

**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 **June 15, 2020**, in San Francisco, California, by and between **The Regents of the University of California, on behalf of its San Francisco campus, acting by and through its Office of Research, a California Constitutional corporation**, (“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 **add Citywide Linkage program funded by MH State Grant HMIOT and DHS Pre-Trial Felony MH Diversion program and update standard contractual clauses**; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFP 26-2016, RFP 8-2017, and RFP 11-2017, issued on September 27, 2016, August 23, 2017 and June 12, 2017, respectively**, and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract **PSC number 48652-16/17 and PSC 40587-17/18 on June 19, 2017 and November 20, 2017, respectively**;

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

**1. Definitions**

The following definitions shall apply to this Amendment:

**Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018, (Contract ID 1000010136), between and Contractor and City.

**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 Sections 2 through 64 of the P-500** professional services contract template are hereby replaced in their entirety with Articles 2 through 14 of the approved P-600 professional services template. Article 2 (Term) and Article (3) below reflect the modified Term and Guaranteed Maximum Sum of this Agreement.

**START OF NEW P-600 TEMPLATE**

**Article 1 Definitions [Reserved.]**

**Article 2 “Term of the Agreement**

**2.1 Term.**

The term of this Agreement shall commence on **July 1, 2018** and expire on **June 30, 2022**, unless earlier terminated as otherwise provided herein.

**Article 3 Financial Matters**

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

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

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

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

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

**3.3 Compensation.**

**3.3.1 Payment.** Compensation shall be made in monthly payments on or before the **30th** day of each month for work, as set forth in 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 **Twenty Two Million Eight Hundred Eleven Thousand Five Hundred Ten Dollars (\$22, 811, 510)**. The breakdown of costs associated with this Agreement appears in **Appendix B**, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

**3.3.3 (Reserved.)**

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

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

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

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

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

**3.3.7 Federal or State Funded Contracts.**

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

(b) **Grant Terms.** The funding for this Agreement is provided in full or in part by a Federal or State Grant ("Grant Funds") to the City. If, as part of the terms of receiving the Grant Funds, the City is required to incorporate some of the Grant Funds terms into this Agreement. The incorporated terms may be found in Appendix G, "Grant Terms." To the extent that any Grant Term is inconsistent with any other provisions of this Agreement such that Contractor is unable to comply with both the Grant Term and the other provision(s), the Grant Term shall apply.

(c) **Subcontracts.** Contractor shall insert each Grant Term into each lower tier subcontract. Contractor is responsible for compliance with the Grant Terms by any subcontractor, lower-tier subcontractor or service provider.

### 3.3.8 Contract Amendments; Budgeting Revisions.

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

3.3.8.2 **City Revisions to Program Budgets:** The parties shall have authority, without the execution of a Formal Amendment, to provide for the purchase of additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term, by use of a written City Program Budget Revision.

### 3.4 Audit and Inspection of Records.

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

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

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

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

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

### 3.5 **Submitting False Claims.**

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

### 3.6 **Payment of Prevailing Wages [Reserved (Not a Public Work).]**

## **Article 4 Services and Resources**

### 4.1 **Services Contractor Agrees to Perform.**

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

### 4.2 **Qualified Personnel.**

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

### 4.3 **Subcontracting.**

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

4.3.2 City's execution of this Agreement constitutes its approval of the subcontractors listed in Appendix A (Statement of Work).

See Appendix B - DPH 4: Operating Expenses Detail Appendix B-5, page 3, for the list of subcontractors.

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

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

#### 4.4.2 **Payment of Employment Taxes and Other Expenses.**

Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers,

agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorney's fees, arising from this section, but only in proportion and to the extent such claims, losses, costs, damages, and expenses, including attorney's fees, are caused by or result from the negligent or intentional acts or omissions of Contractor, its officers, agents or employees.

**4.5 Assignment.**

The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor, except as provided in Paragraph 4.3 above, unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

**4.6 Warranty.**

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

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

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

**Article 5 Insurance and Indemnity**

**5.1 Insurance.**

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

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

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

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

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

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

(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.

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

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

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

**5.2 Indemnification.**

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

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

**Article 6 Liability of the Parties**

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

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

**6.3 Liability for Use of Equipment.**

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

#### **6.4 Ownership of Equipment purchased under this Agreement**

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

### **Article 7 Payment of Taxes**

#### **7.1 Reimbursement by City for Sales and Use Taxes.**

Subject to any applicable statutory or constitutional exemptions, payment of California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Nothing in this paragraph shall be interpreted as a waiver of any immunities or defenses that Contractor may otherwise have. Sales and use taxes maybe invoiced by Contractor and shall be reimbursed by the City.

#### **7.2 Possessory Interest Tax.**

Subject to any applicable statutory or constitutional exemptions, and without waiving its rights afforded to it as a California Constitutional Corporation, Contractor acknowledges that this Agreement may create a “possessory interest” for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

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

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

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

7.3 **Withholding. [Reserved (Subject to San Francisco Business and Tax Regulations Code Section 6.10.2, as applicable).]**

**Article 8 Termination and Default**

8.1 **Termination for Convenience**

8.1.1 Either party may terminate this Agreement by giving thirty (30) calendar days advance written notice to the other party of the intention to terminate this Agreement, including the date upon which it will be effective. Upon issuance and receipt of a notice to terminate, both parties shall mitigate any outstanding financial commitments. In the event of termination of this Agreement before expiration, the Contractor agrees to file with the City all outstanding claims, cost reports and program reports within sixty (60) calendar days of such termination. Contractor shall be paid for those services performed pursuant to this Agreement to the satisfaction of City up to the date of termination and after said date for any services mutually agreed to by the parties as necessary for continuity of care, in which case the following sentence shall not apply. Costs which City shall not pay include, but are not limited to anticipated profits on this Agreement, post-termination employee salaries and/or benefits, post termination administrative expenses, or any other cost which is not reasonable and authorized under this Agreement. City's payment obligation under this Section shall survive the termination of this Agreement.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Not placing any further orders of subcontracts for materials, services, equipment or other items.
- (c) Terminating all existing orders and subcontracts.
- (d) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- (e) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item.

- (a) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead not to exceed the negotiated indirect rate as set forth in Appendix B. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice

(b) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

8.1.4 With respect to such post-termination costs, in no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable post-termination costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit related to post-termination costs, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

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

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

## 8.2 Termination for Default; Remedies.

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

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

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

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

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

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

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

### 8.3 Rights and Duties upon Termination or Expiration.

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

3.3.1	Payment	Article 9	Rights in Deliverables
3.3.2	Deficiencies; Payment Disputes;	11.6	Dispute Resolution Procedure
3.3.7	Federal or State Funded Contracts	11.7	Agreement Made in California; Venue
3.4	Audit and Inspection of Records	11.8	Construction
3.5	Submitting False Claims	11.9	Entire Agreement
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 6	Liability of Parties	11.11	Severability
Article 7	Payment of Taxes	Article 12	Department Specific Terms
8.1.6	Payment Obligation	Article 13	Data and Security

8.3.1 Subject to the survival of the Sections identified in Section 8.4.1, above, upon termination of this Agreement prior to expiration of the term specified in Article 2, this Agreement shall terminate and be of no further force or effect. When all payments due under this Agreement to the time of termination, less those legally withheld, if any, have been paid by City to Contractor, Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired as required pursuant to this Agreement or acquired with funding provided under this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

## Article 9 Rights In Deliverables

### 9.1 Ownership of Results.

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

Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

## 9.2 Works for Hire.

If, in connection with services performed specifically under the direction and control of City and identified on Appendix A to this Agreement, Contractor and/or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of City (collectively, "Works"). City hereby gives Contractor a non-exclusive, royalty-free, worldwide license to use such Works for scholarly or academic purposes. Except as provided herein, Contractor may not sell, or otherwise transfer its license to any commercial third party for any reason whatsoever. In all other instances, Contractor shall retain ownership and shall give City a non-exclusive, royalty-free, worldwide license to use such items for scholarly or academic purposes.

## Article 10 Additional Requirements Incorporated by Reference

### 10.1 Laws Incorporated by Reference.

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

### 10.2 Conflict of Interest.

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

### 10.3 Prohibition on Use of Public Funds for Political Activity.

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

### 10.4 Consideration of Salary History [Reserved pursuant to Administrative Code Section 12K.1(e) (Exception Public Agency Contract).]

### 10.5 Nondiscrimination Requirements.

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.

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

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

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

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

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

**10.10 Drug-Free Workplace.**

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

**10.11 Limitations on Contributions.**

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.

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

**10.13 Working with Minors.**

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

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

**10.15 Public Access to Nonprofit Records and Meetings.**

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

**10.16 Food Service Waste Reduction Requirements.**

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

**10.17 Distribution of Beverages and Water.**

**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.

**10.18 Tropical Hardwood and Virgin Redwood Ban.**

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

**10.19 Preservative Treated Wood Products.**

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

**Article 11 General Provisions**

**11.1 Notices to the Parties.**

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

To CITY: Office of Contract Management and Compliance  
Department of Public Health  
1380 Howard Street, 4<sup>th</sup> Floor e-mail: [april.monegas@sfdph.org](mailto:april.monegas@sfdph.org)  
San Francisco, California 94103

And: Juan Ibarra email: [juan.ibarra@sfdph.org](mailto:juan.ibarra@sfdph.org)  
System of Care, Behavioral Health Services  
1380 Howard Street, 5th Floor  
San Francisco, California 94103

To Contractor: The Regents of the University of California  
Government & Business Contracts

And: Catherine Lagarde e-mail: [cgccsfteam@ucsf.edu](mailto:cgccsfteam@ucsf.edu)  
Principal Contact  
3333 California Street, Suite 315, Campus Box 0962  
San Francisco, CA 94143

PAYMENTS: Payee: "The Regents of the University of California"  
Mail to:  
UCSF MAIN DEPOSITORY  
PO BOX 748872  
Los Angeles, CA 90074-4872

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

**11.2 Compliance with Americans with Disabilities Act.**

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

**11.3 Reserved.**

**11.4 Sunshine Ordinance.**

In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this

provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

#### **11.5 Modification of this Agreement.**

This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed by the parties and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

#### **11.6 Dispute Resolution Procedure.**

**11.6.1 Negotiation; Alternative Dispute Resolution.** The parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement by negotiation. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. If agreed by both parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. Neither party will be entitled to legal fees or costs for matters resolved under this section.

**11.6.2 Government Code Claims.** No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the Government Code Claim requirements set forth in Administrative Code Chapter 10 and Government Code Section 900, et seq.

#### **11.7 Agreement Made in California; Venue.**

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

#### **11.8 Construction.**

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

#### **11.9 Entire Agreement.**

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

#### **11.10 Compliance with Laws.**

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

**11.11 Severability.**

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

**11.12 Cooperative Drafting.**

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

**11.13 Order of Precedence.**

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

**11.14 Notification of Legal Requests.**

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.

**Article 12 Department Specific Terms**

**12.1 Emergency Response. [Reserved.]**

**12.2 Third-Party Beneficiaries**

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

**12.3 Certification Regarding Lobbying**

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

12.3.1 No federally appropriated funds have been paid or will be paid, by or on behalf of Contractor to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the

entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

12.3.2 If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Contractor shall complete and submit the appropriate Federal form, in accordance with the form's instructions.

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

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

#### **12.4 Materials Review**

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

#### **12.5 California State Entity**

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

#### **12.6 Federal and State Financial Participation**

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

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

workforce (including those who oversee Contractor's workforce, supervisors and governing body members) from participation in any Federal or State assistance program.

### **Article 13 Data and Security**

#### **13.1 Nondisclosure of Private, Proprietary or Confidential Information.**

13.1.1 Each Party understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, one party may have access to private or confidential information which may be owned or controlled by the other party ("Providing Party") and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to Providing Party. Each party agrees that all information disclosed and marked as "Confidential" by the Providing Party to the other ("Receiving Party") or that the Receiving Party should reasonably know under the circumstances is confidential with the burden on the Providing Party to prove that the Receiving Party should have so known, shall be held in confidence and used only in performance of the Agreement. Receiving Party shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data. City acknowledges that, as a public non-profit educational institution, Contractor is subject to statutes requiring disclosure of information and records which a private corporation could keep confidential. This section does not apply to patient medical records or to confidential information regarding patients or clients.

13.1.2 Contractor shall maintain the usual and customary records for clients receiving Services under this Agreement. Subject to applicable state and federal laws and regulations, Contractor agrees that all private or confidential information concerning clients receiving the Services set forth in Appendix A under this Agreement, whether disclosed by City or by the individuals themselves, shall be held in confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. The City reserves the right to terminate this Agreement for default if the Contractor violates the terms of this section.

13.1.3 Contractor agrees that it has the duty and responsibility to make available to the Contract Administrator or his/her designee, including the Controller, the contents of records pertaining to any City client which are maintained in connection with the performance of the Contractor's duties and responsibilities under this Agreement, subject to the provisions of applicable federal and state statutes and regulations. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

13.1.4 If this Agreement is terminated by either party, or expires, Contractor shall provide City with copies of the following records to the extent they were created with funding provided by this Agreement or directly related to services funded by this Agreement and to the extent Contractor is permitted by law to release or disclose same: (i) all records of persons receiving Services and (ii) records related to studies and research; (iii) all fiscal records. If this Agreement is terminated by either party, or expires, such records shall be submitted to the City upon request. Notwithstanding any provision in this Agreement to the contrary, Contractor does not waive its rights under CA Evidence Code §1157, *et seq.* or any other federal and state laws and regulations pertaining to the confidentiality or privacy of Contractor, its patients, students, faculty, employees, and agents.

13.1.5 The parties will set forth on each statement of work, any reports information, or other material they deem to be confidential or proprietary. Any confidential or proprietary reports, information, or materials of the City received or created by Contractor under this Agreement shall not be divulged by Contractor to any person or entity other than the City except as required by federal, state or local law, or if not required by law, without the prior written permission of the Department of Public Health Contract Administrator listed in Appendix A.

**13.2 Payment Card Industry (“PCI”) Requirements. (Reserved.)**

**13.3 Business Associate Agreement.**

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information and the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”).

**The parties acknowledge that Contractor will:**

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

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

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

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

**13.4 Management of City Data and Confidential Information (Reserved [Covered by Section 13.1].)**

**13.5 Disposition of Confidential Information. (Reserved based on City approval of Contractor’s Policy).**

**13.6 Protected Health Information.**

Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Contractor. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

#### **Article 14 MacBride And Signature**

##### **14.1 MacBride Principles -Northern Ireland.**

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

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

2.2 Delete Appendices A and A-1 through A-7 and replace in its entirety with Appendices A and A-1 through A-7 to Agreement as amended. Dated: June 15, 2020.

2.3 Delete Appendices B and B-1 through B-7, and replace in its entirety with Appendices B and B-1 through B-7 to Agreement as amended. Dated: June 15, 2020.

2.4 Add Appendix A-2 and A-9 to Agreement as amended: Dated June 15, 2020.

2.5 Add Appendix B-2 and B-9 to Agreement as amended: Dated June 15, 2020.

2.6 Add Appendix F to Agreement as amended: Dated June 15, 2020.

2.7 Delete Appendix G, and replace in its entirety with Appendix G to Agreement as amended. Dated: June 15, 2020.

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

CITY  
Recommended by:

DocuSigned by:  
*Greg Wagner* \_\_\_\_\_  
28527524752949F...  
Director of Health  
Department of Public Health  
Approved as to Form:

Dennis J. Herrera  
City Attorney

DocuSigned by:  
By: *Louise Simpson* \_\_\_\_\_  
BD54168A4C3B452...  
Deputy City Attorney

Approved:

DocuSigned by:  
*Taraneh Moayed* \_\_\_\_\_  
9AEA44694D514E7...  
City Purchaser and Director of the Office  
of Contract Administration

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

*Catherine Lagarde*  
\_\_\_\_\_  
Catherine Lagarde  
Contracts and Grants Officer  
333 California Street, Suite 315  
San Francisco, CA 94143

Supplier ID number: 0000012358

## **Appendix A Scope of Services**

### **1. Terms**

#### **A. Contract Administrator:**

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

#### **B. Reports:**

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

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

#### **C. Evaluation:**

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

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

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

#### **D. Possession of Licenses/Permits:**

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

#### **E. Adequate Resources:**

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

#### **F. Infection Control, Health and Safety:**

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

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

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

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

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

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

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

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

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

G. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

H. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This

program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

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

I. Under-Utilization Reports:

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

J. Quality Assurance:

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

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

**2. Description of Services**

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

- Appendix A-1 Citywide Linkage
- Appendix A-2 Citywide Linkage HMIOT
- Appendix A-3 Citywide NoVA
- Appendix A-4 Citywide Roving Team
- Appendix A-5 Citywide Services for Supportive Housing
- Appendix A-6 Citywide Assisted Outpatient Treatment (AOT)
- Appendix A-7 Citywide Substance Treatment Outpatient Program (STOP)
- Appendix A-8 Citywide Substance Use Disorders Intensive Case Management (SUD ICM) / Citywide STOP Sobering Center Case Management
- Appendix A-9 DHS Pre-Trial Felony MH Diversion Program

**1. Identifiers:**

Program Name: Citywide Linkage & Citywide Community Response Team  
Program Address, City, State, ZIP: 982 Mission St. 2<sup>nd</sup> Floor, San Francisco CA 94103  
Telephone/FAX: 415-597-8084/415-597-8004  
Website Address: <https://psych.ucsf.edu/zsfg/citywide>  
Contractor Address, City, State, ZIP: Not Applicable

Executive Director/Program Director: Fumi Mitsuishi, MD, MS/ Alison Livingston, LMFT

Telephone: 415-597-8084

Email Address: [fumi.mitsuishi@ucsf.edu](mailto:fumi.mitsuishi@ucsf.edu)

Program Code(s) (if applicable): 89114 & TBD

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

Citywide Linkage Team (CLT) has expanded with two components to the program, Citywide Linkage Team and Citywide Community Response Team (CCRT).

