

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

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

**First Amendment**

THIS AMENDMENT (this “Amendment”) is made as of January 1, 2022, in San Francisco, California, by and between The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus UC SFGH Clinical Practice Group SFGH/Comm Focus PGM (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

**Recitals**

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Proposal (“RFP”) was issued on May 4, 2018, August 5, 2016, and May 5, 2018 and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number PSC 49607-15/16 and PSC 46987-16/17 on March 5, 2018 and June 19, 2017.

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

**1. Definitions**

The following definitions shall apply to this Amendment:

**1.1 Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018 Contract ID# 1000009127, between and Contractor and City, as amended by the:

First Amendment dated January 1, 2022.

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

**2. Modifications to the Agreement**

The Agreement is hereby modified as follows:

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

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

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

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

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

**3.3.1 Payment.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **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.

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

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

**2.3 Contractor Vaccination Policy. (Reserved )** *is hereby added to the Agreement in Section 4.9.*

**2.4 Insurance.** *The following section is hereby added to the Agreement in replacing the previous Section 5.1.1 in its entirety:*

**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.

(f) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

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.

**2.5 Withholding. [Reserved (Subject to San Francisco Business and Tax Regulations Code Section 6.10.2, as applicable) is hereby added to the Agreement in Section 7.3.]**

**2.6 Consideration of Salary History [Reserved pursuant to Administrative Code Section 12K.1(e) (Exception Public Agency Contract).] is hereby added to Section 10.4 of the Agreement.**

**2.7 Nondiscrimination Requirements.** *The following section is hereby added to the Agreement replacing the previous Section 10.5 in its entirety.*

10.5.1 [Reserved in consideration CMD Waiver; Administrative Code Section 12B.5.1 and 12C.5.1.]

10.5.2 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.

**2.8 Limitations on Contributions.** *The following section is hereby added to the Agreement in replacing the previous Section 10.11 in its entirety:*

**10.11 Limitations on Contributions.**

Contractor acknowledges section 1.126 of the City's Campaign and Governmental Conduct Code to the extent applicable to Contractor, which prohibits any person who contracts with, or is seeking a contract with, any department of 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, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such

contract or twelve months after the date the City approves the contract. 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 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. To the extent applicable to Contractor, Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

**2.9 Distribution of Beverages and Water.** *The following section is hereby added to the Agreement in replacing the previous Section 10.17 in its entirety:*

10.17.1 **Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.17.2 **Packaged Water Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

**2.10 Notification of Legal Requests.** *The following section is hereby added to the Agreement in replacing the previous Section 11.14 in its entirety:*

Contractor shall as soon as is practicable notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 5 business days after it receives the request. Except to the extent required by applicable law, regulation, or other legal or judicial proceeding, Contractor shall, at City's sole cost, retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

**2.11 Disposition of Confidential Information. (Reserved based on City approval of Contractor's Policy)** *is hereby added to the Agreement in Section 13.5.*

**The Appendices listed below are Amended as follows:**

**2.12** Delete Appendices A-1, A-2 and A-3 replace in its entirety with Appendix A-1, A-2 and A-3 to Agreement as amended. Dated: 1/1/22.

**2.13** Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 1/1/22.

**2.14** Add Appendix F-2 to Agreement as amended: Dated 1/1/22.

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

**CITY**

**Contractor**

Recommended by:

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

DocuSigned by:  
*Greg Wagner* 6/14/2022 | 6:45 PM PDT  
28527524752949F...  
Grant Colfax, M.D. Date  
Director of Health  
Department of Public Health

DocuSigned by:  
*Catherine Lagarde* 6/3/2022 | 2:25 PM PDT  
E4E985F8890B4AD...  
Catherine Lagarde Date  
Contracts and Grants Officer  
333 California Street, Suite 315  
San Francisco, CA 94143

Approved as to Form:

David Chiu  
City Attorney

Supplier ID: 0000012358

By: DocuSigned by:  
*Henry Lifton* 6/8/2022 | 9:48 AM PDT  
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Henry Lifton Date  
Deputy City Attorney

Approved:

DocuSigned by:  
*Taraneh Moayed* 6/15/2022 | 10:08 AM PDT  
9AEA44694D514E7...  
Taraneh Moayed Date  
Assistant Director of the Office of Contract  
Administration and City Purchaser

**1. Identifiers:****UCSF Infant-Parent Program / Daycare Consultants**

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

Program Director: Kristin Reinsberg, LMFT

Telephone: 415-206-5270

Email Address: kristin.reinsberg@ucsf.edu

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

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

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

**4. Priority Population:**

Young children, ages prenatal through 5. In the coming year, 2,009 children (birth through 5 years) and 397 staff participating in 25 childcare programs, 8 family resource centers, 4 residential substance abuse treatment centers, 1 family childcare network site and 6 homeless shelters throughout San Francisco. Approximately 30 of these children and their parents may be the focus of consultation. Approximately 15 children will receive Early Intervention support and up to 11 children and their families may receive direct treatment (group, dyadic parent-child, or individual therapy). Additionally, IPP will support providers within the Family Childcare Quality Network (FCCQN), though the number of providers and children is unknown at this point. The UCSF IPP makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

Site Name	# of Classrooms	# of Children	# of Staff	Tier	Hrs per Wk	Fund Source(s)	Site Type
1st Place 2 Start	2	20	3	3	10	DCYF	ECE
Buen Dia Family School	1	40	11	1	1.5	PFA	ECE
City College Main Campus	2	60	12	2	5.5	PFA	ECE
City College Mission Campus	1	20	3	2	5.5	PFA	ECE
Community Preschool, Grace Cathedral	1	35	7	2	5.5	HSA	ECE
Site Name	# of Classrooms	# of Children	# of Staff	Tier	Hrs per Wk	Fund Source(s)	Site Type

Regents University of California/ SFGH Psychiatry Department (IPP)  
Appendix A-1

Compass Children's Center	4	90	20	3	12	HSA	ECE
Compass Clara House	1	16	3	2	5.5		
FACES- Infant Child Development Program - Broderick Site	2	28	16	2	5.5	MHSA	ECE
Friends of St. Francis	2	35	5	2	5.5	DCYF	ECE
Good Samaritan Child Development Center	2	38	7	2	5.5	DCYF	ECE
Guidry's Early Care And Education Prog	2	10	2	2	5.5	PFA	ECE
Noe Valley Cooperative Preschool	1	24	3	1	1.5	DCYF	ECE
Phoebe Hearst	4	110	13	1	1.5	DCYF	ECE
Potrero Kids, Daniel Webster	2	38	5	1	1.5	MHSA	ECE
Potrero Kids, PK3	4	60	16	1	1.5	MHSA	ECE
SFSU Associated Students	9	140	20	2	5.5	PFA	ECE
SOMA Judith Baker Site	3	60	16	3	12	DCYF	ECE
SOMA Yerba Buena Site	4	75	16	1	1.5	PFA	ECE
St Elizabeth's Child Care	3	14	7	1	1.5	MHSA	ECE
Wind in the Willows	4	50	4	1	1.5	DCYF	ECE
WuYee Head Start Homebased Bayview	N/A	64	7	2	5.5	HSA	ECE
WuYee Cadillac	2	40	9	3	12	PFA	ECE
WuYee Westside	2	30	6	2	5.5	MHSA	ECE
WuYee Golden Gate	2	28	9	2	5.5	HSA	ECE
WuYee New Generations	7	64	22	3	12	PFA	ECE
Family Childcare Quality Network	N/A	Unknown	Unknown	N/A	6	PFA	FCC

Site Name	# of Classrooms	# of Children	# of Staff	Hrs per Wk	Fund Source(s)	Site Type
Compass Family Resource Center	N/A	80	11	3	FRC	FRC
Good Samaritan Family Resource Center	N/A	60	10	4	FRC	FRC
Homeless Pre-Natal	N/A	20	3	5	HSA	FRC
Young Family Resource Center	N/A	Varied	4	3	FRC	FRC
Excelsior Family Connections	N/A	20	4	3.5	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	3.5	FRC	FRC
Support for Families with Children with Disabilities	N/A	100	5	3.5	MHSA	FRC
Ashbury House	1	5	4	4	MHSA	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
Hamilton Family Transitional Housing	N/A	50	15	8	CYF	Shelter

