapy

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

6. METHODOLOGY

Direct Client Services

For prevention and intervention services to pregnant women and children 0 – 5 years old, treatment is provided primarily through weekly visits in the home in order to gain a better understanding of the family's/child's daily circumstances and to be available to those most in need. Infant/Child -Parent Psychotherapy recognizes that the child can become the recipient of feelings and expectations that stem in complex ways from parental experience and tend to obscure the young child's actual experiences, intents and expressiveness. Therapeutic interventions based on this recognition aim at freeing the child from these parental distortions thus restoring them to a typical developmental trajectory. The majority of these services are provided by 10-12 intensively supervised doctoral trainees in psychology, psychiatry residents or master's level trainees many of whom are bilingual and /or bicultural.

Referral

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

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

In addition, staff at the Infant-Parent Program provide linkage with ZSFGH units within the Departments of Pediatrics, Obstetrics and Psychiatry. An Infant-Parent Program staff member consults around screening and disposition for infants born at SFGH Newborn Nursery; another provides consultation and in clinic treatment to

patients in the High Risk Obstetric and Pediatric Clinics and the NICU in order to identify pregnant women, children and families who are in need of Infant/Child – Parent Psychotherapy.

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

The potential usefulness of child-parent 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. The specialized, evidence based 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, Child-Parent Psychotherapy is provided when possible. Treatment is offered on site or in the family's home as well as at the IPP offices. Children and their families are seen weekly for as long as clinically indicated. Throughout the course of treatment, the therapist, with parental consent, collaborates with other providers within IPP, with staff from the referring agency and with other caregivers, providers and agency representatives involved in the care and wellbeing of the child.

Intake

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

Assessment.

At the initiation of treatment a clinical assessment takes place with child and caregiver(s) together. When a CANS or ANSA Assessment indicates that there is a medical necessity for specialty mental health treatment, a Treatment Plan of Care is completed for the child/caregiver dyad on which a case is opened. Information obtained from the referring party and from initial assessment phase sessions with the child and caregiver is integrated into the assessment, and items scored 2 or 3 are addressed in the Treatment Plan. The Parent-Child Relationship Competencies (PCRCs), a bidirectional, strengths-based, culturally attuned, relationship-focused tool designed by the Program's Dr. Maria St. John is used for treatment planning and outcome evaluation is also employed during the assessment period.

Treatment.

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

involvement) or desirable (support groups), begin when the case is opened, are incorporated into treatment planning when goals are established or updated, and continue through discharge planning.

Child Welfare related Mental Health Services

Auxiliary Services

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

Indirect Services

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

7. OBJECTIVES AND MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Performance Objectives FY18-19.

8. CONTINUOUS QUALITY IMPROVEMENT

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

Contract performance objectives are monitored primarily through analysis of reports generated by the Avatar System. Additional information about the achievement of outcome objectives is afforded by reports provided to the

Program by the BHS staff. A Compliance Analyst is charged with tracking activities related to the Performance Objectives. She meets monthly with supervisory staff and additionally twice a month with the Program Director to ensure all administrative compliance requirements are attended to.

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

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

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

1. PROGRAM NAME / ADDRESS: UCSF Infant-Parent Program - Clinical Supervision Academy

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

Contact: Kadija Johnston, Director
Kadija.johnston@ucsf.edu phone : 415 -206-5082

2. NATURE OF DOCUMENT NEW

3. Goal Statement: To support and enhance the reflective capacity and skill of DPH staff with a special emphasis on increased awareness of the impact of trauma and issues of power, privilege and equity. As providers feel supported and able to reflect, the efficacy of client service delivery will be enhanced.

4. Target Population: 60 clinical supervisors in both the Child, Youth, & Family (CYF) and Adult/Older Adult (A/OA) Systems of Care. This includes both civil service and community based organizations serving CYF and A/OA clients within San Francisco's Department of Public Health.

5. Modality(s)/Intervention(s)

- **Specialized Training in Reflective Supervision**– Based on feedback from last year's didactic Training and Learning Communities, curricula will be adapted to both stand alone and be coordinated with the other specialty supervisory training topics. The training for supervisors within the BHS System will build on the foundational training that proceeds it. Training content will be prepared with an eye toward, and an understanding of, clinical supervision delivered within public behavioral health systems, and will be aligned with the values of the CYF and A/OA Systems of Care. Attention to racial equity, power and privilege will be given particular attention. The IPP staff preparing and providing the Reflective Supervision Training will align trainings with other components of the Training Institute (101, learning communities). Alignment will be fostered through coordination with other trainers and BHS Training Department Staff. An evaluation will be developed and deployed to assess the effectiveness of the Training. Additionally, tools that are developed for or used in the trainings will be offered for incorporation into the best practice toolkit for clinical supervisors.