1. Citywide Linkage Team helps individuals recover emotional stability and functioning outside of institutional care providing intensive case management in order to stabilize and link to the appropriate level of care.
2. Citywide Community Response Team (CCRT) provides intensive stabilization in the community to individuals identified as high priority by the Behavioral Health Services, Department of Public Health as well as each clinician spending one day a week at Psychiatric Emergency Services (PES), Zuckerberg San Francisco General where they will provide support with discharge planning.

**4. Priority Population:**

Citywide Linkage Team welcomes and serves all ethnicities and populations and designed to serve individuals discharging from psychiatric inpatient hospitals and acute care that require support with stabilization and linking to appropriate services in the community. These are individuals that have struggled to engage and connect to treatment previously and/or are experiencing a first break with psychosis. Citywide Community Response Team also welcomes and serves all ethnicities and populations and designed to serve individuals that have been identified as high priority and referred by Behavioral Health Services, Department of Public Health of San Francisco. These individuals have struggled to engage and link to the Behavioral Health System of care and require specialized engagement and flexibility. Both Citywide programs services are designed to meet the cultural and linguistic needs of transitional-aged youth, adult, and older adult residents who are identified as being at risk and require intensive wraparound services in order to stabilize, live safely in the community, and connect to necessary support services.

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

<b>Units of Service (UOS) Description</b> (add more rows if needed)	<b>Units of Service (UOS)</b>	<b>Number of Clients (NOC)</b>	<b>Unduplicated Clients (UDC)</b>
OP - Case Mgt Brokerage 7.20 FTE = 187,501	187,501		
OP - MH Svcs 7.20 FTE = 138,565	138,565		
OP - Medication Support .20 FTE = 16,839	16,839		
OP - Crisis Intervention 7.20 FTE = 4,300	4,300		
<b>Total UDC Served</b>			315
<b>Total UOS Delivered</b>	347,205		

**Citywide Community Response Team**

<b>Units of Service (UOS) Description</b> (add more rows if needed)	<b>Units of Service (UOS)</b>	<b>Number of Clients (NOC)</b>	<b>Unduplicated Clients (UDC)</b>
OP - Case Mgt Brokerage 7.35 FTE = 93,750	93,750		
OP - MH Svcs 7.35 FTE = 69,000	69,000		
OP - Medication Support .25 FTE = 8,000	8,000		
OP - Crisis Intervention 7.35 FTE = 2,500	2,500		
60/78 SS-Other Non-MediCal Client Support Exp (CR)	10,239		40
<b>Total UDC Served</b>			
<b>Total UOS Delivered</b>	183,489		

**6. Methodology:**

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

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

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

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

B. Admission, enrollment and/or intake criteria and process where applicable-  
 CLT- Individuals referred from psychiatric inpatient hospitals and Psychiatric Emergency Services are able to refer directly through a pager and phone intake. Individuals referred through other entities must be authorized through Behavioral Health Services. Criteria for CLT includes, individuals must have a primary mental illness, require support with stabilization and linkage to ongoing care, and currently not connected to treatment.  
 CCRT- Referrals are authorized by Behavioral Health Services and be deemed high priority by Department of Public Health. Criteria includes, struggling to engage in care, cycling through acute services and require intensive outreach to stabilize and link to ongoing care. Individuals in CCRT do not have to have to meet criteria for specialty mental health.

C. Service delivery model- Clinicians provide comprehensive targeted case management, assessment, crisis, individual and group therapy, individual and group rehabilitation, collateral, family support, medication support services outreach and engagement to client's wherever they are located. Clinicians provide individualized Treatment Plans of Care based on clients' stated goals. Staff are imaginative and persistent in resource utilization, outreach, care coordination and their determination to tailor services to meet client's immediate goals and most basic needs. With the client's expressed consent, their natural supports are also engaged in support of the client's recovery process, including friends, loved ones, hotel managers, store clerks, payee services, etc. Collaboration with natural supports serve as a way to re-link with clients struggling to engage in services or to reinforce and support the relationship with the case manager. We work with individuals between 6 months to 1 year in order to ensure stabilization and linkage to ongoing care where they can maintain their treatment gains. Program hours are 8:30 am to 5:00 pm, Monday through Friday. Monday through Saturday 8:00 am to 4:00 pm CCRT case managers provide emergency department social work services to Psychiatric Emergency Services at Zuckerberg San Francisco General Hospital.

D. Discharge Planning and exit criteria and process – CLT and CCRT provide short-term intensive case management with the goal of increasing stability, engagement in the Behavioral Health System of care and connection to ongoing treatment. We work with our client's for an average of 6 months and therefore begin linkage planning with clients at the onset of treatment. Clinicians work to securely engage and link clients to the appropriate level of care and services to ensure that they can maintain stability and the quality of their lives remains improved. This may include linking to intensive case management, step down to outpatient mental health services, substance abuse services, primary care providers for mental health care and/or possibly a higher level of care in clinically indicated. When individuals are referred to long-term

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

E. Program staffing- See Appendix B

## 7. Objectives and Measurements:

### Citywide Linkage Team:

- 1) 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar within 60 days of episode opening but no later than the 1st planned service.
- 2) On any date, 100% of clients will have a current finalized Treatment Plan of Care in Avatar. NOTE: Date to be determined by DPH-AOA.
- 3) Record height, weight, and blood pressure using the new Avatar Vitals Entry Form for at least 50% of all clients who receive medication services in your program at least once during the fiscal year.

### Citywide Community Response Team:

- 1) 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar within 60 days of episode opening but no later than the 1st planned service.
- 2) On any date, 100% of clients will have a current finalized Treatment Plan of Care in Avatar. NOTE: Date to be determined by DPH-AOA.
- 3) 25 % reduction in client utilization of Psychiatric Emergency Services and Emergency rooms.
- 4) 50% of clients will be linked to ongoing care- at the appropriate level of care.

## 8. Continuous Quality Improvement:

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

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

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

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

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

## 9. Required Language:

Not Applicable

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

Not Applicable

First Amendment

**1. Identifiers:**

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

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

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

The goal of the program is to provide behavioral health treatment to the whole person that will allow him or her to exit the criminal justice system and re-integrate into the community. Clients remain in the program as long as they continue to need services. The BJA 18-month grant is funded by the Bureau of Justice Assistance (BJA) to identify 400 individuals exiting jail under Pretrial Diversion’s Assertive Case Management (ACM) program as high-risk and high-needs clients. The goal of the grant is to place a Master’s level clinician at Pretrial Diversion to assess clients, link them with ongoing mental health treatment and to provide some with intensive case management in order to increase the likelihood of successful pre-trial diversion and resolved legal disposition.

**4. Priority Population:**

While Citywide Case Management Programs/Citywide NoVA and BJA welcomes and serves all ethnicities and populations, services are also designed to meet the special cultural and linguistic needs of justice involved individuals with behavioral health disorders (which makes up approximately 18% of the average daily jail population). CWCM-NoVA clients are: 81.6% male and 18.4% female; 63% are between the ages of 26 and 44; 46.9% African American, 12.2% White, 6.1% Latino, 8.1% Asian; 11.6% suffer a mood disorder; 77.9% suffer a psychotic disorder; 23.8% suffer a personality disorder; and 95% have a co-occurring substance use disorder.

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

<b>6. Units of Service (UOS) Description</b> 7. (add more rows if needed)	<b>Units of Service (UOS)</b>	<b>Number of Clients (NOC)</b>	<b>Unduplicated Clients (UDC)</b>
OP - Case Mgt Brokerage 1.60 FTE = 22,284	22,284		
OP - MH Svcs 1.60 FTE = 38,228	38,228		
OP - Crisis Intervention 1.60 FTE = 300	300		
Other Non-MediCal Client Support Exp 1.0 FTE = 2,037 (Cost Reimbursement)	2,037		
<b>Total UOS Delivered</b>	<b>62,849</b>		
<b>Total UDC Served</b>			<b>30</b>

**Methodology:**

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

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

**A. Outreach, recruitment, promotion, and advertisement**

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

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

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

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

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

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

**C. Service delivery model**

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

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

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

BJA Clinician: The Citywide Pretrial clinician will provide consultation, assessment, linkage, and in some cases, intensive case management to 400 clients over the 18-month grant period (September 1, 2018 through February 28, 2020 although a no-cost extension has been granted by BJA so we are hoping to maximize the position through the fiscal year ending on 6/30/2020.)

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

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

#### D. Discharge Planning and exit criteria and process

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

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

E. Program staffing – There are 1.4 FTE Master level clinical social workers and .20 FTE of a licensed Supervisor on the NoVA contract. The BJA grant funds 1.0 FTE Master level clinical social worker.

**8. Objectives and Measurements:**

All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 19-20.

Individualized Objective: The program will maintain a census of 30 active CWCM – NoVA therapy clients; contractor will prepare an annual client count summary by 9/1/2020.

BJA Clinician: The main objective for this clinician is to reduce the failure to appear (FTA) rates for all court appearances and 80% of participants will have no new offense while active in ACM.

**9. Continuous Quality Improvement:**

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

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

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

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

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

**10. Required Language:**

N/A

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

N/A

**1. Identifiers:**

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

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

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

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

**4. Priority Population:**

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

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

<b>Units of Service (UOS) Description</b> (add more rows if needed)	<b>Units of Service (UOS)</b>	<b>Number of Clients (NOC)</b>	<b>Unduplicated Clients (UDC)</b>
OP - Case Mgt Brokerage 7.43 FTE = 50,008	63,514		
OP - MH Svcs 7.43 FTE = 276,325	278,400		
OP - Crisis Intervention 7.43 FTE = 8,000	8,000		
<b>Total UOS Delivered</b>	349,914		
<b>Total UDC Served</b>			120

**6. Methodology:**

Services will be provided on-site at designated Housing First Master Lease sites funded by the Dept of Homelessness and Supportive Housing and operated by contracted housing providers. The team

First Amendment

funded under this contract will outreach and provide behavioral health services, linkage and referral and crisis assessment and intervention on-site at the Housing First Master Lease Program supportive housing sites. Work hours for all staff will be 8:30 a.m. to 5:00 p.m., Monday through Friday.

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

### **Services to be Provided**

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

Through this contract, contractor will:

- A. Work with on-site staff to identify residents in need of intensive short-term behavioral health treatment.
- B. Perform comprehensive psycho-social and substance abuse assessments completed in conjunction with medical assessments by the DPH primary care staff.
- C. Formulate short-term treatment plans to address difficult behaviors and preserve housing stability.
- D. Provide a full range of treatment intervention to individual clients, including (but not limited to): crisis intervention (including 5150 services as needed); supportive individual, family or group psychotherapy; substance abuse counseling (including harm reduction strategies); intensive case management, and daily living skill building.
- E. Offer transitional dual diagnosis groups in various Housing First Master Lease sites aimed at introducing harm reduction principles, strategies and resources to residents who are not yet willing or able to access drug treatment.
- F. Provide referrals and linkages to appropriate entitlements and resources to enhance and strengthen residents' support systems on a long-term basis.
- G. Provide discharge planning and termination as the resident is either no longer in need of intensive services or leaves the hotel.
- H. Participate in individual case conferences, team coordination meetings and in-service trainings with DPH medical staff as necessary.
- I. Track all client interactions and outcome data.
- J. Ensure completion of required time-keeping documentation for CSBG (Title XIX) reimbursement.

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

First Amendment

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document CBHS Performance Objectives FY19-20.

Outpatient Supportive Housing (Tab 6) – Section I - I.1 After the first 60 days of the move-in date into a supportive housing program, no more than 10% of clients will experience a psychiatric hospitalization. Contractor will prepare an annual report by 9/01/2019.

**8. Continuous Quality Improvement:**

- A. Productivity is reviewed on a monthly basis. The Division Administrator and Division Director distribute data from AVATAR to all supervisors. Line-staff are expected to monitor their own productivity through Avatar and it is reviewed at least monthly in their weekly individual supervision. Once BHS generates reports tracking Program Objectives they will be brought monthly to the Divisions' bi-weekly Leadership meeting for review as well as team meetings within each program.
- B. The Division PURQ meets weekly to review Treatment Authorization Requests, and Treatment Plans. All supervisors review two charts per supervisee, as part of quality control. Monthly Staff Meetings are a forum to identify program functioning strengths and limitations. Additionally, there is a weekly Community Meeting in which clients are encouraged to identify concerns or improvements needed.
- C. Every year staff language and cultural skills are identified as part of our Cultural Competency program. As part of the hiring process specific language and cultural skills are identified in the Job Description. The Division fully complies with BHS Cultural Competency goals and standards.
- D. The Division fully participates in the annual BHS Measurement of client satisfaction.
- E. As BHS is able to generate reports from AVATAR data, the division reviews and integrates the data into operational reviews and/or opportunities from program enhancement. For example, we are currently working to submit a NIMH grant to implement Smoking Reduction with seriously mentally ill adults. We are hoping to generate baseline data from AVATAR data with help from BHS.

**9. Required Language:**

Not applicable.

**1. Identifiers:**

Program Name: UCSF Citywide Services for Supportive Housing  
 Program Address, City, State, ZIP: 982 Mission Street, San Francisco, Ca 94103  
 Telephone/FAX: 415-597-8084/415-597-8004  
 Website Address: www.ucsf.edu  
 Contractor Address, City, State, ZIP: Same as above

Executive Director/Program Director: Fumi Mitsuishi, Division Director  
 Telephone: 415-597-8084  
 Email Address: [fumi.mitsuishi@ucsf.edu](mailto:fumi.mitsuishi@ucsf.edu)  
 Program Code(s): 8911SH

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

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

**4. Priority Population:**

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

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
OP - Case Mgt Brokerage 10.75 FTE = 78,510	78,510		
OP - MH Svcs 10.75 FTE = 260,000	260,000		
OP - Medication Support 2.4 FTE = 129,546	129,546		
OP - Crisis Intervention 10.75 FTE = 8,000	8,000		
Other Non-MediCal Client Support Exp 3.5 FTE = 7,434 (Cost Reimbursement)	7,859		
<b>Total UOS Delivered</b>	483,915		
<b>Total UDC Served</b>			240

These services shall include (but not be limited to) individual and group behavioral health counseling and case management as defined for Medi-Cal FFP, psychiatry, primary care nursing case management and medication monitoring, referral to and coordination with primary medical care, substance abuse and psychiatric treatment, benefit counseling and client advocacy, meal programs, health education, community building, tenant

First Amendment

organizing, and all other case management functions. Services also include close collaboration with the on-site property management provider, Community Housing Partnership (CHP), the third-party rent payment provider (usually Lutheran Social Services), and DPH Primary Care Clinics.

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

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

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

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

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

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

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

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

7. **Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY19-20.