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
St. Joseph's Family Center	N/A	40	20	8	CYF	Shelter

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
<b>Individual consultation</b> 2.25 FTE x 40 hrs/wk x 46 wks x 71.75% effort	2966	2406
<b>Group Consultation</b> 1.77 FTE x 40 hrs/wk x 46 wks x 71.75% effort	2332	2406
<b>Classroom Observation</b> .77 FTE x 40 hrs/wk x 46 wks x 71.75% effort	1012	2406
<b>Staff Training</b> .08 FTE x 40 hrs/wk x 46 wks x 71.75% effort	102	10
<b>Parent Training/Support Group</b> .077 FTE x 40 hrs/wk x 46 wks x 71.75% effort	107	10
<b>Early Referral &amp; Linkage</b> .04 FTE x 40 hrs.wk x 46 wks x 71.75% effort	57	5
<b>Early Intervention Individual</b> .63 FTE x 40 hrs/wk x 46 wks x 71.75% effort	837	15
<b>Early Intervention Group</b> .33 FTE x 40 hrs/wk x 46 wks x 71.75% effort	430	8
<b>Mental Health Individual</b> .44 FTE x 40 hrs/wk x 46 wks x 71.75% effort	577	8
<b>Mental Health Group</b> .04 FTE x 40 hrs/wk x 46wks x 71.75% effort	58	3
<b>Consultant Training &amp; Supervision</b> .98 FTE x 40 hrs/wk x 46 wks x 71.75% effort	1288	N/A
<b>Systems Work</b> 0.41 FTE x 40 hrs/wk x 46 wks x 71.75% effort	538	NA
<b>Evaluation</b> 0.24 FTE x 40 hrs/wk x 46 wks x 71.75% effort	322	NA
<b>Total UOS Delivered</b>	<b>10,625</b>	
<b>Total UDC Served</b>		<b>2,462</b>

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.

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

## 6. Methodology:

### ***Outreach, Admission Enrollment and Intake Criteria and Process***

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

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

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

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

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

### ***Service Delivery Model***

#### **I. Mental Health Consultation**

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

- Case consultation at this level entails intervention through the child's existing relationships with parents and providers. The consultant meets (usually 3 to 8 sessions) with parents to learn more about the child's developmental and relational history and current functioning outside the childcare milieu. With parental permission, the consultant/clinician brings information back to the childcare providers so that interactions with the child are informed by a more extensive understanding of the child's current and past experiences. The consultation with the program staff is on-going.

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

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

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

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

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

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

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

#### ***Discharge Planning and Exit Criteria and Process***

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

Eleven Infant-Parent Program/Daycare Consultant clinicians will provide mental health consultation. On average, each has over a decade of experience as a consultant so that they have long-term and well-established relationships with their program partners. In addition, two trainees will provide consultation with intensive clinical supervision. Six of the consultants are bilingual and bicultural. Therefore, services will be able to be delivered in Spanish, Hindi, Cantonese, Hungarian and Gujarati. While all the consultants' time will be funded through this grant, programmatic and administrative oversight will be supplemented by other funding sources.

#### **7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled *Children, Youth and Families Performance Objectives FY2021-21*.

#### **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.

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

**9. Required Language:**

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

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

**1. Identifiers:**

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

Kristin Reinsberg, Interim Program Director  
415- 206-5270 Fax: 415- 206-4722  
[Kristin.reinsberg@ucsf.edu](mailto:Kristin.reinsberg@ucsf.edu)

**Program Code:** 38C88 - Spring Project

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

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

**4. Priority Population:** The IPP SPRING Project is designed to meet the unique needs of all ethnicities and populations of high-risk pregnant women and newly parenting families receiving prenatal and postpartum care at ZSFG Hospital with a focused expertise on serving the Latinx community. Thirty-five women and their 25 infants will benefit from early intervention, mental health and consultation services. Fifteen health care professionals, including doctors, nurses, and social work staff will also benefit from consultation services. Based on recent hospital demographic information, the families served in this program will likely be 70% Hispanic/Latinx, 10% African American and 10% Asian and 10% representing other ethnicities. The ages of the pregnant and newly parenting women range from late teens to early 40s. The parent-child dyads are followed through the first three months of life or longer, when needed.

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

<b>UOS Description</b>	<b>UOS</b>	<b>NOC</b>	<b>UDC</b>
<b>Systems Work</b>			
.04 FTE x 40 hrs/wk x 46 wks x 71.75% effort	50		N/A
<b>Early Intervention- Individual</b>			
.01 FTE x 40 hrs/wk x 46 wks x 71.75% effort	18		10
<b>Early Referral Linkage</b>			
.03 FTE x 40 hrs/wk x 46 wks x 71.75% effort	41		10
<b>Mental Health Consultation - Individual</b>			
.078 FTE x 40 hrs/wk x 46 wks x 71.75% effort	103		60
<b>Mental Health Consultation – Group</b>			
.20 FTE x 40 hrs/wk x 46 wks x 71.75% effort	270		60
<b>Mental Health Services - Individual or Family</b>			
.02 FTE x 40 hrs/wk x 46 wks x 71.75% effort	21		5
<b>Training &amp; Supervision</b>			
.06 FTE x 40 hrs/wk x 46 wks x 71.75% effort	76		N/A
<b>Evaluation</b>			
.02 FTE x 40 hrs/wk x 46 wks x 71.75% effort	30		N/A
<b>Total UOS and UDC</b>	<b>609</b>		<b>195</b>

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

therapeutic interventions that focus primarily on symptom reduction as a means to improve functional impairments that are due to a diagnosable mental health concern. Services may be delivered to an individual, family or group.

- **Training/Supervision:** Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultants both individually and in groups.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for this project. Can also include time spent complying with the BHS/MHSA-initiated evaluation efforts.
- **Systems Work:** Activities related to efforts focusing on expanding the capacity of providers who work with high-risk mothers and babies in medical care settings.

## 6. Methodology: Direct Client Services

### Outreach and Engagement:

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

### Admission, Enrollment and/or Intake Criteria and Process:

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

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

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

**Service Delivery Model:**

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

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

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

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

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

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

**Discharge Planning and Exit Criteria**

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

Before the dyad is discharged an assessment is made to determine the need for further therapeutic support. The team is responsible to make sure that the woman is connected with a primary care physician and the baby is connected to a pediatrician. Community resources for parenting are also provided. When parental mental health is interfering with the relationship between mother and child, the dyad may be referred for longer-term treatment within the

Infant-Parent Psychotherapy component of the Infant- Parent Program. These decisions are made with the parent(s) and with the support and involvement of the OB Psychiatry team.

### **Program Staffing**

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

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

### **MHSA Consumer Participation and Engagement**

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

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

### **Vision**

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

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

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

## 7. OBJECTIVES AND MEASUREMENTS

*All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled MHSA Performance Objectives 2021-22.*

### **Individualized Program Objectives:**

1. By stationing Infant-Parent Program (IPP) perinatal mental health specialists in the Obstetric Psychiatry clinic weekly **over 75% of parents** receiving direct mental health services that reported high levels of depression, anxiety, or PTSD early in pregnancy will have decreased severity of symptoms as measured by the Edinburgh Postnatal Depression Scale (EPDS) or the Posttraumatic Stress Disorder Checklist-Specific, (PCL-S), (Walker et al.,2002).
2. Over **75% of parents** who receive mental health services prenatally will evidence positive attachment with their newborn and an ability to accurately decipher the emotional and physical cues of their babies at 3 months of age as measured by elevated scores on the Fetal Attachment Scale (MFAS), (Muller, 1993 and Cranley).
3. Over **50% of at-risk pregnant women** receiving prenatal care at ZSFG will be connected to a ZSFGH pediatric clinic and/or parenting services in the community, as tracked by SPRING clinician.
4. Over **75% of the parents** who had four or more mental health treatment sessions focused on parenting will report that they benefitted from receiving perinatal mental health services and would recommend SPRING services to other pregnant women.
5. Over **75% of the women receiving mental health services** through SPRING will report that the intervention positively affected their maternal identity and parenting capacity.

## 8. CONTINUOUS QUALITY ASSURANCE

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

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

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

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

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

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

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

**2. Nature of Document:**

- Original       Contract Amendment       Revision to Program Budgets (RPB)

- 3. Goal Statement:** To provide community and home-based mental health services that are linguistically and culturally responsive and evidence-based to children birth to five years of age and their caregivers with the aim of maintaining or restoring the child’s development to a typical trajectory.