A daylong training facilitated by IPP Senior staff will be provided to 60 clinical supervisors in both the Child, Youth, & Family (CYF) and Adult/Older Adult (A/OA) Systems of Care.

- **Learning Communities** - Provide four reflective group forums for 60 clinical supervisors. Each Learning Collaborative, composed of approximately 15 BHS supervisors, will meet four times over the course of the ten month Institute. Each two hour forum will follow a didactic training day. Learning communities will convene in the month following each

training (BHS 101 and the 3 Specialty Trainings) with the purpose of better understanding, implementing, and sustaining the skills presented to clinical supervisors. These forums will provide a place for supervisors to process ideas presented in the previous month's training, share experiences implementing the skills that they learned and identify the obstacles and attempt to find solutions to integrating skills effectively.

- **Develop and administer an evaluation tool** that measures training and learning community satisfaction for participants and can inform ongoing quality improvement. Based on evaluations and the experience in the trainings and Learning Communities, impressions will be synthesized and provided to the BHS Training Department staff for incorporation in conversations with the BHS executive team.
6. **Methodology:** Trainers and group facilitators will draw on reflective supervision competencies in preparing for and providing specialized training and in the Learning Communities. IPP staff will strive to create the conditions wherein all group members can be resources to one another, attend to group process over time, and build reflective capacity together. Discussions will be grounded in a sense of shared mission, creating an atmosphere of trust and confidentiality in each Learning Community without splintering off from the collective project of raising the quality of care for all clients by improving the quality of clinical supervision across BHS. The critical mass of shared points of reference created by the didactic trainings will aid in achieving this integrative function. Facilitators will speak with the BHS Training Department staff, clinic directors and the executive team as requested and at regular intervals throughout the year in order to develop shared expectations and to be able to be transparent with Learning Community participants.

Convinced that clinical supervision succeeds or fails at being transformative based on how issues of race, equity, power and privilege are addressed, IPP staff will incorporate tools and tenets relevant to these topics into both the formal training and the learning Community conversations. Staff at IPP helped to author and will draw on the Diversity-Informed Tenets for Work with Infants, Children and Families (www.imhdivtenets.org), a workforce development framework that supports individuals, agencies and systems to carry out social justice-informed practice. The skills IPP supervisors have cultivated for supporting self-reflection and interpersonal communication about multiple axes of oppression will constitute a crucial contribution to the Training, and Learning Communities. Additional curricular material for the Communities will be drawn from the Reflective Facilitation Competencies outlined in the California Training Guidelines and Personnel Competencies for Infant/Family & Early Childhood Mental Health.

IPP facilitators will engage Learning Community participants in reflecting on the notion of “self-care” as an antidote to vicarious traumatization. These efforts will be aimed at cultivating habits of work and professional environments that themselves constitute care for workers, including supervisors, supervisees, and co-workers/peer consultants. Rather than practitioners' wellbeing being dependent on disengaging from work, reflective supervision can promote professional engagement as self-care.

Four experienced clinical supervisors will each facilitate one learning community group of 15 participants. In keeping with the plan for the Clinical Supervision Institute, these groups will meet 4

times over the course of the year, with each session being 2 hours long. The facilitators will attend or review the PowerPoint slide presentations from the 101 training, booster, and specialty trainings; establish a feedback loop with clinic directors and the executive team; administer evaluations; and contribute to the development of a clinical supervision best practice toolkit as requested. IPP staff will lead the daylong training. Special attention will be paid to including multiple perspectives and diverse voices.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Performance Objectives FY18-19.

8. Continuous Quality Improvement: Participant evaluations in both training and the Learning Communities will be employed for quality improvement purposes and feedback to BHS Training and Executive staff.

9. Required Language: N/A

**Appendix B
Calculation of Charges**

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Budget Summary

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

Appendix A-2 SPRING Project

Appendix A-3 Psychotherapy Services

Appendix A-4 Clinical Supervision Academy

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, \$683,005 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.