*Outpatient Mental Health (Tab 1) Mental Health Outcomes apply.  
Supportive Housing (Tab 6) Supportive Housing Program Outcomes apply.*

**8. Continuous Quality Improvement:**

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

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

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

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

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

**9. Required Language:** Not applicable

**1. Identifiers:**

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

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

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

**4. Priority Population:**

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

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

Units of Service (UOS) Description (add more rows if needed) <b>COST REIMBURSEMENT</b>	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
OP - Case Mgt Brokerage 6.10 FTE = 12,800	12,800		
OP - MH Svcs 6.10 FTE = 8,000	8,000		
OP - Medication Support 1.3 FTE = 14,400	14,400		
OP - Crisis Intervention	4,500		

6.10 FTE = 4,500			
<b>Total UOS Delivered</b>	39,700		
<b>Total UDC Served</b>	25		25

## 6. Methodology:

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

### A. Outreach, recruitment, promotion, and advertisement-

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

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

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

### C. Service delivery model-

Citywide AOT model provides comprehensive targeted case management, assessment, crisis, individual and group therapy, individual and group rehabilitation, collateral, family support, medication support services for consumers that meet legal criteria for Assisted Outpatient Treatment. The court order or settlement agreement is for 6 months but the court could extend the court order or settlement agreement for an additional 6 months. Citywide AOT provides intensive case management for as long as they are part of the Assisted Outpatient Treatment court process and coordinates linkage to the appropriate level of care for ongoing treatment. Medical staff provide medication support services including drop-in, in the community, or daily medications if needed. Case managers and medical staff collaborate in ensuring individuals in our program have access to medication services and support with adherence with prescribed medications. Treatment is provided continuously, wherever the consumer is located. Thus outreach to the consumers home, outreaches to community agencies and businesses, visits in custody or in the hospital, are all routine modes of delivery of services. Citywide AOT espouses the Mental Health Services Act framework of “doing whatever it takes” to support the individuals in our program. We also incorporate the principles of the “Wellness and Recovery” model of services. Consumers work with case managers to develop a Wellness and Recovery Action Plan, specifying goals for increased skills, increased functioning, increased personal resources and illness management. We maintain a special emphasis on helping consumers locate

and maintain productive activity including education, prevocational training, volunteer work and paid employment. Involving consumers in group therapy, dual diagnosis groups, pre-vocational training and stipend jobs, as well as social activities is a central aspect of Division programs. We also provide support in obtaining and maintaining housing. Consumers are seen as often as is clinically indicated. Program hours are 8:30 am to 5:00 pm, Monday through Friday. After hours and weekends are covered by on-call staff who provide phone consultation, support to consumers, and members or other agencies.

D. Discharge Planning and exit criteria and process-

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

E. Program staffing- See Appendix B.

F. MENTAL HEALTH SERVICES ACT PROGRAMS – Additional Required Service Description:

Programs funded by MHSA need to demonstrate an active commitment to the vision of MHSA and systems transformation.

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

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

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

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

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

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

## 7. Objectives and Measurements:

### *Outcome Objectives*

By the end of Fiscal Year 19-20, participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts and documented in Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team.

By the end of Fiscal Year 19-20, participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in total number of incarcerations compared to the previous fiscal year, as measured by number of jail contacts with the San Francisco County Jail and documented in Jail Information Management (JIM) as well as a joint data collection effort between UCSF and DPH's AOT Care Team.

By the end of Fiscal Year 19-20, participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in total days hospitalized on an inpatient psychiatric unit compared to the previous fiscal year, as measured by number of number of days hospitalized and documented in Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team.

### *Process Objectives*

By the end of Fiscal Year 19-20, 50% of participants enrolled in the Assisted Outpatient Treatment Program will be connected to another Behavioral Health provider within the System of Care, as measured by an open episode and documented in Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team.

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

Objectives will need to be reported to BOCC by 9/1/19

## 8. Continuous Quality Improvement:

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

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

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

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

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

**9. Required Language:**

Not Applicable

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

Not Applicable

**1. Identifiers:**

Program Name: UCSF Citywide STOP  
 Program Address: 982 Mission St. 2<sup>nd</sup> Floor  
 City, State, ZIP: San Francisco, CA 94103  
 Telephone: 415-597-8000 FAX: 415-597-8004  
 Website Address: <https://psych.ucsf.edu/zsfq/citywide>  
 Contractor Address: 982 Mission St. 2<sup>nd</sup> floor  
 City, State, ZIP: San Francisco, CA 94103  
 Executive Director: Fumi Mitsuishi, MD / Program Director: Valerie Gruber, PhD  
 Telephone: 415-597-8065  
 Email Address: [fumi.mitsuishi@ucsf.edu](mailto:fumi.mitsuishi@ucsf.edu) / [Valerie.gruber@ucsf.edu](mailto:Valerie.gruber@ucsf.edu)  
 Program Code(s): 38321 (UCSF Citywide STOP)

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

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

**4. Priority Population:**

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

- Primary target population: Drug of choice – Methamphetamine, cocaine, marijuana, or alcohol, often in conjunction with other substances.
- Secondary target population: Co-occurring disorders – severe and persisting mental illness qualifying for intensive case management through Citywide, often in conjunction with chronic health problems.
- Tertiary target population: Low economic status – General Assistance, SSI, low income.
- The target population includes a large proportion of African American, Latino, gay, lesbian, bisexual, and transgender individuals.

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

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

<b>Units of Service (UOS) Description (add more rows if needed)</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<p><b>ODS-91g: ODS OT group counseling:</b> 90 minutes face-to-face + 60 minutes documentation = 150 minutes = 15 increments staff time per group session. Group activities preparation time is not billable. 5 clients in group (4 admitted to Avatar, 1 not billable due to admission pending). 150 minutes / 5 clients = 30 minutes (2 increments) billable per client.</p> <p><i>15 minutes</i> 2 increments per client x 4 billable clients = 8 increments per group. 5 group sessions per week x 45 full weeks = 225 group sessions. 225 groups x 8 increments each = 1,800 increments.</p>	1,800	30
<p><b>ODS-91i: ODS OT individual counseling:</b> This includes individual counseling, collateral, crisis, assessment, and treatment planning. <i>15 minutes</i> 2 increments per week x 15 clients on caseload x 45 weeks</p>	1,350	30
<p><b>ODS-91cm: ODS OT case management:</b> Case management at admission and throughout treatment. <i>15 minutes</i> 2 increments per week x 15 clients caseload x 45 weeks</p>	1,350	30
<p><b>Supt-02-1: SA support – training - treatment:</b> Trainings to CBHS civil service and contract agencies. <i>Hours</i></p>	40	20 staff
<p><b>Total UOS Delivered</b> .7 FTE of Sup II, .05 of Clin Prof, .25 volunteer RADT-I. 1 FTE x 40 hours /week x 45 weeks = 1,800 available hours. x 62.5% Level of Effort = 1,165 hours of service</p>	4,500 x 15-mins = 1,125 hours, + 40 hours, Total: 1,165 h	
<b>Total UDC Served</b>		30 clients, 20 staff

**6. Methodology:**

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

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

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

**A. Outreach, recruitment, promotion, and advertisement**

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

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

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

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

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

Readmission Criteria

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

Admission Process

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

Clients needing other services (e.g. medical detox or methadone maintenance) are given information or assisted with phone calls as appropriate.

2. Intake Assessment: Intake assessment includes

- a) Assessment of substance use problems (incl. assessment of DSM criteria for substance use disorder, CalOMS, ASAM level of care determination, ASI areas not assessed in the other assessments, health questionnaire, obtaining documentation of physical exam in the past 12 months)
- b) Development of treatment plan and support plan with client
- c) Consent forms, release of information forms, payor information, and client rights forms

### 3. Start of Group and/or Individual Counseling:

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

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

## C. **Service delivery model**

### Substance abuse treatment integrated in a mental health agency

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

### Support of both harm reduction and abstinence goals

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

### Types and locations of services

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

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

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

Length of stay

6 months average

**D. Discharge Planning and exit criteria and process**

Criteria for Successful Completion

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

Discharge planning

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

**E. Program staffing**

Please see Appendix B of this contract.

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

**F. Vouchers**

Vouchers are purchased from program funds and provided as motivational incentives for activities that are known to improve and maintain substance use treatment outcomes. STOP implements this evidence-based practice within federal and Drug Medi-Cal limits for incentive amounts.

- 1) STOP clients are eligible for fishbowl prize draws for documented attendance at outside recovery activities that they select (e.g. 12-step, Lifering, Smart Recovery, Wellness Centers, church); prizes they may draw include numerous small prizes (e.g. hygiene supplies, socks), fewer medium prizes (\$5 Target cards), and one large prize (\$20 Target card).
- 2) STOP clients for whom STOP group attendance of twice a week or more is indicated on their treatment plan are eligible for an incentive for consistent STOP group participation. If they attend 2 STOP groups every week of the month, and are in group the first week of the subsequent month, they receive the consistent participation incentive (\$5 Target card).

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

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

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

**H. SUD Case Management**

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

- 1) Case management services are coordinated with clients' Citywide mental health case management, so that roles are clear and efforts are not duplicated. STOP case management focuses on the areas of substance use treatment needs assessment, referral for physical exams and primary care, and coordinating with referring criminal justice system entities. STOP case management services coordinate with Citywide mental health case managers, who take the lead on all other areas, such as finances, payee, housing, in-home supports, vocational/educational services, transportation, and other community services.
- 2) Service components include
  - a. Comprehensive assessment and reassessment of needs for SUD treatment and case management (e.g. intake, ASAM level of care updates)
  - b. Transition to higher or lower level of care as needed (in coordination with clients' Citywide MH case managers)
  - c. Development and updates of treatment plans and support plans
  - d. Coordination with referral sources to facilitate client engagement and retention with the referral (e.g. phone calls, as-needed case conferences)
  - e. Monitoring clients' followup on referrals
  - f. Monitoring clients' progress
  - g. Client advocacy as needed to facilitate linkages and retention
- 3) Case management is provided by clients' primary counselors (registered/certified counselors), with their licensed supervisor or other STOP licensed/certified/registered staff available as backups.
- 4) The case management model emphasizes a collaborative approach with referral sources, Citywide mental health case managers, and Citywide mental health peer staff. This includes working together to address conflicts using trauma-informed communication (e.g. PEARLS healthcare communication). Communication is weekly or more often if needed, face-to-face, phone, or secure email.

First Amendment

- 5) Case management services are tailored to clients' clinical characteristics, cultural identities, belief systems, learning style, abilities and disabilities, preferred goals (e.g. for harm reduction versus abstinence oriented treatment), other preferences (e.g. location, time), and other needs.
- 6) Case management is provided by licensed, certified, or registered staff, with assistance (not case management) provided by Citywide mental health peer staff within their scope of practice (e.g. peer counseling to increase client motivation and self-efficacy, accompanying clients from their home to appointments, billed as Citywide mental health services).
- 7) All case management is provided in compliance with confidentiality requirements, including obtaining 42 CFR Part 2 compliant written consent before referrals, ensuring privacy when communicating with clients by phone (each in a private setting) or in community settings (e.g. meeting in a private area, if on the street out of hearing range with ample background noise, not communicating private information while traveling with clients).

## 7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured are contained in the BHS document entitled **Adult and Older Adult Performance Objectives FY 19-20**.

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

## 8. Continuous Quality Improvement:

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

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

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

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

The following CQI activities are ongoing in the STOP program:

1. STOP contract productivity and objectives are monitored and improved by
  - a. Review of individual clients' progress in weekly group and individual supervision, and adjusting treatment plans for clients who are not progressing toward their treatment goals; and
  - b. Running Avatar UOS and error reports in the 2<sup>nd</sup> week of each subsequent month (after service entry deadlines), reviewing CalOMS accept/reject reports within a week of receipt, and running Avatar CalOMS discharge (outcome) reports after each quarter, and reviewing / summarizing outcomes databases for any outcomes not tracked in Avatar; and
  - c. Discussion of the results in STOP group supervision to develop improvement plans; and

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

3. Satisfaction with STOP services

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

4. Outcomes review and CQI (including CalOMS) is included in CQI item 1 above.

**9. Required Language:** N/A to SUD programs

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

**1. Identifiers:**

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

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

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

**4. Priority Population:**

Citywide ICM SUD Engagement and Citywide SUD ICM services provide intensive case management to chronically intoxicated adults who are high users of the Sobering Center, and ambulances, emergency rooms, or hospitals. The Sobering Center location 1 block south of Market Street at 8<sup>th</sup> St. is easily accessible to residents of the South of Market and Tenderloin areas, and is easily accessible by public transportation from other low-income areas of the City, including the Bayview and the Mission. While the program welcomes and serves all ethnicities and populations, services are also designed to meet the cultural and linguistic needs of the SUD ICM clients.

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

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

**This contract is cost reimbursement because it is a pilot.**

- 1) Some clients receive one-time case management, counseling or outreach, but do not return or are not referred for intensive case management. Contacts with these clients are not entered in Avatar.

2) Clients start in a **low-threshold SUD Engagement Phase (3832ANC, UCSF Citywide ICM SUD Engagement)**, where they receive ancillary case management, as defined in CBHS Contracts Appendix A and B instructions. This allows intensive case management to be provided to clients who are unable to complete consents and assessments in a timely manner, due to chronic intoxication, medical mistrust, and/or multiple traumas during long-term street homelessness. During this phase, clients complete consents and releases of information (per 42 CFR Part 2) in the first few contacts, and the assessments required for outpatient admission over several months if/when they are able to.

3) If/when clients are able to complete the required consents and assessments, they are admitted to **SUD Intensive Case Management (3832SM-ANS, UCSF Citywide SUD ICM)**. Services are Drug Medi-Cal Organized Delivery System outpatient SUD services (**ODS**), as defined in the CBHS Contracts Appendix A and B instructions, the CBHS billing matrix and SUD treatment provider manual revisions, and DHCS DMC-ODS service definitions.

<b>Units of Service (UOS) Description (add more rows if needed)</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Anc-68: Ancillary services case management:</b> This includes intensive case management to mostly street homeless clients who have completed consent and release forms, but not yet completed all Avatar admission requirements due to continuous intoxication. Hours	In 3832ANC: 1,200	In 3832ANC: 10
<b>ODS-91i: ODS OT individual counseling:</b> This includes individual counseling, collateral, crisis, assessment, and treatment planning, with clients who have completed Avatar admission requirements. 15 minutes 6 increments per month ave. x 12 months x 10 clients	In 3832SM-ANS: 720	In 3832SM-ANS: 10
<b>ODS-91cm: ODS OT case management:</b> This includes intensive case management with clients who have completed Avatar admission requirements. 15 minutes 16 increments per month ave. x 12 months x 10 clients	In 3832SM-ANS: 1,920	In 3832SM-ANS: 10
<b>Total UOS Delivered</b> 1 FTE CSW + .70 of BH Sup I = 1.70 FTE clinical staff x 40 hours/week x 45 weeks = 3,060 available staff hours x 60.8 % LOE = 1,860 hours of service	1,200 hours, 2,640 x 15- minutes, Total = 1,860 hours	
<b>Total UDC Served</b>		20

## 6. Methodology:

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

N/A

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

### A. Outreach, Recruitment

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

#### Admission Criteria

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

#### Readmission Criteria

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

#### Admission Process

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

### B. Service delivery model

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

#### Support of both harm reduction and abstinence goals

The program respects the differing treatment needs of individuals who want to stop using substances and individuals who want to reduce the harm resulting from use. Given their severe alcohol use disorders, abstinence can reduce the most harm. However, most clients are not open to quitting alcohol, but are

First Amendment

interested in harm reduction goals such as obtaining housing, resolving or reducing their health problems and reducing psychiatric symptoms, which in turn may reduce need for acute services.

Types and locations of services

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

Length of stay

12 months average

**C. Completion, discharge planning, linkages**

Criteria for Successful Completion

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

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

Discharge planning

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

**D. Program staffing**

Please see Appendix B of this contract.

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

**E. Vouchers**

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

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

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

- a. Intake
- b. Individual counseling

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

### G. SUD Case Management

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

- 1) Intensive case management services are coordinated with any other programs providing services to the client (e.g. Sobering Center nurses, EMS-6, HOT, housing navigators, SF Health Plan case managers), with SUD Engagement/SUD ICM clinicians taking the lead on behavioral health assessment and referrals, and clinically complex case management (e.g. behavioral problems jeopardizing their access to services, 5150s, mandated payees if needed). Roles are clarified, so that efforts are not duplicated.
- 2) Service components include
  - a. Comprehensive assessment and reassessment of needs for SUD treatment and case management (e.g. intake, ASAM level of care updates)
  - b. Transition to higher level of care (e.g. to residential withdrawal management, residential treatment and stepdown), or to a lower level of care (to non-intensive case management when stabilized)
  - c. Development and updates of treatment plans and support plans
  - d. Coordination with referral sources to facilitate client engagement and retention with the referral (e.g. phone calls, as-needed case conferences)
  - e. Monitoring clients' followup on referrals
  - f. Monitoring clients' progress
  - g. Client advocacy as needed to facilitate linkages and retention
- 3) Case management is provided by clients' primary counselors (BBS licensed or registered staff), with their licensed supervisor available as backup.
- 4) The case management model emphasizes a collaborative approach with referral sources and other programs working with the client. This includes working together to solve problems or conflicts using trauma-informed communication (e.g. PEARLS healthcare communication). Communication is weekly or more often if needed, face-to-face, phone, or secure email.
- 5) Case management services are tailored to clients' clinical characteristics, cultural identities, belief systems, learning style, abilities and disabilities, preferred goals (e.g. for harm reduction versus abstinence oriented treatment), other preferences (e.g. location, time), and other needs.
- 6) Case management is provided by BBS licensed or registered staff.