**4. Priority 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. Modality(s)/Intervention(s):**

**Mental Health Services**

Mental Health Services means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis

intervention, crisis stabilization, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy and collateral.

### **Assessment**

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

### **Collateral**

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

### **Therapy**

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

## **6. Methodology:**

### **Direct Client Services:**

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

### **Outreach/ Referrals**

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

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

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

An additional referral source, the Early Childhood Mental Health Consultation (Daycare Consultants) component of the Infant-Parent Program, provides mental health consultation and a range of related direct mental health

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

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

### **Intake**

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

### **Assessment.**

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

### **Treatment.**

Progress in treatment is mutually determined by the family and the clinician. Since much of the treatment is performed by trainees, supervisors are integral to tracking treatment progress through weekly supervision as well as through the examination of change in the CANS or ANSA and PCRC scores and through the use of the Clinical Review Form at designated reassessment intervals. The PURQC committee reviews treatment at designated intervals to assess progress toward goals, and monitors the appropriateness of infant/child-parent treatment and the intensity of services needed. The committee uses the Clinical Review Form for PURQC, presentation of case formulation at case reviews, 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.

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

## **Child Welfare related Mental Health Services**

### **Auxiliary Services**

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

### **Indirect Services**

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

## **7. OBJECTIVES AND MEASUREMENTS**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY2021-22.

## **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 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. The Compliance Analyst is charged with tracking activities related to the Performance Objectives. She meets monthly with supervisory staff and twice a month with the Interim Program Director to ensure all administrative compliance requirements are attended to.

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

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

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

## Appendix B Calculation of Charges

### 1. Method of Payment

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

### 2. Program Budgets and Final Invoice

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

Budget Summary

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

Appendix B-2 SPRING Project

Appendix B-3 Psychotherapy Services

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$657,822** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

July 1, 2018 - June 30, 2019	\$	1,800,539
July 1, 2019 - June 30, 2020	\$	1,714,179
July 1, 2020 - June 30, 2021	\$	1,772,107
20-21 CODB/ MCO	\$	21,886
July 1, 2021 - June 30, 2022	\$	1,755,171
July 1, 2022 - June 30, 2023	\$	1,714,179
total	\$	8,778,061
contingency	\$	657,822
<b>total</b>	<b>\$</b>	<b>9,435,883</b>

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

D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

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

#### **4. State or Federal Medi-Cal Revenues**

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

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

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

DHCS Legal Entity Number		00117			Appendix B, Page 3
Legal Entity Name/Contractor Name		UCSF / SFGH Psychiatry Infant-Parent Program (IPP)			2021-2022
Contract ID Number		1000009127			
Appendix Number	B-1	B-2	B-3		
Provider Number	38C8	Day Care Consultants (ECMHCI)			
Program Name	Day Care Consultants (ECMHCI)	Spring Project	Psychotherapy Services (IPP)		
Program Code	38C86	38C88	38C84, 85, & 89		
Funding Term	7/1/20/6/30/21	7/1/20/6/30/21	7/1/20/6/30/21		
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries	\$ 608,549	\$ 44,424	\$ 358,280	\$	<b>1,011,253</b>
Employee Benefits	\$ 278,715	\$ 20,346	\$ 164,092	\$	<b>463,154</b>
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 887,264</b>	<b>\$ 64,770</b>	<b>\$ 522,373</b>	<b>\$</b>	<b>1,474,407</b>
Operating Expenses	\$ 24,862	\$ 4,554	\$ 18,667	\$	<b>48,083</b>
Capital Expenses				\$	-
<b>Subtotal Direct Expenses</b>	<b>\$ 912,126</b>	<b>\$ 69,324</b>	<b>\$ 541,040</b>	<b>\$</b>	<b>1,522,491</b>
Indirect Expenses	\$ 109,455	\$ 8,320	\$ 64,924	\$	<b>182,699</b>
Indirect %	12.0%	12.0%	12.0%		12.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 1,024,806</b>	<b>\$ 79,973</b>	<b>\$ 610,206</b>	<b>\$</b>	<b>1,705,190</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
MH CYF Fed SDMC FFP (50%)			\$ 199,356	\$	199,356
MH CYF State 2011 PSR-EPSDT			\$ 185,076	\$	185,076
<b>MH CYF County General Fund</b>			<b>\$ 14,280</b>	<b>\$</b>	<b>14,280</b>
<b>MH CYF County General Fund</b>	<b>\$ 119,291</b>		<b>\$ 141,876</b>	<b>\$</b>	<b>261,167</b>
MH CYF County GF WO CODB	\$ -		\$ 4,242	\$	4,242
MH WO HSA Childcare	\$ 217,596			\$	217,596
MH WO DCYF Child Care	\$ 69,656			\$	69,656
MH WO CFC MH Pre-School for All	\$ 397,332			\$	397,332
MH WO CFC School Readiness	\$ 110,256			\$	110,256
MH WO HSA Infant Parent			\$ 65,376	\$	65,376
MH MHSA (PEI)	\$ 110,675	\$ 79,973		\$	190,648
CODB				\$	40,186
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,024,806</b>	<b>\$ 79,973</b>	<b>\$ 610,206</b>	<b>\$</b>	<b>1,755,171</b>
<b>BHS SUD FUNDING SOURCES</b>					
				\$	-
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>					
				\$	-
				\$	-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,024,806</b>	<b>\$ 79,973</b>	<b>\$ 610,206</b>	<b>\$</b>	<b>1,755,171</b>
<b>NON-DPH FUNDING SOURCES</b>					
				\$	-
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,024,806</b>	<b>\$ 79,973</b>	<b>\$ 610,206</b>	<b>\$</b>	<b>1,755,171</b>
<b>Prepared By</b> Richard Flamburis			<b>Phone Number</b> 628-206-5030		

**Appendix B - DPH 6: Contract-Wide Indirect Detail**

Contractor Name UCSF / SFGH Psychiatry Infant-Parent Program (IPP) Page Number 4  
 Contract ID Number 1000009127 Fiscal Year 2021-2022

**1. SALARIES & EMPLOYEE BENEFITS: Day Care Consultants (ECMHC)**

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

**2. OPERATING COSTS**

Expenses (Use expense account name in the ledger.)	Amount
Day Care Consultants	\$ 109,455
Spring Project	\$ 8,320
Psychotherapy Services	\$ 64,924
<b>Total Operating Costs</b>	<b>\$ 182,699</b>
<b>Total Indirect Costs</b>	<b>\$ 182,699</b>