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

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

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

4. State or Federal Medi-Cal Revenues

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

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

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

DHCS Legal Entity Number 00117				Appendix B, Page 2	
Legal Entity Name/Contractor Name UCSF Infant-Parent Program (IPP)			Fiscal Year 2018-2019		
Contract ID Number 1000009127		Funding Notification Date 9/25/18			
Appendix Number	B-1	B-2	B-3	B-4	
Provider Number	38C7	38C7	38C7	38C7	
Program Name	Daycare Consultants (ECMHCI)	SPRING Project	Psychotherapy Services	Clinical Supervision Academy	
Program Code	38C68, 87	38C88	38C84, 85 & 89	38C72	
Funding Term	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-6/30/2019	07/01/2018-6/30/2019	
FUNDING USES					TOTAL
Salaries	\$ 378,731	\$ 29,209	\$ 359,682	\$ 9,031	\$ 776,653
Employee Benefits	\$ 154,499	\$ 3,734	\$ 149,029	\$ 3,824	\$ 311,085
Subtotal Salaries & Employee Benefits	\$ 533,230	\$ 32,943	\$ 508,711	\$ 12,855	\$ 1,087,738
Operating Expenses	\$ 16,008	\$ 1,720	\$ 15,168	\$ 538	\$ 33,434
Capital Expenses					\$ -
Subtotal Direct Expenses	\$ 549,238	\$ 34,663	\$ 523,879	\$ 13,393	\$ 1,121,172
Indirect Expenses	\$ 65,909	\$ 4,160	\$ 62,865	\$ 1,607	\$ 134,541
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 615,146	\$ 38,822	\$ 586,744	\$ 15,000	\$ 1,255,712
			Employee Fringe Benefit		40.1%
BHS MENTAL HEALTH FUNDING SOURCES					
MH FED SDMC FFP (50%) CYF			\$ 199,356		\$ 199,356
MH STATE CYF 2011 PSR-EPSDT			\$ 185,076		\$ 185,076
MH WO HSA DMSF CH DHS Childcare	\$ 124,793				\$ 124,793
MH WO DCYF Child Care	\$ 70,485				\$ 70,485
MH WO H.S.A MH Pre-School	\$ 195,003				\$ 195,003
MH WO CFC School Readiness	\$ 50,472				\$ 50,472
MH WO HSA MH CH CWS Non-IVE Overmatch			\$ 65,376		\$ 65,376
MH MHSA (PEI)	\$ 73,353	\$ 38,822			\$ 112,175
MH CYF COUNTY Local Match			\$ 14,280		\$ 14,280
MH CYF COUNTY General Fund	\$ 99,321		\$ 122,656	\$ 15,000	\$ 236,977
CYF WO CODB	\$ 1,719				\$ 1,719
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 615,146	\$ 38,822	\$ 586,744	\$ 15,000	\$ 1,255,712
BHS SUD FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES	\$ 615,146	\$ 38,822	\$ 586,744	\$ 15,000	\$ 1,255,712
NON-DPH FUNDING SOURCES					
					\$ -
					\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 615,146	\$ 38,822	\$ 586,744	\$ 15,000	\$ 1,255,712
Prepared By				Phone Number	

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name	UCSF Infant-Parent Program (IPP)	Appendix B, Page 3
Contract ID Number	1000009127	Fiscal Year 2018-2019
	Funding Notification Date	9/25/18

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Director	0.52	\$ 5,657
Director	0.80	\$ 5,102
Clinician	0.80	\$ 4,258
Clinician	1.00	\$ 4,282
Clinician	0.90	\$ 4,605
Clinician	0.80	\$ 4,258
Psychologist	0.75	\$ 3,409
Clinician	0.50	\$ 2,435
Analyst	0.50	\$ 1,807
Clinician	1.00	\$ 6,089
Clinician	0.45	\$ 2,128
Analyst	0.40	\$ 1,890
Psychologist	0.39	\$ 2,009
Division Administrator	0.30	\$ 2,956
Clinician	0.95	\$ 11,847
Clinic Admin Sup	0.40	\$ 3,046
Analyst	0.38	\$ 2,348
Program Assistant	0.30	\$ 1,757
PostDoctoral	1.00	\$ 4,633
Psychologist	0.61	\$ 6,086
Clinician	0.48	\$ 5,724
PostDoctoral	0.74	\$ 2,613
Psychologist	0.20	\$ 285
Faculty	0.02	\$ 478
Psychologist	0.20	\$ 1,900
Psychologist	0.12	\$ 1,599
Subtotal:	14.51	\$ 93,198
Employee Benefits:	40.1%	\$ 37,330
Total Salaries and Employee Benefits:		\$ 130,529

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Office Supplies	\$ 619
Travel	\$ -
UCSF Faculty and Staff Recharge	\$ 1,256
GAEL: Gen Auto and Employee Liability	\$ 778
Data Network Recharge	\$ 580
CCDSS: Computing and Communication	\$ 778
Total Operating Costs	\$ 4,012
Total Indirect Costs	\$ 134,541