- 7) All case management is provided in compliance with confidentiality requirements, including obtaining 42 CFR Part 2 compliant written consent before referrals, ensuring privacy when communicating with clients by phone (each in a private setting) or in community settings (e.g. meeting in a private area, if on the street out of hearing range with ample background noise, not communicating private information while traveling with clients).

## 7. Objectives and Measurements:

### Standardized Objectives:

All standardized objectives and descriptions of how objectives will be measured are contained in the BHS document entitled **Adult and Older Adult Performance Objectives FY 19-20**.

A ) The following standardized outpatient SUD objectives apply to **both SUD Engagement (3832ANC) and SUD ICM (3832SM-ANS)**:

AOA-SUD-OP-1 and -2 Psychiatric readmissions

B ) This additional standardized outpatient SUD objective applies to **SUD ICM (3832SM-ANS) only**:

AOA-SUD-OP-7, -8, and -9 CalOMS

*The following standardized objectives for outpatient SUD programs do **not** apply to SUD Engagement or SUD ICM:*

*AOA-SUD-OP-3 Treatment completion/satisfactory progress*

*AOA-SUD-OP-4 Abstinence or reduced use*

*AOA-SUD-OP-5 Methadone length of stay (not a methadone program)*

*AOA-SUD-OP-6 and -10 Timely Access Log (not applicable to Citywide programs)*

### Program-specific Objectives:

Several objectives not mentioned in the standardized Adult and Older Adult Performance Objectives are tracked for this program, such as obtaining ID, GA, SSI, permanent housing; entering, completing residential treatment; obtaining a primary medical care provider.

C ) The following **program specific objectives** will be reported for **SUD Engagement (3832ANC) and SUD ICM (3832SM-ANS)**. SCCM staff enter client outcomes in the SCCM program outcomes file every month, and look up external events in CCMS, Epic, and Avatar and enter them every quarter. Data sources and definitions of clients included in each outcome are defined in an outcome objectives file, and the results tabulated by the first quarter of the subsequent fiscal year.

1. At least 70% of clients without a source of income will obtain a source of income (GA, SSI, SSDI or CAPI).
2. 100% of unhoused clients will be referred to shelter.
3. At least 70% of clients admitted to shelter or housing, including Navigation Center or emergency housing, will remain sheltered or housed for at least 14 continuous days.
4. At least 50% of clients unengaged with primary care will see a primary care provider.
5. At least 50% of clients with a mental health diagnosis will receive mental health care.
6. At least 60% of clients will attend residential detox.
7. At least 25% of clients will be admitted to residential treatment.

8. At least 70% of clients with ED visits in a 3-month period will have fewer ED visits in a subsequent 3-month period.
9. At least 25% of clients in the HUMS (high utilizer of multiple services) top 1-5% during the previous FY will have decreased HUMS percentile.

### **8. Continuous Quality Improvement:**

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

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

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

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

The following CQI activities are ongoing in the STOP program:

1. STOP contract productivity and objectives are monitored and improved by
  - a. Review of individual clients’ progress in weekly group and individual supervision, and adjusting treatment plans for clients who are not progressing toward their treatment goals; and
  - b. Running Avatar UOS and error reports in the 2<sup>nd</sup> week of each subsequent month (after service entry deadlines), reviewing CalOMS accept/reject reports within a week of receipt, and running Avatar CalOMS discharge (outcome) reports after each quarter, and reviewing / summarizing outcomes databases for any outcomes not tracked in Avatar; and
  - c. Discussion of the results in STOP group supervision to develop improvement plans; and
  - d. Implementing improvement plans, e.g. for Avatar, CalOMS or other outcomes database errors, coach staff to prevent future errors; for low services, increase referrals or decrease dropout; for low client outcomes, engage clients more effectively.
2. STOP clinical documentation is monitored and improved by
  - a. Supervisor orientation of each new staff to clinical documentation standards, including Avatar and paper files; and
  - b. Clinicians’ Excel file with due dates for all clients on their caseload, reviewed in weekly individual supervision to prevent missing deadlines; and
  - c. Supervisor feedback on new clinicians’ documentation once a week, until standards are consistently met for that kind of documentation (e.g. progress notes, treatment plans, intake and discharge summaries); and
  - d. Peer review of each client file using the chart checklist, at 30 days after intake, 6 months, and discharge; the supervisor oversees reviews and instructs staff to make corrections and prevent recurrence.

- 3a. CLAS standards implementation at the Citywide agency level is documented in the agency-wide administrative binder, and includes documentation in the CBHS cultural competence tracking database. CLAS standards implementation at the STOP program level includes
- a. Plan-Do-Study-Act cycles, incl.
    - i. Staff and/or client review of a cultural issue (identifying likely root causes of problems) to develop a plan for improvement (plan),
    - ii. Implementation of improvements (do),
    - iii. Evaluation of outcomes (study), and
    - iv. Continuing changes that are helpful; adjusting plans that are not helpful (act).
- 3b. STOP staff cultural competency (CLAS standard 4) is monitored and improved by
- a. Referencing the cultural competency expectation in the CA Title 9 AOD counselor code of regulations and UCSF job descriptions, the supervisor uses cultural competency as a criterion for staff selection (interview and reference questions), discusses it with new staff during their orientation, reviews it with staff during performance evaluations, and points out cultural issues that may affect client or staff interactions during individual and group supervision.
  - b. The supervisor encourages staff to complete CBHS required culturally relevant trainings early in each fiscal year, with periodic reminders until documentation of training completion is received.
  - c. Optional culturally relevant trainings offered through DPH or UCSF are distributed via email, then discussed in group supervision, and staff coverage arranged or services rescheduled to allow staff to attend.
  - d. Staff who have passed probation are eligible to apply for UCSF funding to attend trainings, and the supervisor encourages staff to identify and attend trainings relevant to their cultural competence.
  - e. Staff training documentation including culturally relevant trainings are maintained in administrative binders (for trainings applicable to all) and individual staff files (for individually selected trainings attended).
3. Satisfaction with STOP services
- a. Is monitored with clients via the annual DHCS/CBHS substance use client satisfaction survey, offered to every client receiving services during the survey period; and
  - b. Is monitored with recipients of training/consultation services via feedback at the end of each training or consultation.
  - c. Is reviewed in group supervision (for client satisfaction) and in the program director's supervision with the Division Director (for client and trainee satisfaction), and plans for change are implemented as needed, using Plan – Do – Study – Act cycles.
4. Outcomes review and CQI (including CalOMS) is included in CQI item 1 above.

**9. Required Language:** N/A to SUD programs

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

**1. Identifiers:**

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

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

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

**4. Priority Population:**

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

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

<b>Units of Service (UOS) Description</b> (add more rows if needed) <b>COST REIMBURSEMENT</b>	<b>Units of Service (UOS)</b>	<b>Number of Clients (NOC)</b>	<b>Unduplicated Clients (UDC)</b>
OP - Case Mgt Brokerage 3.05 FTE = 6,301	6,301		
OP - MH Svcs 3.05 FTE = 3,938	3,938		
OP - Medication Support .35 FTE = 7,088	7,088		
OP - Crisis Intervention 3.05 FTE = 2,215	2,215		
<b>Total UOS Delivered</b>	<b>19,542</b>		
<b>Total UDC Served</b>	<b>10</b>		<b>10</b>

First Amendment

**6. Methodology:**

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

**A. Outreach, recruitment, promotion, and advertisement-**

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

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

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

**C. Service delivery model-**

The Citywide MHD team model provides comprehensive targeted case management, assessment, crisis, individual and group therapy, individual and group rehabilitation, collateral, family support, peer support, medication support services for consumers that meet legal criteria for Mental Health Diversion Court. The average length of stay in the diversion program, following a transfer from jail to the community, is expected to range from 12 to 24 months based on factors such as the severity of the client's mental health condition, prior criminal justice involvement, the length of time having been needed to attain stabilization post-release, and the availability of community-based supports and housing. Citywide MHD provides intensive case management for as long as they are part of the MHD court process and coordinates linkage to the appropriate level of care for ongoing treatment. Medical staff provide medication support services including drop-in, in the community, or daily medications if needed. Case managers and medical staff collaborate in ensuring individuals in our program have access to medication services and support with adherence with

prescribed medications. Treatment is provided continuously, wherever the consumer is located. Thus outreach to the consumers home, outreaches to community agencies and businesses, visits in custody or in the hospital, are all routine modes of delivery of services. Citywide MHD espouses the Mental Health Services Act framework of “doing whatever it takes” to support the individuals in our program. We also incorporate the principles of the “Wellness and Recovery” model of services. Consumers work with case managers to develop a Wellness and Recovery Action Plan, specifying goals for increased skills, increased functioning, increased personal resources and illness management. We maintain a special emphasis on helping consumers locate and maintain productive activity including education, prevocational training, volunteer work and paid employment. Involving consumers in group therapy, dual diagnosis groups, prevocational training and stipend jobs, as well as social activities is a central aspect of Division programs. We also provide support in obtaining and maintaining housing. Consumers are seen as often as is clinically indicated. Program hours are 8:30 am to 5:00 pm, Monday through Friday. After hours and weekends are covered by on-call staff who provide phone consultation, support to consumers, and members or other agencies.

**D. Discharge Planning and exit criteria and process-**

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

E. Program staffing- See Appendix B.

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

**7. Objectives and Measurements:**

*Outcome Objectives*

By the end of Fiscal Year 19-20, Citywide MHD will enroll and intensively support at least 10 justice-involved individuals (30 for the grant period).

100% of enrolled participants will have a diagnosis of Schizophrenia, Schizoaffective Disorder or Bipolar Disorder and have a qualifying felony offense.

Citywide MHD staff will be present at 100% of participants’ court hearings to provide progress reports to the court.

*Process Objectives*

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

Participant data will be reported on time on a quarterly basis.

The program will make a meaningful contribution to the stated Department of State Hospital’s goal of reducing the number of felony referrals to DSH by 20% to 30% as compared to Fiscal Year 2016-17.

**8. Continuous Quality Improvement:**

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

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

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

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

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

**9. Required Language:**

Not Applicable

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

Not Applicable

## Appendix B Calculation of Charges

### 1. Method of Payment

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

### 2. Program Budgets and Final Invoice

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

#### Budget Summary

Appendix B-1	Citywide Linkage
Appendix B-2	Citywide Linkage HMIOT
Appendix B-3	Citywide NoVA
Appendix B-4	Citywide Roving Team
Appendix B-5	Citywide Services for Supportive Housing
Appendix B-6	Citywide Assisted Outpatient Treatment (AOT)
Appendix B-7	Citywide Substance Treatment Outpatient Program (STOP)
Appendix B-8	Citywide Substance Use Disorders Intensive Case Management (SUD ICM) / Citywide STOP Sobering Center Case Management
Appendix B-9	DHS Pre-Trial Felony MH Diversion Program

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, \$0 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

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

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

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

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



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

Contractor Name (Regents of) UC San Francisco	Page Number	3
Contract ID Number 1000010136	Fiscal Year	2019-2020
	Funding Notification Date	4/2/20

<b>Expenses (Use expense account name in the ledger.)</b>	<b>Amount</b>
B-1 Citywide Linkage	\$ 105,806
B-2 Citywide Linkage HMIOT (CCRT)	\$ 112,654
B-3 Citywide NoVA	\$ 36,948
B-4 Citywide Roving	\$ 142,297
B-5 Citywide Services for Supportive Housing	\$ 211,723
B-6 Citywide Assisted Outpatient Treatment	\$ 94,603
B-7 Citywide STOP	\$ 20,605
B-8 Citywide Substance Abuse Use Disorders Intensive Case Management	\$ 44,031
B-9 DHS Pre-Trial Felony MH Diversion Program	\$ 46,567
<i>University Wide Flat Indirect Rate Charged to Sponsored Projects with DPH: 12%</i>	
<b>Total Operating Costs</b>	
<b>Total Indirect Costs</b>	<b>\$ 815,234</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 Citywide Linkage		Page Number 1	
Provider Number 8911		Fiscal Year 2019-2020	
Contract ID Number 1000010136		Funding Notification Date 04/02/20	
Program Name	Citywide Linkage	Citywide Linkage	Citywide Linkage
Program Code	89114	89114	89114
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/70-79
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	\$ 374,640	\$ 375,825	\$ 14,003
Operating Expenses	\$ 18,778	\$ 18,838	\$ 702
<b>Subtotal Direct Expenses</b>	<b>\$ 393,418</b>	<b>\$ 394,663</b>	<b>\$ 14,704</b>
Indirect Expenses	\$ 47,210	\$ 47,360	\$ 1,765
<b>Indirect %</b>	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 440,628</b>	<b>\$ 442,022</b>	<b>\$ 16,469</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>			
Dept-Auth-Proj-Activity			
MH Adult Fed SDMC FFP (50%)	\$ 194,271	\$ 194,886	\$ 7,261
MH Adult State 1991 MH Realignment	\$ 89,239	\$ 89,521	\$ 3,335
MH Adult County General Fund	\$ 157,118	\$ 157,615	\$ 5,872
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 440,628</b>	<b>\$ 442,022</b>	<b>\$ 16,469</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 440,628</b>	<b>\$ 442,022</b>	<b>\$ 16,469</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 440,628</b>	<b>\$ 442,022</b>	<b>\$ 16,469</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)
DPH Units of Service	187,501	138,565	16,839
Unit Type	Staff Minute	Staff Minute	Staff Minute
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.35	\$ 3.19	\$ 3.83
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.35	\$ 3.19	\$ 3.83
Published Rate (Medi-Cal Providers Only)	\$ 3.45	\$ 4.30	\$ 5.05
Unduplicated Clients (UDC)	315	315	315
<b>Total UDC</b>			<b>315</b>

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

**Contract ID Number** 1000010136

Appendix Number B-1

Program Name Citywide Linkage

Page Number 2

Program Code 89114

Fiscal Year 2019-2020

Funding Notification Date 04/02/20

Position Title	Funding Term		251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
HS ASST CLIN PROF-HCOMP	0.20	\$ 41,690.00	0.20	\$ 41,690.00				
BEH HEALTH PSYCHIATRIC SUPV 2	1.00	\$ 104,221.00	1.00	\$ 104,221.00				
SOCIAL WORKER. CLINICAL I/II	6.00	\$ 446,339.00	6.00	\$ 446,339.00				
<b>Totals:</b>	<b>7.20</b>	<b>\$ 592,250.00</b>	<b>7.20</b>	<b>\$ 592,250.00</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Benefits:</b>	41.77%	\$ 247,383.00	41.77%	\$ 247,382.62	0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 839,633.00</b>		<b>\$ 839,633.00</b>		<b>\$ -</b>		<b>\$ -</b>

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136  
 Program Name Citywide Linkage  
 Program Code 89114

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2019-2020  
 Funding Notification Date 04/02/20