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

DHCS Legal Entity Number 00117		Appendix Number B-1									
Provider Name UCSF-IPP		Page Number 1									
Provider Number 38C8		Fiscal Year 2020-2021									
Contract ID Number 1000009127		Funding Notification Date 03/22/21									
Program Name	Day Care										
Program Code	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Referral Linkage	Outreach Svcs Train/Supv (12% Cap)	Outreach Svcs Evaluation (3% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	
Funding Term (mm/dd/yy-mm/dd/yy)	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21
<b>FUNDING USES</b>											
Salaries & Employee Benefits	\$ 249,046	\$ 189,286	\$ 30,544	\$ 15,392	\$ 27,795	\$ 43,741	\$ 108,522	\$ 36,211	\$ 72,422	\$ 22,701	
Operating Expenses	\$ 6,978	\$ 5,304	\$ 856	\$ 431	\$ 779	\$ 1,226	\$ 3,041	\$ 1,015	\$ 2,029	\$ 636	
Capital Expenses											
<b>Subtotal Direct Expenses</b>	<b>\$ 256,024</b>	<b>\$ 194,590</b>	<b>\$ 31,400</b>	<b>\$ 15,824</b>	<b>\$ 28,574</b>	<b>\$ 44,966</b>	<b>\$ 111,562</b>	<b>\$ 37,225</b>	<b>\$ 74,451</b>	<b>\$ 23,337</b>	
Indirect Expenses	\$ 30,722	\$ 23,351	\$ 3,768	\$ 1,899	\$ 3,429	\$ 5,396	\$ 13,387	\$ 4,467	\$ 8,934	\$ 2,800	
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
<b>TOTAL FUNDING USES</b>	<b>\$ 286,746</b>	<b>\$ 217,941</b>	<b>\$ 35,168</b>	<b>\$ 17,723</b>	<b>\$ 32,003</b>	<b>\$ 50,363</b>	<b>\$ 124,950</b>	<b>\$ 41,693</b>	<b>\$ 83,385</b>	<b>\$ 26,138</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>											
	Dept-Auth-Proj-Activity										
MH WO HSA Childcare	251962-10002-10001803-0001	\$ 60,564	\$ 55,379	\$ 7,650	\$ 3,443	\$ 5,100	\$ 5,100	\$ 26,265	\$ 8,798	\$ 17,468	\$ 5,100
MH WO DCYF Child Care	251962-10002-10001799-0007	\$ 15,938	\$ 16,575	\$ 2,876	\$ 638	\$ 638	\$ 2,805	\$ 8,415	\$ 2,805	\$ 5,610	\$ 3,825
MH WO HSA Pre-School for All	251962-10002-10001803-0008	\$ 105,825	\$ 85,425	\$ 13,932	\$ 5,100	\$ 14,025	\$ 31,875	\$ 47,940	\$ 15,938	\$ 32,003	\$ 8,925
MH WO CFC School Readiness	251962-10002-10001800-0003	\$ 19,380	\$ 31,875	\$ 5,100	\$ 3,443	\$ 5,100	\$ 3,188	\$ 13,260	\$ 4,463	\$ 8,925	\$ 3,188
MH MHSA (PEI)	251984-17156-10031199-0048	\$ 37,866	\$ 12,750	\$ 2,550	\$ 3,825	\$ 3,315	\$ 5,100	\$ 14,663	\$ 4,845	\$ 9,818	\$ 3,188
MH CYF County GF WO CODB	251962-10000-10001670-0001	\$ 47,175	\$ 15,938	\$ 3,060	\$ 1,275	\$ 3,825	\$ 2,295	\$ 14,408	\$ 4,845	\$ 9,563	\$ 1,913
This row left blank for funding sources not in drop-down list											
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 286,747</b>	<b>\$ 217,941</b>	<b>\$ 35,168</b>	<b>\$ 17,723</b>	<b>\$ 32,003</b>	<b>\$ 50,363</b>	<b>\$ 124,950</b>	<b>\$ 41,693</b>	<b>\$ 83,385</b>	<b>\$ 26,138</b>
<b>BHS SUD FUNDING SOURCES</b>											
	Dept-Auth-Proj-Activity										
This row left blank for funding sources not in drop-down list											
<b>TOTAL BHS SUD FUNDING SOURCES</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>OTHER DPH FUNDING SOURCES</b>											
	Dept-Auth-Proj-Activity										
This row left blank for funding sources not in drop-down list											
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 286,747</b>	<b>\$ 217,941</b>	<b>\$ 35,168</b>	<b>\$ 17,723</b>	<b>\$ 32,003</b>	<b>\$ 50,363</b>	<b>\$ 124,950</b>	<b>\$ 41,693</b>	<b>\$ 83,385</b>	<b>\$ 26,138</b>
<b>NON-DPH FUNDING SOURCES</b>											
This row left blank for funding sources not in drop-down list											
<b>TOTAL NON-DPH FUNDING SOURCES</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>286,747</b>	<b>217,941</b>	<b>35,168</b>	<b>17,723</b>	<b>32,003</b>	<b>50,363</b>	<b>124,950</b>	<b>41,693</b>	<b>83,385</b>	<b>26,138</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>											
	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)
DPH Units of Service	2,249	1,709	276	139	251	395	980	327	654	205	
Unit Type	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)	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50
Published Rate (Medi-Cal Providers Only)	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50
Unduplicated Clients (UDC)	2406	2406	2406	10	10	5	N/A	N/A	N/A	5	

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

DHCS Legal Entity Number 00117		Appendix Number				B-1
Provider Name UCSF-IPP		Page Number				1
Provider Number 38C8		Fiscal Year				2021-2022
Contract ID Number 1000009127						
Program Name						
Program Code		38C86	38C86	38C86	38C86	
Mode/SFC (MH) or Modality (SUD)		45/10-19	45/10-19	45/10-19	45/10-19	
Service Description		Outreach Svcs Early Interv Grp (15% Cap)	Outreach Svcs MH Services Indv/Family	Outreach Svcs MH Svcs Grp (5% Cap)	Outreach Svcs COVID-19 Misc Svcs (NEW CATEGORY FOR ECMHCI)	
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	
<b>FUNDING USES</b>						<b>TOTAL</b>
Salaries & Employee Benefits		\$ 7,165	\$ 17,787	\$ 12,392	\$ 54,261	\$ 887,264
Operating Expenses		\$ 201	\$ 498	\$ 347	\$ 1,520	\$ 24,862
Capital Expenses						\$ -
<b>Subtotal Direct Expenses</b>		<b>\$ 7,366</b>	<b>\$ 18,286</b>	<b>\$ 12,740</b>	<b>\$ 55,781</b>	<b>\$ 912,126</b>
Indirect Expenses		\$ 884	\$ 2,194	\$ 1,529	\$ 6,694	\$ 109,455
Indirect %		12.0%	12.0%	12.0%	12.0%	12.0%
<b>TOTAL FUNDING USES</b>		<b>\$ 8,250</b>	<b>\$ 20,480</b>	<b>\$ 14,269</b>	<b>\$ 62,475</b>	<b>\$ 1,021,582</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
MH WO HSA Childcare	251962-10002-10001803-0001	\$ 1,500	\$ 5,100	\$ 3,000	\$ 13,133	\$ 217,597
MH WO DCYF Child Care	251962-10002-10001799-0007	\$ 750	\$ 3,825	\$ 750	\$ 4,208	\$ 69,656
MH WO HSA Pre-School for All	251962-10002-10001803-0008	\$ 3,000	\$ 6,375	\$ 3,000	\$ 23,970	\$ 397,332
MH WO CFC School Readiness	251962-10002-10001800-0003	\$ 1,500	\$ 3,188	\$ 1,019	\$ 6,630	\$ 110,256
MH MHSA (PEI)	251984-17156-10031199-0048	\$ 750	\$ 638	\$ 750	\$ 7,395	\$ 107,451
MH CYF County GF WO CODB	251962-10000-10001670-0001	\$ 750	\$ 1,355	\$ 5,750	\$ 7,140	\$ 119,291
This row left blank for funding sources not in drop-down list						
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 8,250</b>	<b>\$ 20,480</b>	<b>\$ 14,269</b>	<b>\$ 62,475</b>	<b>\$ 1,024,806</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list						
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list						
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 8,250</b>	<b>\$ 20,480</b>	<b>\$ 14,269</b>	<b>\$ 62,475</b>	<b>\$ 1,024,806</b>
<b>NON-DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>8,250</b>	<b>20,480</b>	<b>14,269</b>	<b>62,475</b>	<b>\$ 1,024,806</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service		55	161	95	490	7,986
Unit Type		Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 150.00	\$ 127.50	\$ 150.00	\$ 127.50	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 150.00	\$ 127.50	\$ 150.00	\$ 127.50	
Published Rate (Medi-Cal Providers Only)		\$ 150.00	\$ 127.50	\$ 150.00	\$ 127.50	<b>Total UDC</b>
Unduplicated Clients (UDC)		15	8	3	N/A	2462

Appendix B - DPH 3: Salaries & Employee Benefits I

Contract ID Number 1000009127

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

Program Code 38C86

Day Care  
Consultanats  
(ECMHCI)

	TOTAL		MH CYF County General Fund 251962-10000- 10001670-0001		MH WO HSA Childcare 251962-10002-10001803- 0001		MH WO DCY 251962-10000
Funding Term	7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE
AMBUL CARE ADMSTN SUP	0.17	\$ 18,859	0.02	\$ 2,202	0.04	\$ 4,017	0.01
CLINICAL SOCIAL WORKER	5.78	\$ 504,378	0.68	\$ 58,897	1.23	\$ 107,432	0.39
AMBUL CARE ADMSTN CRD	0.28	\$ 19,015	0.03	\$ 2,220	0.06	\$ 4,050	0.02
ADMIN MGR	0.05	\$ 6,000	0.01	\$ 701	0.01	\$ 1,278	0.00
ADMINISTRATIVE ASSISTANT	0.05	\$ 3,107	0.01	\$ 363	0.01	\$ 662	0.00
FIN ANL	0.10	\$ 7,078	0.01	\$ 827	0.02	\$ 1,508	0.01
Psychologist	0.35	\$ 50,111	0.04	\$ 5,851	0.07	\$ 10,674	0.02
<b>Totals:</b>	6.79	\$ 608,549	0.79	\$ 71,061	1.45	\$ 129,621	0.45