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

DHCS Legal Entity Number 00117															Appendix Number	
Provider Name UCSF Infant-Parent Program (IPP)															Page Number	
Provider Number 38C7															Fiscal Year	
															Funding Notification Date	
															B-1	
															1	
															2018-2019	
															09/25/18	
Program Name	Daycare Consultants (ECMHCI)	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants (Cost-reimb)		
Program Code	38C68_87	38C88	38C84_85 & 89	38C72	38C72	38C73	38C74	38C75	38C76	38C77	38C78	38C79	38C80	38C81		
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Referral Linkage	Outreach Svcs 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 Indiv/Family	Outreach Svcs MH Svcs Grp (5% Cap)	MH Promotion		
Funding Term (mm/dd/yy-mm/dd/yy)	07/01/2018-12/31/2018	07/01/2018-12/31/2017	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018		
FUNDING USES															TOTAL	
Salaries & Employee Benefits	131,503	122,411	41,152	6,122	8,852	2,689	53,008	26,483	26,483	40,916	20,350	46,143	4,401	2,719	533,232	
Operating Expenses	3,951	3,678	1,236	184	266	81	1,593	796	796	1,229	612	1,386	133	68	16,008	
Capital Expenses															-	
Subtotal Direct Expenses	135,453	126,088	42,389	6,306	9,118	2,770	54,600	27,279	27,279	42,145	20,962	47,529	4,533	2,787	546,450	
Indirect Expenses	16,254.90	15,130.62	5,087	757	1,094	332	6,552	3,273	3,273	5,057	2,515	5,703	544	334	65,909	
TOTAL FUNDING USES	151,708	141,219	47,475	7,062	10,212	3,102	61,152	30,552	30,552	47,202	23,477	53,232	5,077	3,121	615,146	
BHS MENTAL HEALTH FUNDING SOURCES	151,708	141,219	47,475	7,062	10,212	3,102	61,152	30,552	30,552	47,202	23,477	53,232	5,077	3,121	615,146	
Dept-Auth-Proj-Activity																
MH WO HSA DMSF CH DHS Childcare	251962-10002-10001803-0001	31,478	30,420	4,500	450	450	180	12,510	6,210	6,210	13,500	6,095	12,330	460	124,793	
MH WO DCYF Child Care	251962-10002-10001799-0007	17,280	12,330	8,425	360	1,350	360	7,020	3,510	3,510	1,800	5,750	8,100	690	70,485	
MH WO H.S.A MH Pre-School	251962-10002-10001803-0008	44,640	42,480	16,418	720	2,250	630	19,530	9,720	9,720	19,800	6,900	20,700	1,495	195,003	
MH WO CFC School Readiness	251962-10002-10001800-0003	12,600	12,567	9,000	450	1,080	450	5,040	2,520	2,520	2,070	1,150	450	575	50,472	
MH MHSA (PEI)	251984-17156-10031199-0020	15,822	18,000	4,500	450	450	450	7,020	3,510	3,510	6,300	1,725	7,920	575	73,353	
MH CYF COUNTY General Fund	251962-10000-10001670-0001	29,756	25,290	4,500	4,500	4,500	900	9,900	4,950	4,950	3,600	1,725	3,600	1,150	99,321	
MH CYF COUNTY WO CODB	251962-10000-10001670-0001	132	132	132	132	132	132	132	132	132	132	132	132	132	1,719	
This row left blank for funding sources not in drop-down list																
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	151,708	141,219	47,475	7,062	10,212	3,102	61,152	30,552	30,552	47,202	23,477	53,232	5,077	3,121	615,146	
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service	1,684	1,568	526	77	112	33	678	338	338	523	203	590	43	18		
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 Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 115.00	\$ 90.00	\$ 115.00	\$ 173.39		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 115.00	\$ 90.00	\$ 115.00	\$ 173.39		
Published Rate (Medi-Cal Providers Only)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 115.00	\$ 90.00	\$ 115.00	\$ 173.39	Total UDC	
Unduplicated Clients (UDC)	2313	Included	Included	10	20	5	N/A	N/A	N/A	10	8	10	6	8	2390	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)
 Program Code 38C68, 87

Appendix Number B-1
 Page Number 2
 Fiscal Year 2018-2019
 Funding Notification Date 09/25/18