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/19-06/30/20	07/01/19-06/30/20	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Utilities (telephone, electricity, water, gas)	\$ 3,000.00	\$ 3,000.00		
<b>Occupancy Total:</b>	<b>\$ 3,000.00</b>	<b>\$ 3,000.00</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 3,222.00	\$ 3,222.00		
Computer Hardware/Software	\$ 2,200.00	\$ 2,200.00		
<b>Materials &amp; Supplies Total:</b>	<b>\$ 5,422.00</b>	<b>\$ 5,422.00</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 700.00	\$ 700.00		
<b>General Operating Total:</b>	<b>\$ 700.00</b>	<b>\$ 700.00</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel (Clipper Cards, mileage etc.)	\$ 5,000.00	\$ 5,000.00		
<b>Staff Travel Total:</b>	<b>\$ 5,000.00</b>	<b>\$ 5,000.00</b>	<b>\$ -</b>	<b>\$ -</b>
Data Network Services	\$ 3,802.00	\$ 3,801.60		
CCDSS - Computing and Communication Device Support Services	\$ 5,098.00	\$ 5,097.60		
GAEL - General Automobile and Employee Liability charges	\$ 4,856.00	\$ 4,856.45		
UCSF Faculty and Staff HR Recharge	\$ 8,207.00	\$ 8,207.00		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 6,000.00	\$ 6,000.00		
<b>Other Total:</b>	<b>\$ 27,963.00</b>	<b>\$ 27,963.00</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 42,085.00</b>	<b>\$ 42,085.00</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-2	
Provider Name Citywide Linkage HMIOT		Page Number 1	
Provider Number 8911		Fiscal Year 2019-2020	
Contract ID Number 1000010136		Funding Notification Date 04/02/20	
Citywide Linkage HMIOT			
Program Name	TBD	TBD	TBD
Program Code	15/01-09	15/10-57.59	15/70-79
Mode/SFC (MH) or Modality (SUD)	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention
Service Description	OP-Case Mgt Brokerage	OP-Medication Support	SS-Other Non-Medical Client Support Exp.
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	\$ 225,042	\$ 224,835	\$ 9,781
Operating Expenses	\$ 38,835	\$ 38,800	\$ 1,688
<b>Subtotal Direct Expenses</b>	<b>\$ 263,877</b>	<b>\$ 263,635</b>	<b>\$ 11,468</b>
Indirect Expenses	\$ 31,665	\$ 31,636	\$ 1,376
<b>Indirect %</b>	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 295,542</b>	<b>\$ 295,271</b>	<b>\$ 12,845</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>			
Dept-Auth-Proj-Activity			
MH Adult Fed SDMC FFP (50%)	\$ 147,771	\$ 147,635	\$ 6,422
MH HMIOT State Grant	\$ 147,771	\$ 147,635	\$ 6,422
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 295,542</b>	<b>\$ 295,271</b>	<b>\$ 12,845</b>
<b>TOTAL DPH FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 295,542</b>	<b>\$ 295,271</b>	<b>\$ 12,845</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)
DPH Units of Service	98,514	73,818	3,211
Unit Type	Staff Minute	Staff Minute	Staff Minute
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 3.00	\$ 4.00	\$ 4.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.00	\$ 4.00	\$ 4.00
Published Rate (Medi-Cal Providers Only)	\$ 3.45	\$ 4.30	\$ 5.05
Unduplicated Clients (UDC)	40	40	40
Reimbursement (CR)	Cost	Reimbursement (CR)	7,164
Staff Hour or Client Day, depending on contract.	Staff Minute	Staff Minute	Staff Hour or Client Day, depending on contract.
<b>Total UDC</b>	<b>54.64</b>	<b>54.64</b>	<b>54.64</b>

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

Contract ID Number 1000010136  
 Program Name Citywide Linkage HMIOT  
 Program Code TBD

Appendix Number B-2  
 Page Number 2  
 Fiscal Year 2019-2020  
 Funding Notification Date 04/02/20

Position Title	Funding Term		251984-10000-10001792-0001		251984-10001-10034309-0001		251984-10001-10034309-0001		251984-10001-10034309-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
HS ASST CLIN PROF-HCOMP	0.25	\$ 48,575	0.08	\$ 15,246	0.04	\$ 7,484	0.13	\$ 25,845						
BEH HEALTH PSYCHIATRIC MGR 1	1.00	\$ 116,190	0.31	\$ 36,467	0.15	\$ 17,902	0.53	\$ 61,821						
SOCIAL WORKER: CLINICAL I/II	6.00	\$ 418,062	1.88	\$ 182,625	0.92	\$ 89,655	3.19	\$ 145,782						
LICENSED VOCATIONAL NURSE	0.10	\$ 7,834	0.03	\$ 2,459	0.02	\$ 1,207	0.05	\$ 4,169						
<b>Totals:</b>	<b>7.35</b>	<b>\$ 590,661</b>	<b>2.31</b>	<b>\$ 236,796</b>	<b>1.13</b>	<b>\$ 116,248</b>	<b>3.91</b>	<b>\$ 237,617</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Benefits:</b>		\$ 250,146	42.35%	\$ 100,283	42.35%	\$ 49,231	42.35%	\$ 100,631	0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 840,807</b>		<b>\$ 337,079</b>		<b>\$ 165,479</b>		<b>\$ 338,248</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000010136  
 Program Name Citywide Linkage HMIOT  
 Program Code TBD

Appendix Number B-2  
 Page Number 3  
 Fiscal Year 2019-2020  
 Posting Notification Date 04/02/20

Expense Categories & Line Items	Funding Term	TOTAL	251984-10000-10001792-0001	HMIOT (FFS) 251984-10001-10034309-0001	HMIOT (CR) 251984-10001-10034309-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
	07/01/19-06/30/20		07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Work Space Creation/Expansion	\$ 50,000	\$	\$ 33,535	\$ 16,464			
Utilities (telephone, electricity, water, gas)	\$ 6,540	\$	\$ 4,386	\$ 2,154			
<b>Occupancy Total:</b>	<b>\$ 56,540</b>	<b>\$</b>	<b>\$ 37,921</b>	<b>\$ 18,619</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Office Supplies	\$ 4,215	\$	\$ 2,827	\$ 1,388			
Computer Hardware/Software	\$ 4,700	\$	\$ 3,152	\$ 1,548			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 8,915</b>	<b>\$</b>	<b>\$ 5,979</b>	<b>\$ 2,936</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Training/Staff Development	\$ 700	\$	\$ 470	\$ 230			
<b>General Operating Total:</b>	<b>\$ 700</b>	<b>\$</b>	<b>\$ 470</b>	<b>\$ 230</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Local Travel (Clipper Cards, mileage etc.)	\$ 2,500	\$	\$ 1,677	\$ 823			
<b>Staff Travel Total:</b>	<b>\$ 2,500</b>	<b>\$</b>	<b>\$ 1,677</b>	<b>\$ 823</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Data Network Services	\$ 3,881	\$	\$ 1,218	\$ 598	2,065		
CCDSS - Computing and Communication Device Support Services	\$ 5,204	\$	\$ 1,633	\$ 802	2,769		
GAEL - General Automobile and Employee Liability charges	\$ 4,843	\$	\$ 1,942	\$ 953	1,948		
UCSF Faculty and Staff HR Recharge	\$ 8,391	\$	\$ 2,634	\$ 1,293	4,465		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 7,000	\$	\$ 4,695	\$ 2,305			
<b>Other Total:</b>	<b>\$ 29,319</b>	<b>\$</b>	<b>\$ 12,122</b>	<b>\$ 5,951</b>	<b>\$ 11,247</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 97,974</b>	<b>\$</b>	<b>\$ 58,169</b>	<b>\$ 28,559</b>	<b>\$ 11,247</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 Citywide NoVA		Page Number 1	
Provider Number 8911		Fiscal Year 2019-2020	
Contract ID Number 1000010136		Funding Notification Date 04/02/20	
Program Name	Citywide NoVA	Citywide NoVA	Citywide NoVA
Program Code	8911NO	8911NO	BJA
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	8911NO
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	60/78
Service Description	OP-Case Mgt Brokerage	OP-Crisis Intervention	SS-Other Non-MediCal Client Support Exp
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	\$ 62,860	\$ 135,612	\$ 96,476
Operating Expenses	\$ 2,798	\$ 6,036	\$ 2,906
<b>Subtotal Direct Expenses</b>	<b>\$ 65,658</b>	<b>\$ 141,648</b>	<b>\$ 99,382</b>
Indirect Expenses	\$ 7,879	\$ 16,998	\$ 11,926
Indirect %	12.0%	12.0%	12.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 73,537</b>	<b>\$ 158,646</b>	<b>\$ 111,308</b>
<b>Dept-Auth-Proj-Activity</b>			
MH Adult Fed SDMC FFP (50%)	\$ 12,595	\$ 27,172	\$ 40,000
MH Adult County GF WO CODB	\$ 1,775	\$ 3,829	\$ 5,637
MH WO SHF NOVA	\$ 59,167	\$ 127,645	\$ 187,908
MH WO SHF NOVA BJA Grant			\$ 111,308
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 73,537</b>	<b>\$ 158,646</b>	<b>\$ 111,308</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 73,537</b>	<b>\$ 158,646</b>	<b>\$ 344,853</b>
<b>TOTAL DPH FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 73,537</b>	<b>\$ 158,646</b>	<b>\$ 344,853</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Reimbursement (CR)
DPH Units of Service	22,284	38,228	300
Unit Type	Staff Minute	Staff Minute	Staff Minute
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.30	\$ 4.15	\$ 4.54
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.30	\$ 4.15	\$ 4.54
Published Rate (Medi-Cal Providers Only)	\$ 3.45	\$ 4.30	\$ 6.10
Unduplicated Clients (UDC)	30	30	30
			<b>Total UDC</b>
			30

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136

Program Name Citywide NoVA

Program Code 8911NO

Appendix Number B-3

Page Number 2

Fiscal Year 2019-2020

Funding Notification Date 04/02/20

		NoVA (FFS)		NoVA BJA (CR)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
		251984-10002-10001991-0003		251984-10002-10001991-0004		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/19-06/30/20	FTE	Salaries	FTE	Salaries	(mm/dd/yy-mm/dd/yy):	FTE	Salaries	(mm/dd/yy-mm/dd/yy):
<b>TOTAL</b>	07/01/19-06/30/20	0.20	\$ 21,994.00	0.16	\$ 17,696.16	07/01/19-06/30/20			
BEH HEALTH PSYCHIATRIC SUPV 2		1.40	\$ 118,249.00	1.13	\$ 95,141.98				
SOCIAL WORKER: CLINICAL I/II		1.00	\$ 67,774.00	1.29	\$ 112,838.13				
SOCIAL WORKER: CLINICAL I/II		2.60	\$ 208,017.00	1.00	\$ 67,773.50				
<b>Totals:</b>		42.35%	\$ 88,095.41	42.35%	\$ 47,786.95	42.35%	\$ 28,702.08	0.00%	
<b>Employee Benefits:</b>									
<b>TOTAL SALARIES &amp; BENEFITS</b>			<b>\$ 296,112.00</b>		<b>\$ 160,625.00</b>		<b>\$ 96,476.00</b>		<b>\$ -</b>

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136 Appendix Number B-3  
 Program Name Citywide NoVA Page Number 3  
 Program Code 8911NO Fiscal Year 2019-2020  
 Funding Notification Date 04/02/20

Expense Categories & Line Items	Funding Term	251984-10000-10001792-0001		251984-10002-10001991-0003		251984-10002-10001991-0004		Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
		NoVA (FFS)	NoVA BJA (CR)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)			
	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20			
Utilities (telephone, electricity, water, gas)	\$ 1,040.00	\$ 203.23	\$ 836.77	\$ 203.00	\$ 837.00	\$ -	\$ -			
<b>Occupancy Total:</b>	<b>\$ 1,040.00</b>	<b>\$ 203.00</b>	<b>\$ 837.00</b>	<b>\$ 203.00</b>	<b>\$ 837.00</b>	<b>\$ -</b>	<b>\$ -</b>			
Office Supplies	\$ 500.00	\$ 97.70	\$ 402.30	\$ 97.70	\$ 402.30	\$ -	\$ -			
Computer Hardware/Software	\$ 2,200.00	\$ 429.90	\$ 1,770.10	\$ 429.90	\$ 1,770.10	\$ -	\$ -			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 2,700.00</b>	<b>\$ 528.00</b>	<b>\$ 2,172.00</b>	<b>\$ 528.00</b>	<b>\$ 2,172.00</b>	<b>\$ -</b>	<b>\$ -</b>			
Data Network Services	\$ 1,372.80	\$ 173.68	\$ 715.12	\$ 173.68	\$ 715.12	\$ 484.00	\$ -			
CCDSS - Computing and Communication Device Support Services	\$ 1,840.80	\$ 232.89	\$ 958.91	\$ 232.89	\$ 958.91	\$ 649.00	\$ -			
GAEL - General Automobile and Employee Liability charges	\$ 1,705.74	\$ 224.72	\$ 925.29	\$ 224.72	\$ 925.29	\$ 555.74	\$ -			
UCSF Faculty and Staff HR Recharge	\$ 2,943.20	\$ 337.32	\$ 1,388.88	\$ 337.32	\$ 1,388.88	\$ 1,217.00	\$ -			
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 189.00	\$ 36.93	\$ 152.07	\$ 36.93	\$ 152.07	\$ -	\$ -			
<b>Other Total:</b>	<b>\$ 8,052.00</b>	<b>\$ 1,006.00</b>	<b>\$ 4,140.00</b>	<b>\$ 1,006.00</b>	<b>\$ 4,140.00</b>	<b>\$ 2,906.00</b>	<b>\$ -</b>			
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 11,792.00</b>	<b>\$ 1,737.00</b>	<b>\$ 7,149.00</b>	<b>\$ 1,737.00</b>	<b>\$ 7,149.00</b>	<b>\$ 2,906.00</b>	<b>\$ -</b>			

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

DHCS Legal Entity Number 00117		Citywide Roving Team		Citywide Roving Team		Appendix Number
Provider Name Citywide Roving Team		8911RT	8911RT	8911RT		B-4
Provider Number 8911		15/01-09	15/10-57, 59	15/70-79		Page Number 1
Contract ID Number 1000010136		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention		Fiscal Year 2019-2020
		Funding Term (mm/dd/yy-mm/dd/yy):	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	Funding Notification Date 04/02/20
<b>FUNDING USES</b>						
Salaries & Employee Benefits		\$ 140,257	\$ 800,471	\$ 31,006		\$ 971,734
Operating Expenses		\$ 30,899	\$ 176,346	\$ 6,831		\$ 214,076
<b>Subtotal Direct Expenses</b>		<b>\$ 171,157</b>	<b>\$ 976,817</b>	<b>\$ 37,837</b>		<b>\$ 1,185,810</b>
Indirect Expenses		\$ 20,539	\$ 117,218	\$ 4,540		\$ 142,297
<b>Indirect %</b>		<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>		<b>12.0%</b>
<b>TOTAL FUNDING USES</b>		<b>\$ 191,695</b>	<b>\$ 1,094,035</b>	<b>\$ 42,377</b>		<b>\$ 1,328,107</b>
<b>Dept-Auth-Proj-Activity</b>						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 58,806	\$ 335,618	\$ 13,000		\$ 407,424
MH Adult County General Fund	251984-10000-10001792-0001	\$ 16,216	\$ 92,549	\$ 3,585		\$ 112,350
MH Adult County GF WO CODB	251984-10000-10001792-0001	\$ 2,347	\$ 13,396	\$ 519		\$ 16,262
MH WO HOM UC Roving Team	251984-10002-10001989-0003	\$ 114,325	\$ 652,472	\$ 25,273		\$ 792,071
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 191,695</b>	<b>\$ 1,094,035</b>	<b>\$ 42,377</b>		<b>\$ 1,328,107</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 191,695</b>	<b>\$ 1,094,035</b>	<b>\$ 42,377</b>		<b>\$ 1,328,107</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>\$ 191,695</b>	<b>\$ 1,094,035</b>	<b>\$ 42,377</b>		<b>\$ 1,328,107</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		78,243	342,958	9,855		
Unit Type		Staff Minute	Staff Minute	Staff Minutes		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 2.45	\$ 3.19	\$ 4.30		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 2.45	\$ 3.19	\$ 4.30		
Published Rate (Medi-Cal Providers Only)		\$ 2.45	\$ 4.30	\$ 5.05		
Unduplicated Clients (UDC)		120	120	120		120
<b>Total UDC</b>						<b>120</b>

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

Contract ID Number 1000010136

Appendix Number B-4

Program Name Citywide Roving Team

Page Number 2

Program Code 8911RT

Fiscal Year 2019-2020

Funding Notification Date 04/02/20

Position Title	Funding Term	251984-10000-10001792-0001		251984-10002-10001989-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
	07/01/19-06/30/20								
BEH HEALTH PSYCHIATRIC MGR 1		0.80	\$93,767	0.40	\$ 46,621	0.40	47,146		
BEH HEALTH PSYCHIATRIC SUPV 2		1.77	\$192,848	0.88	\$ 95,884	0.89	96,964		
SOCIAL WORKER, CLINICAL I/II		5.88	\$303,529	2.92	\$ 150,915	2.96	152,614		
SOCIAL WORK ASSOCIATE		0.89	\$50,175	0.44	\$ 24,947	0.45	25,228		
PROGRAM ASSISTANT II/III		0.65	\$42,317	0.32	\$ 21,040	0.33	21,277		
<b>Totals:</b>		9.99	\$682,637	4.97	\$ 339,407	5.02	\$ 343,230	0.00	\$ -
<b>Employee Benefits:</b>		42.35%	\$289,097	42.35%	\$ 143,739	42.35%	\$ 145,358	0.00%	0.00%
<b>TOTAL SALARIES &amp; BENEFITS</b>			<b>\$971,734</b>		<b>\$ 483,146</b>		<b>\$ 488,588</b>		<b>\$ -</b>