<b>Employee Benefits:</b>	45.80%	\$ 278,715	45.80%	\$ 32,546	45.80%	\$ 59,366	45.80%
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<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$ 887,264</b>	<b>\$ 103,606</b>	<b>\$ 188,987</b>
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**Detail**

Appendix Number B-1  
 Page Number 2  
 Fiscal Year 2021-2022

F Child Care 12-10001799- 07	MH WO CFC MH Pre-School for All 251962-10002- 10001803-0008		MH WO CFC School Readiness 251962-10002- 10001800-0003		MH MHSA (PEI) 251984- 17156-10031199-0035 FFS	
6/30/21	7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21	
Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
\$ 1,286	0.07	\$ 7,335	0.02	\$ 2,035	0.02	\$ 1,984
\$ 34,391	2.25	\$ 196,172	0.62	\$ 54,436	0.61	\$ 53,051
\$ 1,297	0.11	\$ 7,396	0.03	\$ 2,052	0.03	\$ 2,000
\$ 409	0.02	\$ 2,334	0.01	\$ 648	0.01	\$ 631
\$ 212	0.02	\$ 1,208	0.01	\$ 335	0.01	\$ 327
\$ 483	0.04	\$ 2,753	0.01	\$ 764	0.01	\$ 745
\$ 3,417	0.14	\$ 19,490	0.04	\$ 5,408	0.04	\$ 5,271
\$ 41,494	2.64	\$ 236,687	0.73	\$ 65,679	0.71	\$ 64,008
\$ 19,004	45.80%	\$ 108,403	45.80%	\$ 30,081	45.80%	\$ 29,316
<b>\$ 60,498</b>		<b>\$ 345,090</b>		<b>\$ 95,759</b>		<b>\$ 93,324</b>

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000009127  
 Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)  
 Program Code 38C86  
 Consultants

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2020-2021

Expense Categories & Line Items	TOTAL	MH CYF County General Fund 251962-10000-10001670-0001	MH CYF County GF WO CODB 251962-10000-10001670-0001	MH WO HSA Childcare 251962-10002-10001803-0001	MH WO DCYF Child Care 251962-10002-10001799-0007	MH WO CFC MH Pre-School for All 251962-10002-10001803-0008	MH WO CFC School Readiness 251962-10002-10001800-0003	MH MHSA (PEI) 251984-17156-10031199-0035 FFS
<b>Funding Term</b>	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21
Rent	\$ -							
Utilities (telephone, electricity, water, gas)	\$ -							
Building Repair/Maintenance	\$ -							
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 1,660	\$ 242	\$ 243	\$ 243	\$ 243	\$ 243	\$ 228	\$ 218
Photocopying	\$ -							
Program Supplies	\$ -							
Computer Hardware/Software	\$ 231	\$ 33	\$ 33	\$ 33	\$ 33	\$ 33	\$ 33	\$ 33
<b>Materials &amp; Supplies Total:</b>	<b>\$ 1,891</b>	<b>\$ 275</b>	<b>\$ 276</b>	<b>\$ 276</b>	<b>\$ 276</b>	<b>\$ 276</b>	<b>\$ 261</b>	<b>\$ 251</b>
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -							
	\$ -							
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 8,879	\$ 954	\$ 18	\$ 1,911	\$ 594	\$ 3,490	\$ 968	\$ 944
Gael: General Automobile and Employee Liability Charges	\$ 5,076	\$ 545	\$ 10	\$ 1,093	\$ 340	\$ 1,995	\$ 554	\$ 540
Data Network Recharge	\$ 3,852	\$ 414	\$ 8	\$ 829	\$ 258	\$ 1,514	\$ 420	\$ 409
CCDSS: Computing and Communication Device Support Services	\$ 5,164	\$ 555	\$ 10	\$ 1,112	\$ 346	\$ 2,030	\$ 563	\$ 549
<b>Other Total:</b>	<b>\$ 22,971</b>	<b>\$ 2,468</b>	<b>\$ 46</b>	<b>\$ 4,945</b>	<b>\$ 1,537</b>	<b>\$ 9,029</b>	<b>\$ 2,505</b>	<b>\$ 2,442</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 24,862</b>	<b>\$ 2,743</b>	<b>\$ 322</b>	<b>\$ 5,221</b>	<b>\$ 1,813</b>	<b>\$ 9,305</b>	<b>\$ 2,766</b>	<b>\$ 2,693</b>

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

Appendix Number B-2  
 Page Number 1  
 Fiscal Year 2021-2022

DHCS Legal Entity Number 00117										Appendix Number B-2	
Provider Name UCSF IPP										Page Number 1	
Provider Number 38C8										Fiscal Year 2021-2022	
Contract ID Number 1000009127											
Program Name	Day Care Consultanats (ECMHCI)		SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project		
Program Code	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88		
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Referral Linkage	Outreach Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs MH Services Indv/Fam			
Funding Term (mm/dd/yy-mm/dd/yy)	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
<b>FUNDING USES</b>										<b>TOTAL</b>	
Salaries & Employee Benefits	\$ 10,660	\$ 27,918	\$ 1,848	\$ 4,264	\$ 7,818	\$ 3,127	\$ 5,117	\$ 2,132	\$ 64,770		
Operating Expenses	\$ 750	\$ 1,963	\$ 130	\$ 300	\$ 550	\$ 220	\$ 360	\$ 150	\$ 4,554		
Capital Expenses									\$ -		
<b>Subtotal Direct Expenses</b>	<b>\$ 11,410</b>	<b>\$ 29,881</b>	<b>\$ 1,978</b>	<b>\$ 4,564</b>	<b>\$ 8,367</b>	<b>\$ 3,347</b>	<b>\$ 5,477</b>	<b>\$ 2,282</b>	<b>\$ 69,324</b>		
Indirect Expenses	\$ 1,369	\$ 3,586	\$ 237	\$ 548	\$ 1,004	\$ 402	\$ 657	\$ 274	\$ 8,319		
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%		
<b>TOTAL FUNDING USES</b>	<b>\$ 12,779</b>	<b>\$ 33,467</b>	<b>\$ 2,215</b>	<b>\$ 5,112</b>	<b>\$ 9,371</b>	<b>\$ 3,749</b>	<b>\$ 6,134</b>	<b>\$ 2,556</b>	<b>\$ 79,973</b>		
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>										
MH MSA (PEI)	251984-17156-10031199-0048	\$ 13,163	\$ 34,471	\$ 2,282	\$ 5,265	\$ 9,653	\$ 3,861	\$ 6,318	\$ 2,633	\$ 79,973	
This row left blank for funding sources not in drop-down list										\$ -	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 13,163</b>	<b>\$ 34,471</b>	<b>\$ 2,282</b>	<b>\$ 5,265</b>	<b>\$ 9,653</b>	<b>\$ 3,861</b>	<b>\$ 6,318</b>	<b>\$ 2,633</b>	<b>\$ 79,973</b>	
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>										
This row left blank for funding sources not in drop-down list										\$ -	
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>										
This row left blank for funding sources not in drop-down list										\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 13,163</b>	<b>\$ 34,471</b>	<b>\$ 2,282</b>	<b>\$ 5,265</b>	<b>\$ 9,653</b>	<b>\$ 3,861</b>	<b>\$ 6,318</b>	<b>\$ 2,633</b>	<b>\$ 79,973</b>	
<b>NON-DPH FUNDING SOURCES</b>											
This row left blank for funding sources not in drop-down list										\$ -	
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>13,163</b>	<b>34,471</b>	<b>2,282</b>	<b>5,265</b>	<b>9,653</b>	<b>3,861</b>	<b>6,318</b>	<b>2,633</b>	<b>79,973</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>											
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	103	270	18	41	76	30	50	21	609		
Unit Type	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)	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50		
Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50		
Published Rate (Medi-Cal Providers Only)	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	<b>Total UDC</b>	
Unduplicated Clients (UDC)	45	45	45	10	N/A	N/A	N/A	50	195		