Term (07/01/18-06/30/19); Position Title	TOTAL		MH WO HAS DMSF CH DHS Childcare 251962- 10002-10001803-0001	MH WO DCYF CHILD CARE 251962-10002- 10001799-0007	MH WO H.S.A. MH PRE- SCHOOL 251962-10002- 10001803-0008	MH WO CFC SCHOOL READINESS 251962- 10002-10001800-0003	MH MHSA (PEI) 251984- 17156-10031199-0020	MH CYF COUNTY GENERAL FUND251962- 10000-10001670-0001	MH CYF COUNTY WO CODB 251962-10000- 10001670-0001							
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries		
Director	0.25	\$ 16,332	0.22	\$ 14,420												
Director	0.80	\$ 42,520	0.80	\$ 42,520												
Clinician/Consultant	0.80	\$ 35,479				0.65	\$ 28,827			0.15	\$ 6,652					
Clinician/Consultant	1.00	\$ 35,684				1.00	\$ 35,684									
Clinician/Consultant	0.90	\$ 38,373			0.55	\$ 23,450				0.35	\$ 14,923					
Clinician/Consultant	0.80	\$ 35,479						0.56	\$ 24,836	0.24	\$ 10,644					
Clinician/Consultant	0.75	\$ 28,407			0.32	\$ 12,120			0.25	\$ 9,469	0.18	\$ 6,818				
Clinician/Consultant	0.50	\$ 20,290							0.50	\$ 20,290						
Clinician/Consultant	0.50	\$ 15,054				0.44	\$ 13,248			0.06	\$ 1,807					
Clinician/Consultant	0.50	\$ 16,913				0.50	\$ 16,913									
Clinician/Consultant	0.45	\$ 17,730	0.42	\$ 16,548		0.03	\$ 1,182									
Financial Analyst	0.30	\$ 9,452				0.30	\$ 9,452									
Clinician/Consultant	0.39	\$ 16,738				0.02	\$ 858			0.35	\$ 15,022	0.02	\$ 858			
Division Administrator	0.20	\$ 12,317			0.12	\$ 7,390	0.05	\$ 3,079		0.03	\$ 1,848					
Clinician/Consultant	0.17	\$ 9,701				0.17	\$ 9,701									
Clinic Admin Sup	0.15	\$ 5,857						0.15	\$ 5,857							
Analyst	0.13	\$ 4,624								0.13	\$ 4,624					
Program Assistant	0.10	\$ 2,928	0.10	\$ 2,928												
PostDoctoral Fellow	0.50	\$ 14,850								0.50	\$ 14,850					
Totals:	9.19	\$ 378,731	1.54	\$ 76,417	0.99	\$ 42,961	3.16	\$ 118,945	\$ 30,693	1.31	\$ 48,369	1.46	\$ 60,489	0.02	\$ 858	
Employee Benefits:	40.54%	\$ 154,500	42.35%	\$ 32,362	42.35%	\$ 18,194	42.35%	\$ 50,373	42.35%	\$ 12,998	29.67%	\$ 14,591	42.35%	\$ 25,617	42.35%	\$ 364
TOTAL SALARIES & BENEFITS		\$ 533,231		\$ 108,779		\$ 61,155		\$ 169,318	\$ 43,691		\$ 62,960		\$ 86,106		\$ 1,222	

Appendix B - DPH 4: Operating Expenses Detail

Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHC)
 Program Code 38C68, 87

Appendix Number B-1
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/25/18

Expense Categories & Line Items	TOTAL	MH CYF COUNTY WO CODB 251962-10000- 10001670-0001	MH CYF COUNTY GENERAL FUND251962- 10000-10001670-0001	MH MHA (PEI) 251984- 17156-10031199-0020	MH WO CFC SCHOOL READINESS 251962- 10002-10001800-0003	MH WO H.S.A. MH PRE- SCHOOL 251962-10002- 10001803-0008	MH WO DCYF CHILD CARE 251962-10002- 10001799-0007	MH WO HAS DMSF CH DHS Childcare 251962- 10002-10001803-0001
Funding Term	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):
Rent	\$ -							
Utilities (telephone, electricity, water, gas)	\$ -							
Building Repair/Maintenance	\$ -							
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 2,009	\$ 209	\$ 263	\$ 98	\$ 287	\$ 507	\$ 361	\$ 283
Photocopying	\$ -							
Program Supplies	\$ -							
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ 2,009	\$ 209	\$ 263		\$ 287	\$ 507	\$ 361	\$ 283
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -							
UCSF Faculty and Staff Recharge	\$ 5,289	\$ 871	\$ 560	\$ 1,823	\$ 402	\$ 795	\$ 826	\$ 11
GAEL: General Automobile and Employee Liab	\$ 3,032	\$ 611	\$ 344	\$ 968	\$ 246	\$ 372	\$ 484	\$ 7
Data Network Recharge	\$ 2,425	\$ 407	\$ 261	\$ 842	\$ 187	\$ 338	\$ 385	\$ 5
CCDSS: Computing and Communication Device	\$ 3,253	\$ 545	\$ 350	\$ 1,130	\$ 251	\$ 453	\$ 517	\$ 7
Other Total:	\$ 13,999	\$ 2,434	\$ 1,515	\$ 4,762	\$ 1,086	\$ 1,958	\$ 2,212	\$ 30
TOTAL OPERATING EXPENSE	\$ 16,008	\$ 2,643	\$ 1,778	\$ 4,762	\$ 1,373	\$ 2,465	\$ 2,573	\$ 313