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136

Appendix Number B-4

Program Name Citywide Roving Team

Page Number 3

Program Code 8911RT

Fiscal Year 2019-2020

Funding Notification Date 04/02/20

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	251984-10002-10001989-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ 92,922	\$ 46,201	\$ 46,721		
Office Expansion	\$ 50,000	\$ 24,860	\$ 25,140		
Utilities (telephone, electricity, water, gas)	\$ 10,000	\$ 4,972	\$ 5,028		
<b>Occupancy Total:</b>	<b>\$ 152,922</b>	<b>\$ 76,033</b>	<b>\$ 76,889</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 5,000	\$ 2,486	\$ 2,514		
Computer Hardware/Software	\$ 4,400	\$ 2,188	\$ 2,212		
<b>Materials &amp; Supplies Total:</b>	<b>\$ 9,400</b>	<b>\$ 4,674</b>	<b>\$ 4,726</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 500	\$ 249	\$ 251		
<b>General Operating Total:</b>	<b>\$ 500</b>	<b>\$ 249</b>	<b>\$ 251</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel (Clipper Cards, mileage etc.)	\$ 12,000	\$ 5,966	\$ 6,034		
<b>Staff Travel Total:</b>	<b>\$ 12,000</b>	<b>\$ 5,966</b>	<b>\$ 6,034</b>	<b>\$ -</b>	<b>\$ -</b>
Data Network Services	\$ 5,275	\$ 2,623	\$ 2,652		
CCDSS - Computing and Communication Device Support Services	\$ 7,073	\$ 3,517	\$ 3,556		
GAEL - General Automobile and Employee Liability charges	\$ 5,598	\$ 2,783	\$ 2,814		
UCSF Faculty and Staff HR Recharge	\$ 11,309	\$ 5,623	\$ 5,686		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 10,000	\$ 4,972	\$ 5,028		
<b>Other Total:</b>	<b>\$ 39,254</b>	<b>\$ 19,517</b>	<b>\$ 19,737</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 214,076</b>	<b>\$ 106,439</b>	<b>\$ 107,637</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-5	
Provider Name Citywide Services for Supportive Housing		Page Number 1	
Provider Number 8911		Fiscal Year 2019-2020	
Contract ID Number 1000010136		Funding Notification Date 04/02/20	
Citywide Services for Supportive Housing			
Program Name	8911SH	8911SH	8911SH
Program Code	15/01-09	15/60-69	15/70-79
Mode/SFC (MH) or Modality (SUD)	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention
Service Description	OP-Case Mgt Brokerage	OP-Medication Support	SS-Other Non-MediCal Client Support Exp
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	\$ 132,133	\$ 534,375	\$ 26,680
Operating Expenses	\$ 19,980	\$ 80,804	\$ 4,034
<b>Subtotal Direct Expenses</b>	<b>\$ 152,113</b>	<b>\$ 615,179</b>	<b>\$ 30,714</b>
Indirect Expenses	\$ 18,254	\$ 73,821	\$ 3,686
<b>Indirect %</b>	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 170,366</b>	<b>\$ 689,000</b>	<b>\$ 34,400</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>			
<b>Dept-Auth-Proj-Activity</b>			
MH Adult Fed SDMC FFP (50%)	\$ 72,011	\$ 291,230	\$ 14,540
MH Adult County General Fund	\$ 98,355	\$ 397,770	\$ 19,860
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 170,366</b>	<b>\$ 689,000</b>	<b>\$ 34,400</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 170,366</b>	<b>\$ 689,000</b>	<b>\$ 34,400</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 170,366</b>	<b>\$ 689,000</b>	<b>\$ 34,400</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)
DPH Units of Service	78,510	260,000	8,000
Unit Type	Staff Minute	Staff Minute	Staff Minute
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.17	\$ 2.65	\$ 4.30
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.17	\$ 2.65	\$ 4.30
Published Rate (Medi-Cal Providers Only)	\$ 3.45	\$ 4.30	\$ 5.05
Unduplicated Clients (UDC)	240	240	240
<b>Total UDC</b>	<b>240</b>	<b>240</b>	<b>240</b>
Cost	Reimbursement (CR)	Cost	Cost
	7,859	7,859	7,859

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

Contract ID Number 1000010136

Program Name Citywide Services for Supportive Housing  
 Program Code 8911SH

Appendix Number B-5

Page Number 2

Fiscal Year 2019-2020

Funding Notification Date 04/02/20

Position Title	Funding Term	FFS		CR		Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	(mm/dd/yy-mm/dd/yy):	FTE	Salaries
		FTE	Salaries	FTE	Salaries					
TOTAL	07/01/19-06/30/20	0.20	\$ 43,554.00	0.00	\$ -					
HS ASST CLIN PROF-HCOMP		0.10	\$ 11,721.00	0.10	\$ 11,721.00					
BEH HEALTH PSYCHIATRIC MGR 1		2.00	\$ 208,974.00	1.75	\$ 183,018.00					
BEH HEALTH PSYCHIATRIC SUPV 2		5.00	\$ 379,784.00	4.40	\$ 334,155.00					
SOCIAL WORKER: CLINICAL I/II		1.15	\$ 67,864.00	0.90	\$ 51,753.00					
VOC REHAB SUPV 2		0.10	\$ 9,146.00	0.00	\$ -					
LVN/RN/NP		2.20	\$ 275,863.00	1.95	\$ 232,661.00					
PROGRAM ASSISTANT II/III		2.00	\$ 96,395.00	0.00	\$ -					
<b>Totals:</b>		12.75	\$ 1,093,301.00	9.20	\$ 845,141.00				0.00	\$ -

<b>Employee Benefits:</b>	42.03%	\$ 459,528.65	41.94%	\$ 354,432.89	42.35%	\$ 105,095.76	0.00%	
---------------------------	--------	---------------	--------	---------------	--------	---------------	-------	--

<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$ 1,552,830.00</b>	<b>\$ 1,199,574.00</b>	<b>\$ 353,256.00</b>	<b>\$ -</b>
--------------------------------------	------------------------	------------------------	----------------------	-------------

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000010136

Program Name Citywide Services for Supportive Housing

Program Code 8911SH

Appendix Number B-5

Page Number 3

Fiscal Year 2019-2020

Posting Notification Date 04/02/20

Expense Categories & Line Items	TOTAL	FFS	CR	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Utilities (telephone, electricity, water, gas)	\$ 4,000	\$ 4,000			
<b>Occupancy Total:</b>	<b>\$ 4,000</b>	<b>\$ 4,000</b>			
Office Supplies	\$ 12,000	\$ 11,000	\$ 1,000		
Computer Hardware/Software	\$ 6,200	\$ 6,200			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 18,200</b>	<b>\$ 17,200</b>	<b>\$ 1,000</b>		
Training/Staff Development	\$ 500	\$ 500			
<b>General Operating Total:</b>	<b>\$ 500</b>	<b>\$ 500</b>			
Local Travel (Clipper Cards, mileage etc.)	\$ 500	\$ 500			
<b>Staff Travel Total:</b>	<b>\$ 500</b>	<b>\$ 500</b>			
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -				
Temp Agency - Supplemental nursing services (Name/Hrs/Rates: TBD)	\$ 120,416	\$ 120,416			
<b>Consultant/Subcontractor Total:</b>	<b>\$ 120,416</b>	<b>\$ 120,416</b>			
Data Network Services	\$ 6,732	\$ 4,858	\$ 1,874		
CCDSS - Computing and Communication Device Support Services	\$ 9,027	\$ 6,514	\$ 2,513		
GAEL - General Automobile and Employee Liability charges	\$ 8,965	\$ 6,930	\$ 2,035		
UCSF Faculty and Staff HR Recharge	\$ 14,490	\$ 10,471	\$ 4,019		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene products, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 28,700	\$ 10,000	\$ 18,700		
<b>Other Total:</b>	<b>\$ 67,914</b>	<b>\$ 38,772</b>	<b>\$ 29,141</b>		
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 211,530</b>	<b>\$ 181,389</b>	<b>\$ 30,141</b>		

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

DHCS Legal Entity Number 00117		Appendix Number B-6	
Provider Name Citywide AOT		Page Number Page 1	
Provider Number 8911		Fiscal Year 2019-2020	
Contract ID Number 1000010136		Funding Notification Date 04/02/20	
Program Name		Citywide AOT	
Program Code	8911AO	8911AO	8911AO
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/70-79
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	\$ 226,684	\$ 141,661	\$ 79,684
Operating Expenses	\$ 27,518	\$ 17,197	\$ 9,673
<b>Subtotal Direct Expenses</b>	<b>\$ 254,202</b>	<b>\$ 158,857</b>	<b>\$ 89,357</b>
Indirect Expenses	\$ 30,505	\$ 19,063	\$ 10,723
<b>Indirect %</b>	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 284,706</b>	<b>\$ 177,920</b>	<b>\$ 100,080</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
MH Adult County General Fund	251984-10000-10001792-0001	\$ 83,102	\$ 46,745
MH MHSA (Adult) Non Match	251984-17156-10031199-0029	\$ 151,726	\$ 53,335
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 177,920</b>	<b>\$ 100,080</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 177,920</b>	<b>\$ 100,080</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>\$ 177,920</b>	<b>\$ 100,080</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	12,800	8,000	14,400
Unit Type	Staff Minute	Staff Minute	Staff Minute
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 22.24	\$ 22.24	\$ 22.24
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 22.24	\$ 22.24	\$ 22.24
Published Rate (Medi-Cal Providers Only)	\$ 22.24	\$ 22.24	\$ 22.24
Unduplicated Clients (UDC)	25	25	25
<b>Total UDC</b>			<b>25</b>

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

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

Appendix Number B-6  
 Page Number 2  
 Fiscal Year 2019-2020  
 Funding Notification Date 04/02/20

Position Title	Funding Term		TOTAL		251984-10000-10001792-0001		251984-17156-10031199-0029		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
HS ASST CLIN PROF-HCOMP	0.80	\$ 104,316.00	0.37	\$ 48,723.58	0.43	\$ 55,592.42						
BEH HEALTH PSYCHIATRIC SUPV 2	1.00	\$ 104,367.00	0.47	\$ 48,747.40	0.53	\$ 55,619.60						
SOCIAL WORKER, CLINICAL I/II	3.00	\$ 209,043.00	1.40	\$ 97,639.12	1.60	\$ 111,403.88						
LICENSED VOCATIONAL NURSE	0.50	\$ 38,722.00	0.23	\$ 18,086.14	0.27	\$ 20,635.86						
PAT NAV 2	0.50	\$ 20,377.00	0.23	\$ 9,517.62	0.27	\$ 10,859.38						
PROGRAM HOSPITAL ASST	0.30	\$ 17,736.00	0.14	\$ 8,284.07	0.16	\$ 9,451.93						
<b>Totals:</b>	<b>6.10</b>	<b>\$ 494,561.00</b>	<b>2.85</b>	<b>\$ 230,997.93</b>	<b>3.25</b>	<b>\$ 263,563.07</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Benefits:</b>	<b>42.15%</b>	<b>\$ 208,457.46</b>	<b>42.15%</b>	<b>\$ 97,365.63</b>	<b>42.15%</b>	<b>\$ 111,091.83</b>	<b>0.00%</b>		<b>0.00%</b>		<b>0.00%</b>	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 703,018.00</b>		<b>\$ 328,364.00</b>		<b>\$ 374,655.00</b>						<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

**Contract ID Number** 1000010136

Program Name Citywide AOT

Program Code 8911AO

Appendix Number B-6

Page Number 3

Fiscal Year 2019-2020

Funding Notification Date 04/02/20

<b>Expense Categories &amp; Line Items</b>	<b>Funding Term</b>	<b>TOTAL</b>	<b>251984-10000-10001792-0001</b>	<b>251984-17156-10031199-0029</b>	<b>Dept-Auth-Proj-Activity</b>	<b>Dept-Auth-Proj-Activity</b>
	07/01/19-06/30/20		07/01/19-06/30/20	07/01/19-06/30/20	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Building Lease	\$ 45,000.00		\$ 21,018.45	\$ 23,981.55		
Utilities (telephone, electricity, water, gas)	\$ 6,513.00		\$ 3,042.07	\$ 3,470.93		
<b>Occupancy Total:</b>	<b>\$ 51,513.00</b>		<b>\$ 24,061.00</b>	<b>\$ 27,452.00</b>	<b>\$</b>	<b>\$</b>
Office Supplies	\$ 1,000.00		\$ 467.08	\$ 532.92		
Computer Hardware/Software	\$ 1,100.00		\$ 513.78	\$ 586.22		
<b>Materials &amp; Supplies Total:</b>	<b>\$ 2,100.00</b>		<b>\$ 981.00</b>	<b>\$ 1,119.00</b>	<b>\$</b>	<b>\$</b>
Training/Staff Development	\$ 500.00		\$ 233.54	\$ 266.46		
<b>General Operating Total:</b>	<b>\$ 500.00</b>		<b>\$ 234.00</b>	<b>\$ 266.00</b>	<b>\$</b>	<b>\$</b>
Local Travel (Clipper Cards, mileage etc.)	\$ 3,000.00		\$ 1,401.23	\$ 1,598.77		
<b>Staff Travel Total:</b>	<b>\$ 3,000.00</b>		<b>\$ 1,401.00</b>	<b>\$ 1,599.00</b>	<b>\$</b>	<b>\$</b>
Data Network Services	\$ 3,220.80		\$ 1,504.36	\$ 1,716.44		
CCDSS - Computing and Communication Device Support Services	\$ 4,318.80		\$ 2,017.21	\$ 2,301.59		
GAEL - General Automobile and Employee Liability charges	\$ 4,055.40		\$ 1,894.18	\$ 2,161.22		
UCSF Faculty and Staff HR Recharge	\$ 7,131.60		\$ 3,331.00	\$ 3,800.60		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene products, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 9,501.00		\$ 4,437.70	\$ 5,063.30		
<b>Other Total:</b>	<b>\$ 28,228.00</b>		<b>\$ 13,184.00</b>	<b>\$ 15,043.36</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 85,341.00</b>		<b>\$ 39,861.00</b>	<b>\$ 45,479.00</b>	<b>\$</b>	<b>\$</b>