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000009127  
 Program Name SPRING Project  
 Program Code 38C88

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

**Day Care Consultanats (ECMHCI)**

	TOTAL		MH MSA (PEI) 251984-17156- 10031199-0048					
Funding Term	7/1/20-6/30/21		7/1/20-6/30/21					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Interim Director	0.01	\$ 1,099	0.01	\$ 1,099				
AMBUL CARE ADMSTN CRD	0.15	\$ 10,624	0.15	\$ 10,624				
Admin Asst	0.05	\$ 3,107	0.05	\$ 3,107				
POST DOCTORAL FELLOW	0.13	\$ 8,034	0.13	\$ 8,034				
PSYCHOLOGIST	0.50	\$ 12,409	0.50	\$ 12,409				
CSW	0.10	\$ 9,151	0.10	\$ 9,151				
	0.00	\$ -						
<b>Totals:</b>	0.94	\$ 44,424	0.94	\$ 44,424	0.00	\$ -	0.00	\$ -

<b>Employee Benefits:</b>	45.80%	\$ 20,346	45.80%	\$ 20,346	0.00%	\$ -	0.00%	\$ -
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<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$ 64,770</b>	<b>\$ 64,770</b>	<b>\$ -</b>	<b>\$ -</b>
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**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100009127  
 Program Name SPRING Project  
 Program Code 38C88

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

Day Care  
 Consultanats  
 (ECMHCI)

Expense Categories & Line Items	TOTAL	MH MSA (PEI) 251984-17156- 10031199-0048		
<b>Funding Term</b>	7/1/20-6/30/21	7/1/20-6/30/21		
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ -			
Building Repair/Maintenance	\$ -			
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 1,835	\$ 1,835		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 1,835</b>	<b>\$ 1,835</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -			
Insurance	\$ -			
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -			
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide	\$ -			
	\$ -			
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 1,168	\$ 1,168		
GAEL: General Automobile and Employee Liability	\$ 364	\$ 364		
Data Network Recharge	\$ 507	\$ 507		
CCDSS: Computing and Communication Device Support Services	\$ 680	\$ 680		
<b>Other Total:</b>	<b>\$ 2,719</b>	<b>\$ 2,719</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 4,554</b>	<b>\$ 4,554</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00117			Appendix Number		B-3
Provider Name UCSF IPP			Page Number		1
Provider Number 38C8			Fiscal Year		2021-2022
Contract ID Number 1000009127					
Program Name	Consultants (ECMHCI)		Non MediCal Client Support		
Program Code	38C84	38C85	38C8		
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	45/10-19	60/78		
Service Description	MH Svcs	MAA - MH Promotion	H.S.A. - Other Non MediCal Client Support Exp		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits	\$ 448,077	\$ 18,754	\$ 55,541		\$ 522,372
Operating Expenses	\$ 14,948	\$ 889	\$ 2,830		\$ 18,667
Capital Expenses					\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 463,025</b>	<b>\$ 19,643</b>	<b>\$ 58,371</b>		<b>\$ 541,040</b>
Indirect Expenses	\$ 55,563	\$ 2,356	\$ 7,005		\$ 64,924
Indirect %	12.0%	12.0%	12.0%		12.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 518,588</b>	<b>\$ 22,000</b>	<b>\$ 65,376</b>		<b>\$ 610,206</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>				
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	\$ 199,356			\$ 199,356
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	\$ 185,076			\$ 185,076
MH WO HSA CWS Non-IVE Overmatch	251962-10002-10001803-0005		\$ 65,376		\$ 65,376
MH CYF County General Fund	251962-10000-10001670-0001	\$ 14,280			\$ 14,280
MH CYF County General Fund	251962-10000-10001670-0001	\$ 119,876	\$ 22,000		\$ 141,876
MH CYF County GF WO CODB	251962-10000-10001670-0001				
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 518,588</b>	<b>\$ 22,000</b>	<b>\$ 65,376</b>	<b>\$ -</b>	<b>\$ 610,206</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list					\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list					\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 518,588</b>	<b>\$ 22,000</b>	<b>\$ 65,376</b>	<b>\$ -</b>	<b>\$ 610,206</b>
<b>NON-DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list					\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>518,588</b>	<b>22,000</b>	<b>65,376</b>	<b>-</b>	<b>610,206</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>					
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	160,554	134	225		160,913
Unit Type	Staff Minute	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) (DPH FUNDING SOURCES Only)	\$ 3.23	\$ 163.77	\$ 290.56		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) & Non-DPH FUNDING SOURCES)	\$ 3.23	\$ 163.77	\$ 290.56		
Published Rate (Medi-Cal Providers Only) & Rate (Medi-Cal Providers Only)	\$ 3.23	\$ 163.77	\$ 290.56		
Unduplicated Clients (UDC)	70	N/A	N/A		<b>Total UDC</b> 70

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**  
58129.920000000

**Contract ID Number** 1000009127  
**Program Name** Psychotherapy Services  
**Program Code** 38C84 & 38C85

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	TOTAL		MH SVS 15/10-57, 59_ 251962-10000-10001670-0001		H.S.A. - Other Non MediCal Client Support Exp 60/78 - 251962-10002-10001803-0005		251962-10000-10001670-0001 MH Promotion - 45/10-19	
Funding Term	7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Interim Director	0.01	\$ 1,099	0.01	\$ 1,099				
CLINICAL SOCIAL WORKER	1.78	\$ 170,878	1.51	\$ 135,823	0.17	\$ 22,192	0.10	12,863
PSYCHOLOGIST	0.66	\$ 35,327	0.57	\$ 23,396	0.08	\$ 11,931		
PSYCHIATRIST	0.02	\$ 4,200	0.02	\$ 4,200				
ADMIN MGR	0.20	\$ 24,000	0.20	\$ 24,000				
AMBUL CARE ADMSTN CRD	0.66	\$ 47,990	0.66	\$ 47,990	0.00	\$ -		
ADMINISTRATIVE ASSISTANT	1.05	\$ 61,881	0.98	\$ 57,909	0.07	\$ 3,971		
FINANCIAL ANALYST	0.10	\$ 7,078	0.10	\$ 7,078				
POST DOCTORAL FELLOW	0.24	\$ 5,828	0.24	\$ 5,828				
<b>Totals:</b>	4.71	\$ 358,280	4.29	\$ 307,323	0.32	\$ 38,094	0.10	12,863
			4.29					
<b>Employee Benefits:</b>	45.80%	\$ 164,092	45.80%	\$ 140,754	45.80%	\$ 17,447	45.80%	5,891.279648
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 522,372</b>		<b>\$ 448,077</b>		<b>\$ 55,541</b>		<b>18,754</b>

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000009127

Program Name Psychotherapy Services

Program Code 38C85

Appendix Number B-3

Page Number 3

Fiscal Year 2021-2022

Expense Categories & Line Items	TOTAL	Psychotherapy - 251962-10000- 10001670-0001	251962-10000- 10001670-0001 MAA	HSA - 251962- 10002-10001803- 0005	
<b>Funding Term</b>	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	
Rent	\$ -				
Utilities (telephone, electricity, water, gas)	\$ -				
Building Repair/Maintenance	\$ -				
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 2,143	\$ 1,731	\$ 412		
Photocopying	\$ -				
Program Supplies	\$ -				
Computer Hardware/Software	\$ -				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 2,143</b>	<b>\$ 1,731</b>	<b>\$ 412</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -				
Insurance	\$ -				
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -				
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -				
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 8,286	\$ 6,554	\$ 183	\$ 1,549	
GAEL: General Automobile and Employee Liability Charges	\$ 3,045	\$ 2,612	\$ 109	\$ 324	
Data Network Recharge	\$ 373	\$ 238	\$ 79	\$ 56	
CCDSS: Computing and Communication Device Support Services	\$ 4,820	\$ 3,813	\$ 106	\$ 901	
<b>Other Total:</b>	<b>\$ 16,524</b>	<b>\$ 13,217</b>	<b>\$ 477</b>	<b>\$ 2,830</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 18,667</b>	<b>\$ 14,948</b>	<b>\$ 889.00</b>	<b>\$ 2,830</b>	<b>\$ -</b>