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

DHCS Legal Entity Number <u>00117</u>											Appendix Number <u>B-2</u>		
Provider Name <u>Infant-Parent Program (IPP)</u>											Page Number <u>1</u>		
Provider Number <u>38C7</u>											Fiscal Year <u>2018-2019</u>		
											Funding Notification Date <u>09/25/18</u>		
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	
Program Code	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	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 Trn/Supp Grp	Outreach Svcs Early Ref/Link	Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs MH Svcs Indv/Fam		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	
FUNDING USES													TOTAL
Salaries & Employee Benefits	6,720	8,428	229	5,728	2,520	229	3,284	1,680	1,680	382	2,062	32,943	
Operating Expenses	351	440	12	299	132	12	171	88	88	20	108	1,720	
Capital Expenses	-	-	-	-	-	-	-	-	-	-	-	-	
Subtotal Direct Expenses	7,071	8,868	241	6,027	2,652	241	3,455	1,768	1,768	402	2,170	34,663	
Indirect Expenses	849	1,064	29	723	318	29	415	212	212	48	260	4,160	
TOTAL FUNDING USES	7,920	9,932	270	6,750	2,970	270	3,870	1,980	1,980	450	2,430	38,822	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity												
MH MSA (PEI)	251984-17156-10031199-0020	7,920	9,932	270	6,750	2,970	270	3,870	1,980	1,980	450	2,430	38,822
This row left blank for funding sources not in drop-down list													-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		7,920	9,932	270	6,750	2,970	270	3,870	1,980	1,980	450	2,430	38,822
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	88	110	3	75	33	3	43	22	22	5	27		
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	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	
Published Rate (Medi-Cal Providers Only)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	Total UDC
Unduplicated Clients (UDC)	1	Included	Included	15	5	5	N/A	N/A	N/A	2	2	29	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name SPRING Project
 Program Code 38C88

Appendix Number B-2
 Page Number 2
 Fiscal Year 2018-2019
 Funding Notification Date 09/25/18

	TOTAL		MH MSA (PEI) 251984-17156-10031199-0020	
Funding Term	(07/01/2018-12/31/2018):		(07/01/2018-12/31/2018):	
Position Title	FTE	Salaries	FTE	Salaries
Director	0.07	\$ 4,588	0.07	\$ 4,588
Analyst	0.08	\$ 2,846	0.08	\$ 2,846
PostDoctoral Fellow	0.67	\$ 21,775	0.67	\$ 21,775
Totals:	0.82	\$ 29,209	0.82	\$ 29,209
Employee Benefits:	12.78%	\$ 3,734	12.78%	\$ 3,734
TOTAL SALARIES & BENEFITS		\$ 32,943		\$ 32,943

Appendix B - DPH 4: Operating Expenses Detail

Program Name SPRING Project
 Program Code 38C88

Appendix Number B-2
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/25/18

Expense Categories & Line Items	TOTAL	MH MHSa (PEI) 251984-17156-10031199-0020
Funding Term	(07/01/2018-12/31/2018)	(07/01/2018-12/31/2018)
Rent	\$ -	
Utilities (telephone, electricity, water, gas)	\$ -	
Building Repair/Maintenance	\$ -	
Occupancy Total:	\$ -	\$ -
Office Supplies	\$ 270	\$ 270
Photocopying	\$ -	
Program Supplies	\$ -	
Computer Hardware/Software	\$ -	
Materials & Supplies Total:	\$ 270	\$ 270
Training/Staff Development	\$ -	
Insurance	\$ -	
Professional License	\$ -	
Permits	\$ -	
Equipment Lease & Maintenance	\$ -	
General Operating Total:	\$ -	\$ -
Local Travel	\$ -	
Out-of-Town Travel	\$ -	
Field Expenses	\$ -	
Staff Travel Total:	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	
	\$ -	
Consultant/Subcontractor Total:	\$ -	\$ -
Other (provide detail):	\$ -	
UCSF Faculty and Staff Recharge	\$ 637	\$ 637
GAEL: General Automobile and Employee Liab	\$ 232	\$ 232
Data Network Recharge	\$ 248	\$ 248
CCDSS: Computing and Communication Devic	\$ 333	\$ 333
Other Total:	\$ 1,450	\$ 1,450
TOTAL OPERATING EXPENSE	\$ 1,720	\$ 1,720