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

DHCS Legal Entity Number 00117		Citywide STOP		Citywide STOP		Citywide STOP		Appendix Number
Provider Name Citywide STOP		38321	38321	38321	38321	38321	38321	Page Number
Provider Number 383832		ODS-91g	ODS-91i	ODS-91cm	ODS-91cm	Supt-02		Fiscal Year
Contract ID Number 1000010136		ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Case Management	ODS OT Case Management	SA Support Training - Treatment		Funding Notification Date
		07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20		04/02/20
Program Name		38321	38321	38321	38321	38321		
Program Code		ODS-91g	ODS-91i	ODS-91cm	ODS-91cm	Supt-02		
Mode/SFC (MH) or Modality (SUD)		ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Case Management	ODS OT Case Management	SA Support Training - Treatment		
Service Description		ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Case Management	ODS OT Case Management	SA Support Training - Treatment		
<b>FUNDING TERM (mm/dd/yy-mm/dd/yy):</b>		07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20		
<b>FUNDING USES</b>								<b>TOTAL</b>
	Salaries & Employee Benefits	\$ 112,841	\$ 36,114	\$ 7,022	\$ 7,022	\$ 7,082	\$	\$ 163,059
	Operating Expenses	\$ 6,174	\$ 1,975	\$ 384	\$ 384	\$ 115	\$	\$ 8,649
	<b>Subtotal Direct Expenses</b>	<b>\$ 119,015</b>	<b>\$ 38,089</b>	<b>\$ 7,406</b>	<b>\$ 7,406</b>	<b>\$ 7,197</b>	<b>\$</b>	<b>\$ 171,708</b>
	Indirect Expenses	\$ 14,282	\$ 4,571	\$ 889	\$ 889	\$ 864	\$	\$ 20,605
	<b>Indirect %</b>	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>
	<b>TOTAL FUNDING USES</b>	<b>\$ 133,297</b>	<b>\$ 42,660</b>	<b>\$ 8,295</b>	<b>\$ 8,295</b>	<b>\$ 8,061</b>	<b>\$</b>	<b>\$ 192,313</b>
<b>BHS SUD FUNDING SOURCES</b>								
	<b>Dept-Auth-Proj-Activity</b>							
	240646-10000-10001681-0003	\$ 31,036	\$ 9,933	\$ 1,931	\$ 1,931		\$	\$ 42,900
	240646-10000-10001681-0003	\$ 16,712	\$ 5,348	\$ 1,040	\$ 1,040		\$	\$ 23,100
	240646-10000-10001681-0003	\$ 85,549	\$ 27,379	\$ 5,324	\$ 5,324	\$ 8,061	\$	\$ 126,313
	<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ 133,297</b>	<b>\$ 42,660</b>	<b>\$ 8,295</b>	<b>\$ 8,295</b>	<b>\$ 8,061</b>	<b>\$</b>	<b>\$ 192,313</b>
	<b>TOTAL DPH FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 133,297</b>	<b>\$ 42,660</b>	<b>\$ 8,295</b>	<b>\$ 8,295</b>	<b>\$ 8,061</b>	<b>\$</b>	<b>\$ 192,313</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>								
	Payment Method							
	DPH Units of Service	1,800	1,350	1,350	1,350	40		
	Unit Type	15 minutes	15 minutes	15 minutes	15 minutes	Hours		
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 74.05	\$ 31.60	\$ 6.14	\$ 6.14	\$ 201.52		
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 74.05	\$ 31.60	\$ 6.14	\$ 6.14	\$ 201.52		
	Published Rate (Medi-Cal Providers Only)	\$ 74.05	\$ 31.60	\$ 6.14	\$ 6.14	\$ 201.52		
	Unduplicated Clients (UDC)	30	30	30	30	20		
	<b>Total UDC</b>							<b>30</b>

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

Contract ID Number 1000010136

Appendix Number B-7

Program Name Citywide STOP

Page Number 2

Program Code 38321

Fiscal Year 2019-2020

Funding Notification Date 04/02/20

		FFS		CR		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
		240646-10000-10001681-0003		240646-10000-10001681-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/19-06/30/20	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
<b>TOTAL</b>									
<b>Funding Term</b>	07/01/19-06/30/20								
<b>Position Title</b>		<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>
HS ASST CLIN PROF-HCOMP		0.18	\$ 34,553.94	0.15	\$ 29,283.00	0.027	\$ 5,270.94		
BEH HEALTH PSYCHIATRIC SUPV 2		0.75	\$ 75,426.00	0.75	\$ 75,426.00				
PROGRAM ASSISTANT II/III		0.10	\$ 6,510.00	0.10	\$ 6,510.00				
<b>Totals:</b>		<b>1.03</b>	<b>\$ 116,489.94</b>	<b>1.00</b>	<b>\$ 111,219.00</b>	<b>0.027</b>	<b>\$ 5,270.94</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Benefits:</b>		<b>39.98%</b>	<b>\$ 46,569.17</b>	<b>40.24%</b>	<b>\$ 44,757.61</b>	<b>34.35%</b>	<b>\$ 1,810.57</b>	<b>0.00%</b>	
<b>TOTAL SALARIES &amp; BENEFITS</b>			<b>\$ 163,059.00</b>		<b>\$ 155,977.00</b>		<b>\$ 7,082.00</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

**Contract ID Number** 1000010136  
**Program Name** Citywide STOP  
**Program Code** 38321

**Appendix Number** B-7  
**Page Number** 3  
**Fiscal Year** 2019-2020  
**Posting Notification Date** 04/02/20

		FFS		CR	
Expense Categories & Line Items	TOTAL	240646-10000-10001681-0003	240646-10000-10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Office Supplies	\$ 400	\$ 200			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 400</b>	<b>\$ 200</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 200	\$ 200			
<b>General Operating Total:</b>	<b>\$ 200</b>	<b>\$ 200</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Data Network Services	\$ 542	\$ 528	\$ 14		
CCDSS - Computing and Communication Device Support Services	\$ 727	\$ 708	\$ 19		
GAEL - General Automobile and Employee Liability charges	\$ 955	\$ 912	\$ 43		
UCSF Faculty and Staff HR Recharge	\$ 1,251	\$ 1,213	\$ 38		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 573	\$ 773			
Program Recertification	\$ 4,000	\$ 4,000			
<b>Other Total:</b>	<b>\$ 8,049</b>	<b>\$ 8,134</b>	<b>\$ 115</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 8,649</b>	<b>\$ 8,534</b>	<b>\$ 115</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-8	
Provider Name UCSF Citywide Substance Use Disorders Intensive Case Management (SUD ICM)		Page Number Page 1	
Provider Number 383832		Fiscal Year 2019-2020	
Contract ID Number 1000010136		Funding Notification Date 04/02/20	
Program Name		UCSF Citywide Substance Use Disorders Intensive Case Management (SUD ICM)	
Program Code	3832ANC	3832SM-ANS	3832SM-ANS
Mode/SFC (MH) or Modality (SUD)	Anc-68	ODS-91i	ODS-91cm
Service Description	SA-Ancillary Svcs Case Mgmt	ODS OT Individual Counseling	ODS OT Case Management
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20
<b>FUNDING USES</b>			
Salaries & Employee Benefits	\$ 103,509	\$ 68,422	\$ 182,459
Operating Expenses	\$ 3,662	\$ 2,421	\$ 6,455
<b>Subtotal Direct Expenses</b>	<b>\$ 107,171</b>	<b>\$ 70,843</b>	<b>\$ 188,914</b>
Indirect Expenses	\$ 12,860	\$ 8,501	\$ 22,670
<b>Indirect %</b>	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 120,031</b>	<b>\$ 79,344</b>	<b>\$ 211,584</b>
<b>BHS SUD FUNDING SOURCES</b>			
<b>Dept-Auth-Proj-Activity</b>			
SUD Fed DMC.FFP, CFDA 93.778	\$ 11,391	\$ 7,530	\$ 20,079
SUD State DMC	\$ 6,134	\$ 4,054	\$ 10,812
SUD County General Fund	\$ 102,507	\$ 67,760	\$ 180,693
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ 120,031</b>	<b>\$ 79,344</b>	<b>\$ 211,584</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 120,031</b>	<b>\$ 79,344</b>	<b>\$ 211,584</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 120,031</b>	<b>\$ 79,344</b>	<b>\$ 211,584</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	1,200	720	1,920
Unit Type	Staff Hours	15 minutes	15 minutes
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 100.03	\$ 110.20	\$ 110.20
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 100.03	\$ 110.20	\$ 110.20
Published Rate (Medi-Cal Providers Only)	\$ 100.03	\$ 110.20	\$ 110.20
Unduplicated Clients (UDC)	10	10	10
<b>Total UDC</b>			<b>20 (Avatar)</b>

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

**Contract ID Number** 1000010136

**Appendix Number** B-8

**Program Name** Citywide STOP SUD ICM Sobering

**Page Number** 2

**Program Code** 3832ANC & 3832SM-ANS

**Fiscal Year** 2019-2020

**Funding Notification Date** 04/02/20

Position Title	07/01/19-06/30/20		07/01/19-06/30/20		240646-10000-10001681-0003			
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
HS ASST CLIN PROF-HCOMP	0.25	\$ 48,805	0.25	\$ 48,805				
BEH HEALTH PSYCHIATRIC SUPV 2	0.25	\$ 31,693	0.25	\$ 31,693				
BEH HEALTH PSYCHIATRIC SUPV 1	1.00	\$ 90,692	1.00	\$ 90,692				
SOCIAL WORKER. CLINICAL I/II	1.00	\$ 74,000	1.00	\$ 74,000				
PROGRAM ASSISTANT II/III	0.10	\$ 6,510	0.10	\$ 6,510				
<b>Totals:</b>	2.60	\$ 251,700	2.60	\$ 251,700	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	40.80%	\$ 102,691	40.80%	\$ 102,691	0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 354,391</b>		<b>\$ 354,391</b>		<b>\$ -</b>		<b>\$ -</b>

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136

Appendix Number B-8

Program Name Citywide STOP SUD ICM Sobering

Page Number 3

Program Code 3832ANC &amp; 3832SM-ANS

Fiscal Year 2019-2020

Funding Notification Date 04/02/20

Expense Categories & Line Items	TOTAL	240646-10000-10001681-0003	
<b>Funding Term</b>	07/01/19-06/30/20	07/01/19-06/30/20	
Office Supplies	\$ 1,000	\$ 1,000	
<b>Materials &amp; Supplies Total:</b>	<b>\$ 1,000</b>	<b>\$ 1,000</b>	<b>\$ -</b>
Training/Staff Development	\$ 300	\$ 300	
<b>General Operating Total:</b>	<b>\$ 300</b>	<b>\$ 300</b>	<b>\$ -</b>
Local Travel (Clipper Cards, mileage etc.)	\$ 1,946	\$ 1,946	
<b>Staff Travel Total:</b>	<b>\$ 1,946</b>	<b>\$ 1,946</b>	<b>\$ -</b>
Data Network Services	\$ 1,373	\$ 1,373	
CCDSS - Computing and Communication Device Support Services	\$ 1,841	\$ 1,841	
GAEL - General Automobile and Employee Liability charges	\$ 2,064	\$ 2,064	
UCSF Faculty and Staff HR Recharge	\$ 3,014	\$ 3,014	
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 1,000	\$ 1,000	
<b>Other Total:</b>	<b>\$ 9,291</b>	<b>\$ 9,291</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 12,537</b>	<b>\$ 12,537</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00117		DHS Pre-Trial Felony MH Diversion Program		Appendix Number B-9	
Provider Name DHS Pre-Trial Felony MH Diversion Program		8911CCM		Page Number 1	
Provider Number 8911		15/01-09		Fiscal Year 2019-2020	
Contract ID Number 1000010136		10/01/19-9/30/20		Funding Notification Date 04/02/20	
Program Name		DHS Pre-Trial Felony MH Diversion Program			
Program Code		8911CCM		8911CCM	
Mode/SFC (MH) or Modality (SUD)		15/01-09		15/60-69	
Service Description		OP-Case Mgt Brokerage		OP-Medication Support	
Funding Term (mm/dd/yy-mm/dd/yy):		10/01/19-9/30/20		10/01/19-9/30/20	
<b>FUNDING USES</b>				<b>TOTAL</b>	
Salaries & Employee Benefits		\$ 115,375	\$ 72,101	\$ 129,782	\$ 40,557
Operating Expenses		\$ 9,752	\$ 6,094	\$ 10,969	\$ 3,428
<b>Subtotal Direct Expenses</b>		<b>\$ 125,127</b>	<b>\$ 78,195</b>	<b>\$ 140,751</b>	<b>\$ 43,985</b>
Indirect Expenses		\$ 15,016	\$ 9,383	\$ 16,890	\$ 5,278
Indirect %		12.0%	12.0%	12.0%	12.0%
<b>TOTAL FUNDING USES</b>		<b>\$ 140,142</b>	<b>\$ 87,578</b>	<b>\$ 157,641</b>	<b>\$ 49,263</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>			
MH Pre-Trial Felony Diversion Grant		251984-10001-10035198-0001	\$ 140,142	\$ 157,641	\$ 49,263
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 140,142</b>	<b>\$ 87,578</b>	<b>\$ 157,641</b>	<b>\$ 49,263</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 140,142</b>	<b>\$ 87,578</b>	<b>\$ 157,641</b>	<b>\$ 49,263</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>\$ 140,142</b>	<b>\$ 87,578</b>	<b>\$ 157,641</b>	<b>\$ 49,263</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		6,301	3,938	7,088	2,215
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 22.24	\$ 22.24	\$ 22.24	\$ 22.24
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 22.24	\$ 22.24	\$ 22.24	\$ 22.24
Published Rate (Medi-Cal Providers Only)		\$ 22.24	\$ 22.24	\$ 22.24	\$ 22.24
Unduplicated Clients (UDC)		10	10	10	10
<b>Total UDC</b>		<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

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

**Contract ID Number** 1000010136

**Program Name** DHS Pre-Trial Felony MH Diversion Program  
**Program Code** 8911CCM

**Appendix Number** B-9  
**Page Number** 2  
**Fiscal Year** 2019-2020  
**Funding Notification Date** 04/02/20

Funding Term	10/01/19-09/30/20		251984-10001-10035198-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
HS ASST CLIN PROF-HCOMP	0.15	\$ 32,550.00	0.15	\$ 32,550.00				
BEH HEALTH PSYCHIATRIC SUPV 2	1.00	\$ 104,367.00	1.00	\$ 104,367.00				
SOCIAL WORKER. CLINICAL I/II	1.00	\$ 69,008.40	1.00	\$ 69,008.40				
LICENSED VOCATIONAL NURSE	0.20	\$ 14,203.00	0.20	\$ 14,203.00				
PAT NAV 2	0.50	\$ 20,377.00	0.50	\$ 20,377.00				
ADMINISTRATIVE ASSISTANT	0.20	\$ 10,857.60	0.20	\$ 10,857.60				
<b>Totals:</b>	<b>3.05</b>	<b>\$ 251,363.00</b>	<b>3.05</b>	<b>\$ 251,363.00</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Benefits:</b>	<b>42.35%</b>	<b>\$ 106,452.23</b>	<b>42.35%</b>	<b>\$ 106,452.23</b>	<b>0.00%</b>		<b>0.00%</b>	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 357,815.00</b>		<b>\$ 357,815.00</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000010136

Program Name DHS Pre-Trial Felony MH Diversion Program

Program Code 8911CCM

Appendix Number B-9

Page Number 3

Fiscal Year 2019-2020

Funding Notification Date 04/02/20

Expense Categories & Line Items	TOTAL	251984-10001-10035198-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	10/01/19-09/30/20	10/01/19-09/30/20	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Workplace Expansion/Reorganization	\$ 10,595.00	\$ 10,595.00		
Utilities (telephone, electricity, water, gas)	\$ 1,500.00	\$ 1,500.00		
<b>Occupancy Total:</b>	<b>\$ 12,095.00</b>	<b>\$ 12,095.00</b>	<b>\$ -</b>	<b>\$ -</b>
General Supplies	\$ 1,000.00	\$ 1,000.00		
Computer Hardware/Software	\$ 2,200.00	\$ 2,200.00		
<b>Materials &amp; Supplies Total:</b>	<b>\$ 3,200.00</b>	<b>\$ 3,200.00</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 300.00	\$ 300.00		
<b>General Operating Total:</b>	<b>\$ 300.00</b>	<b>\$ 300.00</b>	<b>\$ -</b>	<b>\$ -</b>
Data Network Services	\$ 1,610.40	\$ 1,610.40		
CCDSS - Computing and Communication Device Support Services	\$ 2,159.40	\$ 2,159.40		
GAEL - General Automobile and Employee Liability charges	\$ 2,061.18	\$ 2,061.18		
UCSF Faculty and Staff HR Recharge	\$ 3,817.25	\$ 3,817.25		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 5,000.00	\$ 5,000.00		
<b>Other Total:</b>	<b>\$ 14,648.00</b>	<b>\$ 14,648.00</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 30,243.00</b>	<b>\$ 30,243.00</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix F**  
**Invoice**

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

Appendix F  
PAGE A

Contract ID#  
1000010136

INVOICE NUMBER: M01 JL 19

**Contractor: UC SFGH - Clinical Practice Group - CMS# 6906**

Ct. Blanket No.: BPHM N/A

Address: 1001 Potrero Avenue, Room 2M27, San Francisco, CA 94110



Ct. PO No.: POHM SFGOV-0000345018

Tel No.: (415) 206-8431  
Fax No.