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

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

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

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M14JL21  
 Template Version: Amend1 User Cd  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH WO DCYF ChildCare  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

<b>Unduplicated Clients for Exhibit:</b>	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251962-10002-10001799-0007</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	150				\$ 104.50	\$ -	0.00		0.00%		150.00	
45/ 10 - 19 Outreach Svcs Consultation Group	140				\$ 104.50	\$ -	0.00		0.00%		140.00	
45/ 10 - 19 Outreach Svcs Consultation Observ	73				\$ 104.50	\$ -	0.00		0.00%		73.00	
45/ 10 - 19 Outreach Svcs Staff Training	10				\$ 104.50	\$ -	0.00		0.00%		10.00	
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	10				\$ 104.50	\$ -	0.00		0.00%		10.00	
45/ 10 - 19 Outreach Svcs Early Referral Linkage	30				\$ 104.50	\$ -	0.00		0.00%		30.00	
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	80				\$ 104.50	\$ -	0.00		0.00%		80.00	
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	27				\$ 104.50	\$ -	0.00		0.00%		27.00	
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	53				\$ 104.50	\$ -	0.00		0.00%		53.00	
45/ 10 - 19 Outreach Svcs Early Interv Indiv	30				\$ 104.50	\$ -	0.00		0.00%		30.00	
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	5				\$ 132.00	\$ -	0.00		0.00%		5.00	
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	30				\$ 104.50	\$ -	0.00		0.00%		30.00	
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	5				\$ 132.00	\$ -	0.00		0.00%		5.00	
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	21				\$ 104.50	\$ -	0.00		0.00%		21.00	
<b>TOTAL</b>	<b>664</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>		<b>664.00</b>	

<b>Budget Amount</b>	<b>\$ 69,656.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 69,656.00</b>
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**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

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

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M16JL21  
 Template Version: Amend1 User Cd  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH WO HSA Pre-School for All  
 Invoice Period: July 2021  
 Final Invoice:  (Check if Yes)

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251962-10002-10001803-0008</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	860				\$ 104.50	\$ -	0.00		0.00%			860.00
45/ 10 - 19 Outreach Svcs Consultation Group	860				\$ 104.50	\$ -	0.00		0.00%			860.00
45/ 10 - 19 Outreach Svcs Consultation Observ	350				\$ 104.50	\$ -	0.00		0.00%			350.00
45/ 10 - 19 Outreach Svcs Staff Training	50				\$ 104.50	\$ -	0.00		0.00%			50.00
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	120				\$ 104.50	\$ -	0.00		0.00%			120.00
45/ 10 - 19 Outreach Svcs Early Referral Linkage	250				\$ 104.50	\$ -	0.00		0.00%			250.00
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	456				\$ 104.50	\$ -	0.00		0.00%			456.00
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	152				\$ 104.50	\$ -	0.00		0.00%			152.00
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	304				\$ 104.50	\$ -	0.00		0.00%			304.00
45/ 10 - 19 Outreach Svcs Early Interv Indiv	100				\$ 104.50	\$ -	0.00		0.00%			100.00
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	20				\$ 132.00	\$ -	0.00		0.00%			20.00
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	50				\$ 104.50	\$ -	0.00		0.00%			50.00
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	20				\$ 132.00	\$ -	0.00		0.00%			20.00
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	200				\$ 104.50	\$ -	0.00		0.00%			200.00
<b>TOTAL</b>	<b>3,792</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>			<b>3,792.00</b>

<b>Budget Amount</b>		<b>\$ 397,332.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 397,332.00</b>
----------------------	--	----------------------	-------------------------	-------------	--------------------	--------------	-------------------------	----------------------

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

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

**Or email to:**  
[cbhsinvoices@sfdph.org](mailto:cbhsinvoices@sfdph.org)

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

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

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M18JL21  
 Template Version: Amend1 User Cd  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH WO CFC SchoolReadiness  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

<b>Unduplicated Clients for Exhibit:</b>	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251962-10002-10001800-0003</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	250				\$ 104.50	\$ -	0.00		0.00%			250.00
45/ 10 - 19 Outreach Svcs Consultation Group	250				\$ 104.50	\$ -	0.00		0.00%			250.00
45/ 10 - 19 Outreach Svcs Consultation Observ	50				\$ 104.50	\$ -	0.00		0.00%			50.00
45/ 10 - 19 Outreach Svcs Staff Training	30				\$ 104.50	\$ -	0.00		0.00%			30.00
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	64				\$ 104.50	\$ -	0.00		0.00%			64.00
45/ 10 - 19 Outreach Svcs Early Referral Linkage	25				\$ 104.50	\$ -	0.00		0.00%			25.00
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	127				\$ 104.50	\$ -	0.00		0.00%			127.00
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	42				\$ 104.50	\$ -	0.00		0.00%			42.00
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	84				\$ 104.50	\$ -	0.00		0.00%			84.00
45/ 10 - 19 Outreach Svcs Early Interv Indiv	25				\$ 104.50	\$ -	0.00		0.00%			25.00
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	10				\$ 132.00	\$ -	0.00		0.00%			10.00
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	25				\$ 104.50	\$ -	0.00		0.00%			25.00
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	8				\$ 132.00	\$ -	0.00		0.00%			8.00
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	60				\$ 104.50	\$ -	0.00		0.00%			60.00
<b>TOTAL</b>	<b>1,050</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>			<b>1,050.00</b>

<b>Budget Amount</b>		<b>\$ 110,256.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 110,256.00</b>
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**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

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

Appendix F  
 PAGE A

Control ID#  
 100009127

**Contractor: UCSF SFGH Clinical Practice Group  
 Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

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

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M19JL21  
 Template Version: Amend1  
 User Cd:  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH CYF Fed SDMC/State/Cty GF/WO  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-3 Psychotherapy Services PC#38C84 251984-10000-10001670-0001</b>												
15/10-57, 59 MH Svcs	156,101				\$ 3.55	\$ -	0.00		0.00%		156,101.00	
<b>TOTAL</b>	156,101		0.00				0.00		0.00%		156,101.00	
	<b>Budget Amount</b>				\$ 554,626.00			<b>Expenses To Date</b>	<b>% of Budget</b>		<b>Remaining Budget</b>	
							\$ -	0.00%		\$ 554,626.00		

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

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

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

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M21JL21  
 Template Version: Amend1 User Cd  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH MHA (PEI)  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

<b>Unduplicated Clients for Exhibit:</b>	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251984-17156-10031199-0062</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	350				\$ 104.50	\$ -	0.00		0.00%			350.00
45/ 10 - 19 Outreach Svcs Consultation Group	169				\$ 104.50	\$ -	0.00		0.00%			169.00
45/ 10 - 19 Outreach Svcs Consultation Observ	50				\$ 104.50	\$ -	0.00		0.00%			50.00
45/ 10 - 19 Outreach Svcs Staff Training	40				\$ 104.50	\$ -	0.00		0.00%			40.00
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	40				\$ 104.50	\$ -	0.00		0.00%			40.00
45/ 10 - 19 Outreach Svcs Early Referral Linkage	50				\$ 104.50	\$ -	0.00		0.00%			50.00
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	127				\$ 104.50	\$ -	0.00		0.00%			127.00
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	42				\$ 104.50	\$ -	0.00		0.00%			42.00
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	85				\$ 104.50	\$ -	0.00		0.00%			85.00
45/ 10 - 19 Outreach Svcs Early Interv Indiv	25				\$ 104.50	\$ -	0.00		0.00%			25.00
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	5				\$ 132.00	\$ -	0.00		0.00%			5.00
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	5				\$ 104.50	\$ -	0.00		0.00%			5.00
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	5				\$ 132.00	\$ -	0.00		0.00%			5.00
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	63				\$ 104.50	\$ -	0.00		0.00%			63.00
<b>TOTAL</b>	<b>1,056</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>			<b>1,056.00</b>

<b>Budget Amount</b>	<b>\$ 110,675.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 110,675.00</b>
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**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