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

DHCS Legal Entity Number <u>00117</u>		Appendix Number <u>B-3</u>		
Provider Name <u>UCSF Infant-Parent Program (IPP)</u>		Page Number <u>1</u>		
Provider Number <u>38C87</u>		Fiscal Year <u>2018-2019</u>		
		Funding Notification Date <u>09/25/18</u>		
Program Name	Psychotherapy Svcs	Psychotherapy Svcs	Psychotherapy Svcs	
Program Code	38C84	38C85	38C89	
Mode/SFC (MH) or Modality (SUD)	15/10-56	45/10-19	60/78	
Service Description	MH Svcs	MH Promotion	MediCal Client Support Exp	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	
FUNDING USES				TOTAL
Salaries & Employee Benefits	409,048	42,981	56,681	508,711
Operating Expenses	12,196	1,282	1,690	15,168
Capital Expenses				-
Subtotal Direct Expenses	421,245	44,263	58,371	523,879
Indirect Expenses	50,549	5,312	7,005	62,865
TOTAL FUNDING USES	471,794	49,574	65,376	586,744
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity			
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	199,356		199,356
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	185,076		185,076
MH WO HSA CWS Non-IVE Overmatch	251962-10002-10001803-0005		35,294	65,376
MH CYF COUNTY Local Match	251962-10000-10001670-0001		14,280	14,280
MH CYF COUNTY General Fund	251962-10000-10001670-0001	87,362		122,656
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		471,794	49,574	586,744
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service	159,930	303	225	
Unit Type	Staff Minute	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.95	\$ 163.77	\$ 290.56	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.95	\$ 163.77	\$ 290.56	
Published Rate (Medi-Cal Providers Only)	\$ 2.95	\$ 163.77	\$ 290.56	Total UDC
Unduplicated Clients (UDC)	50	105	30	185

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Psychotherapy Services
 Program Code 38C84, 85, 89

Appendix Number B-3
 Page Number 2
 Fiscal Year 2018-2019
 Funding Notification Date 09/25/18

	TOTAL		251962-10000-10001670-0001	
Funding Term	07/01/2018-6/30/2019		07/01/2018-6/30/2019	
Position Title	FTE	Salaries	FTE	Salaries
Director	0.20	\$ 26,219	0.20	\$ 26,219
Clinician/Supervisor	0.75	\$ 85,598	0.75	\$ 85,598
Clinician	0.50	\$ 33,826	0.50	\$ 33,826
Clinician/Supervisor	0.44	\$ 50,717	0.44	\$ 50,717
Clinician/Supervisor	0.41	\$ 44,413	0.41	\$ 44,413
Program Assistant	0.20	\$ 11,714	0.20	\$ 11,714
Clinician/Supervisor	0.20	\$ 15,834	0.20	\$ 15,834
Clinician/Supervisor	0.15	\$ 2,375	0.15	\$ 2,375
Clinician/Supervisor	0.10	\$ 11,005	0.10	\$ 11,005
Clinic Admin Sup	0.25	\$ 19,524	0.25	\$ 19,524
Analyst	0.17	\$ 12,093	0.17	\$ 12,093
Financial Analyst	0.10	\$ 6,302	0.10	\$ 6,302
Division Administrator	0.10	\$ 12,317	0.10	\$ 12,317
Psychiatrist	0.02	\$ 3,986	0.02	\$ 3,986
PostDoctoral Fellow	0.40	\$ 23,760	0.40	\$ 23,760
Totals:	3.98	\$ 359,682	3.98	\$ 359,682
Employee Benefits:	41.43%	\$ 149,029	41.43%	\$ 149,029
TOTAL SALARIES & BENEFITS		\$ 508,711		\$ 508,711

Appendix B - DPH 4: Operating Expenses Detail

Program Name Psychotherapy Services
 Program Code 38C84, 85, 89

Appendix Number B-3
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/25/18

Expense Categories & Line Items	TOTAL	MH FED SDMC FFP (50%) CYF 251962-10000- 10001670-0001	MH STATE CYF 2011 PSR-EPSDT 251962-10000- 10001670-0001	MH WO HSA MH CH CWS Non-IVE Overmatch 251962-10002- 10001803-0005	MH CYF COUNTY General Funds (matched) 251962- 10000-10001670-0001	MH CYF COUNTY General Fund 251962-10000- 10001670-0001
Funding Term	07/01/2018-6/30/2019	07/01/2018-6/30/2019	07/01/2018-6/30/2019	07/01/2018-6/30/2019	07/01/2018-6/30/2019	07/01/2018-6/30/2019
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 2,606	\$ 351	\$ 459	\$ 933	\$ 756	\$ 107
Photocopying	\$ -					
Program Supplies	\$ -					
Computer Hardware/Software	\$ -					
Materials & Supplies Total:	\$ 2,606	\$ 351	\$ 459	\$ 933	\$ 756	\$ 107
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -					
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
	\$ -					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -					
UCSF Faculty and Staff Recharge	\$ 4,477	\$ 1,404	\$ 1,426	\$ 753	\$ 119	\$ 775
GAEL: General Automobile and Employee Liab	\$ 3,165	\$ 1,088	\$ 998	\$ 344	\$ 72	\$ 663
Data Network Recharge	\$ 2,101	\$ 708	\$ 665	\$ 312	\$ 55	\$ 362
CCDSS: Computing and Communication Devid	\$ 2,818	\$ 949	\$ 892	\$ 418	\$ 74	\$ 485
Other Total:	\$ 12,562	\$ 4,147	\$ 3,982	\$ 1,826	\$ 321	\$ 2,285
TOTAL OPERATING EXPENSE	\$ 15,168	\$ 4,498	\$ 4,441	\$ 2,759	\$ 1,077	\$ 2,392

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

DHCS Legal Entity Number 00117		Appendix Number	B-4
Provider Name UCSF Infant-Parent Program (I		Page Number	1
Provider Number 38C72		Fiscal Year	2018-2019
		Funding Notification Date	09/25/18
Program Name		Clinical Supervision Academy	
Program Code		38C72	
Mode/SFC (MH) or Modality (SUD)		15/01-09	
Service Description		MH Promotion	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/2018-6/30/2019	
FUNDING USES			TOTAL
Salaries & Employee Benefits		12,855	12,855
Operating Expenses		538	538
Capital Expenses		-	-
Subtotal Direct Expenses		13,393	13,393
Indirect Expenses		1,607.17	1,607
TOTAL FUNDING USES		15,000	15,000
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity		
			-
MH CYF COUNTY General Fund	251962-10000-10001670-0001	15,000	15,000
This row left blank for funding sources not in drop-down list			-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		15,000	15,000
Payment Method		Cost Reimbursement (CR)	
DPH Units of Service		87	
Unit Type		Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 173.39	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 173.39	
Published Rate (Medi-Cal Providers Only)		\$ 173.39	Total UDC
Unduplicated Clients (UDC)		50	50

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Clinical Supervision Academy
 Program Code 38C68, 87

Appendix Number B-4
 Page Number 2
 Fiscal Year 2018-2019
 Funding Notification Date 09/25/18

	TOTAL		251962-10000-10001670-0001	
Funding Term	07/01/2018-6/30/2019		07/01/2018-6/30/2019	
Position Title	FTE	Salaries	FTE	Salaries
Trainer/LC Facilitator	0.03	\$ 3,424	0.03	\$ 3,424
Trainer/LC Facilitator	0.03	\$ 3,290	0.03	\$ 3,290
Trainer/LC Facilitator	0.02	\$ 2,317	0.02	\$ 2,317
Totals:	0.08	\$ 9,031	0.08	\$ 9,031
Employee Benefits:	42.34%	\$ 3,824	42.35%	\$ 3,824
TOTAL SALARIES & BENEFITS		\$ 12,855		\$ 12,855

Appendix B - DPH 4: Operating Expenses Detail

Program Name Clinical Supervision Academy
 Program Code 38C68, 87

Appendix Number B-4
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/25/18

Expense Categories & Line Items	TOTAL	251962-10000- 10001670-0001
Funding Term	07/01/2018-06/30/2019	07/01/2018-06/30/2019
Rent	\$ -	
Utilities (telephone, electricity, water, gas)	\$ -	
Building Repair/Maintenance	\$ -	
Occupancy Total:	\$ -	\$ -
Office Supplies	\$ 272	\$ 272
Photocopying	\$ -	
Program Supplies	\$ -	
Computer Hardware/Software	\$ -	
Materials & Supplies Total:	\$ 272	\$ 272
Training/Staff Development	\$ -	
Insurance	\$ -	
Professional License	\$ -	
Permits	\$ -	
Equipment Lease & Maintenance	\$ -	
General Operating Total:	\$ -	\$ -
Local Travel	\$ -	
Out-of-Town Travel	\$ -	
Field Expenses	\$ -	
Staff Travel Total:	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	
	\$ -	
Consultant/Subcontractor Total:	\$ -	\$ -
Other (provide detail):		
UCSF Faculty and Staff Recharge	\$ 66	\$ 66
GAEL: General Automobile and Employee Liability Charges	\$ 55	\$ 55
Data Network Recharge	\$ 62	\$ 62
CCDSS: Computing and Communication Device Support Services	\$ 83	\$ 83
Other Total:	\$ 266	\$ 266
TOTAL OPERATING EXPENSE	\$ 538	\$ 538

**Appendix C
Insurance Waiver**

**Appendix D
Reserved**

Appendix E
Business Associate Agreement and Contract Attestation
Omitted By Agreement of the Parties

Appendix F
Invoice