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

Appendix F  
 PAGE A

Control ID#  
 100009127

**Contractor: UCSF SFGH Clinical Practice Group  
 Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

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

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M22JL21  
 Template Version: Amend1  
 User Cd:  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH CYF Fed SDMC FFP  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	LIENT	UOS	CLIENTS
<b>B-3 Psychotherapy Services PC#38C85 251984-10000-10001670-0001</b>												
45/10-19 MAA - MH Promotion	56				\$ 180.15	\$ -	0.00		0.00%			55.51
<b>TOTAL</b>	56		0.00				0.00		0.00%			55.51
	<b>Budget Amount</b>				<b>\$ 10,000.00</b>			<b>Expenses To Date</b>	<b>% of Budget</b>			<b>Remaining Budget</b>
								<b>\$ -</b>	<b>0.00%</b>			<b>\$ 10,000.00</b>

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

NOTES:

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

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 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Control ID#  
1000009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant Parent Program - CMS# 6907**

INVOICE NUMBER: M23JL21

Template Version: Amend1

User Cd

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Ct. PO No.: POHM SFGOV-0000585654

Tel No.: (415) 579-1970



Fund Source: WO HSA CWS Non-IVE Overmatch

Invoice Period: July 2021

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

Final Invoice:  (Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-3 Psychotherapy Services PC# - 38C8</b>	<b>251962-10002-10001803-0005</b>											
60/ 78 H.S.A. - Other Non MedCal Client	205				-	-	0%		205	-	100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 38,937.00	\$ -	\$ -	0.00%	\$ 38,937.00
Fringe Benefits	\$ 17,833.00	\$ -	\$ -	0.00%	\$ 17,833.00
<b>Total Personnel Expenses</b>	<b>\$ 56,770.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 56,770.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 534.00	\$ -	\$ -	0.00%	\$ 534.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 370.00	\$ -	\$ -	0.00%	\$ 370.00
Gael	\$ 319.00	\$ -	\$ -	0.00%	\$ 319.00
Data Network Recharge	\$ 161.00	\$ -	\$ -	0.00%	\$ 161.00
CCDSS	\$ 216.00	\$ -	\$ -	0.00%	\$ 216.00
<b>Total Operating Expenses</b>	<b>\$ 1,600.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,600.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 58,370.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 58,370.00</b>
<b>Indirect Expenses</b>	<b>\$ 7,004.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 7,004.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 65,374.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 65,374.00</b>
<b>Less: Initial Payment Recovery</b>		\$ -			
<b>Other Adjustments (DPH use only)</b>		\$ -			
		\$ -			
		\$ -			
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
**Or email to:**  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

Prepared: 7/26/2022  
Date: \_\_\_\_\_



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

Appendix F  
PAGE A

Control ID#

1000009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

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

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M24JL21

Template Version: Amend1 User Cd

Ct. PO No.: POHM SFGOV-0000585654

Fund Source: MH MHA (PEI)

Invoice Period: July 2021

Final Invoice:  (Check if Yes)

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
	<b>B-2 SPRING Project PC#38C88 251984-17156-10031199-0062</b>											
45/ 10 - 19 Outreach Svcs Consultation Indiv	200				\$ 104.50	\$ -	0.00		0.00%		200.00	
45/ 10 - 19 Outreach Svcs Consultation Group	283				\$ 104.50	\$ -	0.00		0.00%		283.00	
45/ 10 - 19 Outreach Svcs Early Interv Indiv	30				\$ 104.50	\$ -	0.00		0.00%		30.00	
45/ 10 - 19 Outreach Svcs Early Referral Linkage	40				\$ 104.50	\$ -	0.00		0.00%		40.00	
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (10% Cap)	91				\$ 104.50	\$ -	0.00		0.00%		91.00	
45/ 10 - 19 Outreach Svcs Evaluation (5% Cap)	30				\$ 104.50	\$ -	0.00		0.00%		30.00	
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	61				\$ 104.50	\$ -	0.00		0.00%		61.00	
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	30				\$ 104.50	\$ -	0.00		0.00%		30.00	
<b>TOTAL</b>	765		0.00				0.00		0.00%		765.00	
<b>Budget Amount</b>					<b>\$ 79,973.00</b>			<b>Expenses To Date</b>	<b>% of Budget</b>	<b>Remaining Budget</b>		
						<b>\$</b>	<b>-</b>	<b>0.00%</b>	<b>\$</b>	<b>79,973.00</b>		
						<b>SUBTOTAL AMOUNT DUE</b>	<b>\$ -</b>	NOTES:				
						<b>Less: Initial Payment Recovery</b>						
						<b>(For DPH Use) Other Adjustments</b>						
						<b>NET REIMBURSEMENT</b>	<b>\$ -</b>					

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

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

**Or email to:**  
[cbhsinvoices@sfdph.org](mailto:cbhsinvoices@sfdph.org)

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

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

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M25JL21  
 Template Version: Amend1 User Cd  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH CYF County GF  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

<b>Unduplicated Clients for Exhibit:</b>	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251962-10000-10001670-0001</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	450				\$ 104.50	\$ -	0.00		0.00%			450.00
45/ 10 - 19 Outreach Svcs Consultation Group	350				\$ 104.50	\$ -	0.00		0.00%			350.00
45/ 10 - 19 Outreach Svcs Consultation Observ	40				\$ 104.50	\$ -	0.00		0.00%			40.00
45/ 10 - 19 Outreach Svcs Staff Training	30				\$ 104.50	\$ -	0.00		0.00%			30.00
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	25				\$ 104.50	\$ -	0.00		0.00%			25.00
45/ 10 - 19 Outreach Svcs Early Referral Linkage	25				\$ 104.50	\$ -	0.00		0.00%			25.00
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	137				\$ 104.50	\$ -	0.00		0.00%			137.00
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	46				\$ 104.50	\$ -	0.00		0.00%			46.00
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	91				\$ 104.50	\$ -	0.00		0.00%			91.00
45/ 10 - 19 Outreach Svcs Early Interv Indiv	50				\$ 104.50	\$ -	0.00		0.00%			50.00
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	5				\$ 132.00	\$ -	0.00		0.00%			5.00
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	12				\$ 104.50	\$ -	0.00		0.00%			12.00
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	5				\$ 132.00	\$ -	0.00		0.00%			5.00
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	68				\$ 104.50	\$ -	0.00		0.00%			68.00
<b>TOTAL</b>	<b>1,334</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>			<b>1,334.00</b>

<b>Budget Amount</b>		<b>\$ 139,681.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 139,681.00</b>
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**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

INVOICE NUMBER: M12JL21

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Template Version: Amend1

Tel No.: (415) 579-1970

**BHS**

User Cd

Ct. PO No.: POHM SFGOV-0000585654

Fund Source: MH WO HSA Childcare

Invoice Period: July 2021

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

Final Invoice:  (Check if Yes)

PHP Division: Behavioral Health Services

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251962-10002-10001803-0001</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	511				\$ 104.50	\$ -	0.00		0.00%		511.00	
45/ 10 - 19 Outreach Svcs Consultation Group	525				\$ 104.50	\$ -	0.00		0.00%		525.00	
45/ 10 - 19 Outreach Svcs Consultation Observ	175				\$ 104.50	\$ -	0.00		0.00%		175.00	
45/ 10 - 19 Outreach Svcs Staff Training	40				\$ 104.50	\$ -	0.00		0.00%		40.00	
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	40				\$ 104.50	\$ -	0.00		0.00%		40.00	
45/ 10 - 19 Outreach Svcs Early Referral Linkage	50				\$ 104.50	\$ -	0.00		0.00%		50.00	
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	250				\$ 104.50	\$ -	0.00		0.00%		250.00	
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	83				\$ 104.50	\$ -	0.00		0.00%		83.00	
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	167				\$ 104.50	\$ -	0.00		0.00%		167.00	
45/ 10 - 19 Outreach Svcs Early Interv Indiv	60				\$ 104.50	\$ -	0.00		0.00%		60.00	
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	10				\$ 132.00	\$ -	0.00		0.00%		10.00	
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	40				\$ 104.50	\$ -	0.00		0.00%		40.00	
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	20				\$ 132.00	\$ -	0.00		0.00%		20.00	
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	103				\$ 104.50	\$ -	0.00		0.00%		103.00	
<b>TOTAL</b>	<b>2,074</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>		<b>2,074.00</b>	

<b>Budget Amount</b>	<b>\$ 217,596.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 217,596.00</b>
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**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

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

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[cbhsinvoices@sfdph.org](mailto:cbhsinvoices@sfdph.org)

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date