Fund Source: MH Fed/ State/ County Adult - GF

Invoice Period: July 2019

Funding Term: 07/01/2019 - 06/30/2020

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

ACE Control Number:

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 Citywide Linkage PC# - 89114 251984-10000-10001792-0001</b>												
15/ 01 - 09 OP - Case Mgt Brokerage	187,501				\$ 2.35	\$ -	0.000		0.00%		187,501.000	
15/ 10 - 57, 59 OP - MH Svcs	138,565				\$ 3.19	\$ -	0.000		0.00%		138,565.000	
15/ 60 - 69 OP - Medication Support	16,839				\$ 5.25	\$ -	0.000		0.00%		16,839.000	
15/ 70 - 79 OP - Crisis Intervention-OP	4,300				\$ 3.83	\$ -	0.000		0.00%		4,300.000	
<b>TOTAL</b>	<b>347,205</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>347,205.000</b>	
<b>Budget Amount</b>					<b>\$ 987,524.00</b>		<b>Expenses To Date</b>		<b>% of Budget</b>		<b>Remaining Budget</b>	
							<b>\$ -</b>		<b>0.00%</b>		<b>\$ 987,524.00</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

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date



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

Appendix F  
PAGE A

Contract ID#  
1000010136

**Contractor: UC SFGH - Clinical Practice Group - CMS# 6906**

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

Tel No.: (415) 206-8431

Fax No.:



Funding Term: 07/01/2019 - 06/30/2020

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M03 JL 19
Ct. Blanket No.: BPHM	N/A
	User Cd
Ct. PO No.: POHM	SFGOV-0000345018
Fund Source:	MH WO SHF NOVA BJA Grant
Invoice Period:	July 2019
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-3 Citywide NoVA BJA PC# - 8911NO 251984-10002-10001991-0004</b>												
60/ 78 SS-Other Non-MediCal Client	2,037	30			-		0%		2,037		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 67,774.00	\$ -	\$ -	0.00%	\$ 67,774.00
Fringe Benefits	\$ 28,702.00	\$ -	\$ -	0.00%	\$ 28,702.00
<b>Total Personnel Expenses</b>	\$ 96,476.00	\$ -	\$ -	0.00%	\$ 96,476.00
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Date Network Services	\$ 484.00	\$ -	\$ -	0.00%	\$ 484.00
CCDSS	\$ 649.00	\$ -	\$ -	0.00%	\$ 649.00
GAEL	\$ 556.00	\$ -	\$ -	0.00%	\$ 556.00
UCSF Faculty and Staff Recharge	\$ 1,217.00	\$ -	\$ -	0.00%	\$ 1,217.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	\$ 2,906.00	\$ -	\$ -	0.00%	\$ 2,906.00
<b>Capital Expenditures</b>	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 99,382.00	\$ -	\$ -	0.00%	\$ 99,382.00
<b>Indirect Expenses</b>	\$ 11,926.00	\$ -	\$ -	0.00%	\$ 11,926.00
<b>TOTAL EXPENSES</b>	\$ 111,308.00	\$ -	\$ -	0.00%	\$ 111,308.00

<b>Less: Initial Payment Recovery</b>	
<b>Other Adjustments (DPH use only)</b>	
<b>REIMBURSEMENT</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: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

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

Or email to:  
 Email: cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date



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

Appendix F  
PAGE A

Contract ID#  
1000010136

**Contractor: UC SFGH - Clinical Practice Group - CMS# 6906**

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

Tel No.: (415) 206-8431

Fax No.:



Funding Term: 07/01/2019 - 06/30/2020

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M04 JL 19
Ct. Blanket No.: BPHM	N/A
	User Cd
Ct. PO No.: POHM	SFGOV-0000345018
Fund Source:	MH HIMIOT State Grant
Invoice Period:	July 2019
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-1 Citywide Linkage PC# - 89114 251984-10001-10034309-0001</b>												
60/ 78 SS-Other Non-MediCal Client	7,164	40			-		0%		7,164		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 237,617.00	\$ -	\$ -	0.00%	\$ 237,617.00
Fringe Benefits	\$ 100,631.00	\$ -	\$ -	0.00%	\$ 100,631.00
<b>Total Personnel Expenses</b>	\$ 338,248.00	\$ -	\$ -	0.00%	\$ 338,248.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Date Network Services	\$ 2,065.00	\$ -	\$ -	0.00%	\$ 2,065.00
CCDSS	\$ 2,769.00	\$ -	\$ -	0.00%	\$ 2,769.00
Liability Charges	\$ 1,948.00	\$ -	\$ -	0.00%	\$ 1,948.00
UCSF Faculty and Staff Recharge	\$ 4,465.00	\$ -	\$ -	0.00%	\$ 4,465.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	\$ 11,247.00	\$ -	\$ -	0.00%	\$ 11,247.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 349,495.00	\$ -	\$ -	0.00%	\$ 349,495.00
Indirect Expenses	\$ 41,939.00	\$ -	\$ -	0.00%	\$ 41,939.00
<b>TOTAL EXPENSES</b>	\$ 391,434.00	\$ -	\$ -	0.00%	\$ 391,434.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
<b>REIMBURSEMENT</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: \_\_\_\_\_

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

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

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

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

Or email to:  
Email: cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
Date



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

Appendix F  
PAGE A

Contract ID#  
1000010136

**Contractor: UC SFGH - Clinical Practice Group - CMS# 6906**

Address: 1001 Potrero Avenue, Room 2M27, San Francisco, CA 94110

Tel No.: (415) 206-8431  
Fax No.

Funding Term: 07/01/2019 - 06/30/2020

PHP Division: Behavioral Health Services



INVOICE NUMBER: M05 JL 19  
 Ct. Blanket No.: BPHM N/A  
 User Cd  
 Ct. PO No.: POHM SFGOV-0000345018  
 Fund Source: MH Adult Fed SDMC FFP  
 Invoice Period: July 2019  
 Final Invoice: (Check if Yes)  
 ACE Control Number:

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 Citywide Linkage HMIOT 251984-10000-10001792-0001</b>												
15/ 01 - 09 OP - Case Mgt Brokerage	98,514				\$ 3.00	\$ -	0.000		0.00%		98,514.000	
15/ 10 - 57, 59 OP - MH Svcs	73,818				\$ 4.00	\$ -	0.000		0.00%		73,818.000	
15/ 60 - 69 OP - Medication Support	10,732				\$ 5.25	\$ -	0.000		0.00%		10,732.000	
15/ 70 - 79 OP - Crisis Intervention-OP	3,211				\$ 4.00	\$ -	0.000		0.00%		3,211.000	
<b>TOTAL</b>	<b>186,275</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>186,275.000</b>	
<b>Budget Amount</b>					<b>\$ 660,000.00</b>		<b>Expenses To Date</b>		<b>% of Budget</b>		<b>Remaining Budget</b>	
							<b>\$ -</b>		<b>0.00%</b>		<b>\$ 660,000.00</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.

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

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

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

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#  
1000010136

**Contractor: UC SFGH - Clinical Practice Group - CMS# 6906**

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

Tel No.: (415) 206-8431  
Fax No.:



Funding Term: 10/01/2019 - 09/30/2020

PHP Division: Behavioral Health Services

INVOICE NUMBER: M06 OC 19

Ct. Blanket No.: BPHM N/A

Ct. PO No.: POHM SFGOV-0000345018

Fund Source: MH Pre-Trial Felony Diversion Grant

Invoice Period: October 2019

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-9 DHS Pre-Trial Felony MH Diversion Program PC# - 8911CCM 251984-10001-10035198-0001</b>												
15/ 01 - 09 OP - Case Mgt Brokerage	6,301	10			-	-	0%	0%	6,301	10	100%	100%
15/ 10 - 57, 59 OP - MH Svcs	3,938	10			-	-	0%	0%	3,938	10	100%	100%
15/ 60 - 69 OP - Medication Support	7,088	10			-	-	0%	0%	7,088	10	100%	100%
15/ 70 - 79 OP - Crisis Intervention	2,215	10			-	-	0%	0%	2,215	10	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 251,363.00	\$ -	\$ -	0.00%	\$ 251,363.00
Fringe Benefits	\$ 106,452.00	\$ -	\$ -	0.00%	\$ 106,452.00
<b>Total Personnel Expenses</b>	<b>\$ 357,815.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 357,815.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ 12,095.00	\$ -	\$ -	0.00%	\$ 12,095.00
Material and Supplies	\$ 3,200.00	\$ -	\$ -	0.00%	\$ 3,200.00
General Operating	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Data Network Recharge	\$ 1,610.00	\$ -	\$ -	0.00%	\$ 1,610.00
CCDSS	\$ 2,160.00	\$ -	\$ -	0.00%	\$ 2,160.00
GAEL	\$ 2,061.00	\$ -	\$ -	0.00%	\$ 2,061.00
UCSF Faculty and Staff HR Recharge	\$ 3,817.00	\$ -	\$ -	0.00%	\$ 3,817.00
Client food and Misc Expenses	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 30,243.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 30,243.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 388,058.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 388,058.00</b>
Indirect Expenses	\$ 46,567.00	\$ -	\$ -	0.00%	\$ 46,567.00
<b>TOTAL EXPENSES</b>	<b>\$ 434,625.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 434,625.00</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: \_\_\_\_\_

Send to:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
e-mail to: Oct RPB1 06-01  
cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

Prepared: 7/6/2020  
\_\_\_\_\_  
Date







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

Appendix F  
PAGE A

Contract ID#  
1000010136

**Contractor: UC SFGH - Clinical Practice Group - CMS# 6906**

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

Tel No.: (415) 206-8431  
Fax No.:



Funding Term: 07/01/2019 - 06/30/2020

PHP Division: Behavioral Health Services

INVOICE NUMBER: M09 JL 19

Ct. Blanket No.: BPHM N/A

Ct. PO No.: POHM SFGOV-0000345018

Fund Source: MH MHA/ Adult/ CODB - General Fund

Invoice Period: July 2019

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-6 Citywide Assisted Outpatient Treatment PC# - 8911AO</b>												
15/ 01 - 09 OP - Case Mgt Brokerage	12,800				-		0%		12,800		100%	
15/ 10 - 57, 59 OP - MH Svcs	8,000				-		0%		8,000		100%	
15/ 60 - 69 OP - Medication Support	14,400				-		0%		14,400		100%	
15/ 70 - 79 OP - Crisis Intervention	4,500				-		0%		4,500		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 494,561.00	\$ -	\$ -	0.00%	\$ 494,561.00
Fringe Benefits	\$ 208,457.00	\$ -	\$ -	0.00%	\$ 208,457.00
<b>Total Personnel Expenses</b>	<b>\$ 703,018.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 703,018.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ 51,513.00	\$ -	\$ -	0.00%	\$ 51,513.00
Material and Supplies	\$ 2,100.00	\$ -	\$ -	0.00%	\$ 2,100.00
General Operating	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
Staff Travel	\$ 3,000.00	\$ -	\$ -	0.00%	\$ 3,000.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Data Network Recharge	\$ 3,221.00	\$ -	\$ -	0.00%	\$ 3,221.00
CCDSS	\$ 4,319.00	\$ -	\$ -	0.00%	\$ 4,319.00
Liability Charges	\$ 4,055.00	\$ -	\$ -	0.00%	\$ 4,055.00
UCSF Faculty and Staff HR Recharge	\$ 7,132.00	\$ -	\$ -	0.00%	\$ 7,132.00
Client food and Misc Expenses	\$ 9,501.00	\$ -	\$ -	0.00%	\$ 9,501.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 85,341.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 85,341.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 788,359.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 788,359.00</b>
Indirect Expenses	\$ 94,603.00	\$ -	\$ -	0.00%	\$ 94,603.00
<b>TOTAL EXPENSES</b>	<b>\$ 882,962.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 882,962.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:  
MH MHA (Adult) - 251984-17156-10031199-0029-\$470,551.00  
MH Cnty Adult - 251984-10000-10001792-0001-\$412,411.00

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

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

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

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

DPH Authorization for Payment

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

Prepared: 7/6/2020  
\_\_\_\_\_  
Date





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

Appendix F  
PAGE A

Contract ID#  
1000010136

Contractor: UC SFGH - Clinical Practice Group - CMS# 6906

Tel No.: (415) 206-8431  
Fax No.:

Funding Term: 07/01/2019 - 06/30/2020

PHP Division: Behavioral Health Services



INVOICE NUMBER: M10 JL 19  
 Ct. Blanket No.: BPHM N/A  
 Ct. PO No.: POHM SFGOV-0000345018  
 Fund Source: MH County Adult - General Fund  
 Invoice Period: July 2019  
 Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-5 Citywide-Svcs for Supportive Housing PC# - 8911SH 251984-10000-10001792-0001</b>												
60/ 78 SS-Other Non MediCal Client	7,859	240			-	-	0%	0%	7,859	240	100%	100%
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 248,160.00	\$ -	\$ -	0.00%	\$ 248,160.00
Fringe Benefits	\$ 105,096.00	\$ -	\$ -	0.00%	\$ 105,096.00
<b>Total Personnel Expenses</b>	<b>\$ 353,256.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 353,256.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Data Network Services	\$ 1,874.00	\$ -	\$ -	0.00%	\$ 1,874.00
CCDSS	\$ 2,513.00	\$ -	\$ -	0.00%	\$ 2,513.00
GAEL	\$ 2,035.00	\$ -	\$ -	0.00%	\$ 2,035.00
UCSF Faculty and Staff Recharge	\$ 4,019.00	\$ -	\$ -	0.00%	\$ 4,019.00
Client Food and Miscellaneous Expenses	\$ 18,700.00	\$ -	\$ -	0.00%	\$ 18,700.00
<b>Total Operating Expenses</b>	<b>\$ 30,141.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 30,141.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 383,397.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 383,397.00</b>
<b>Indirect Expenses</b>	<b>\$ 46,008.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 46,008.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 429,405.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 429,405.00</b>

Less: Initial Payment Recovery	
Other Adjustments (DPH use only)	
<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: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

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

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date





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

Appendix F  
PAGE A

Contract ID#

1000010136

INVOICE NUMBER: S02 JL 19

**Contractor: UC SFGH - Clinical Practice Group - CMS# 6906**

Ct. Blanket No.: BPHM N/A

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

User Cd

Ct. PO No.: POHM SFGOV-0000345018

Tel No.: (415) 206-8431

Fax No.:



Fund Source: SUD County General Fund

Invoice Period: July 2019

Funding Term: 07/01/2019 - 06/30/2020

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-5 Citywide STOP PC# - 38321 240646-10000-10001681-0003</b>												
Supt-02 SA-Support Training	40	20			-		0%		40		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 5,271.00	\$ -	\$ -	0.00%	\$ 5,271.00
Fringe Benefits	\$ 1,811.00	\$ -	\$ -	0.00%	\$ 1,811.00
<b>Total Personnel Expenses</b>	<b>\$ 7,082.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 7,082.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Data Network Services	\$ 14.00	\$ -	\$ -	0.00%	\$ 14.00
CCDSS	\$ 19.00	\$ -	\$ -	0.00%	\$ 19.00
Gael	\$ 44.00	\$ -	\$ -	0.00%	\$ 44.00
UCSF Faculty and Staff HR Recharge	\$ 38.00	\$ -	\$ -	0.00%	\$ 38.00
<b>Total Operating Expenses</b>	<b>\$ 115.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 115.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 7,197.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 7,197.00</b>
<b>Indirect Expenses</b>	<b>\$ 864.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 864.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 8,061.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 8,061.00</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: \_\_\_\_\_

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

**Or email to:**  
**cbhsinvoices@sfdph.org**  
Jul RPB1 06-01

DPH Authorization for Payment

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

\_\_\_\_\_  
Date  
Prepared: 7/6/2020



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

Appr  
PA

Contract ID#  
1000010136

INVOICE NUMBER: S03 JL 19

Contractor: UC SFGH - Clinical Practice Group - CMS# 6906

Ct. Blanket No.: BPHM N/A

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

Ct. PO No.: POHM SFGOV-0000345018

Tel No.: (415) 206-8431  
Fax No.:



Fund Source: SUD Fed SDMC / State/ Cnt

Invoice Period: July 2019

Funding Term: 07/01/2019 - 06/30/2020

Final Invoice: (Check if Y

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		%	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	
<b>B-6 UCSF Citywide Substance Use Disorders Intensive Case Mgmt (SUD ICM) PC# - 3832SM-ANS - 240646-10000-10001681-0003</b>												
Anc-68 SA-Ancillary Svcs Case Mgmt-3832ANC	1,200	10			-	-	0%	0%	1,200	10	100%	
ODS - 91i ODS OT Individual Counseling - 3832SM-ANS	720	10			-	-	0%	0%	720	10	100%	
ODS - 91cm ODS OT Case Management - 3832SM-ANS	1,920	10			-	-	0%	0%	1,920	10	100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMBAL
Total Salaries	\$ 251,700.00	\$ -	\$ -	0.00%	\$
Fringe Benefits	\$ 102,691.00	\$ -	\$ -	0.00%	\$
<b>Total Personnel Expenses</b>	<b>\$ 354,391.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$</b>
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$
Materials and Supplies	\$ 1,000.00	\$ -	\$ -	0.00%	\$
General Operating	\$ 300.00	\$ -	\$ -	0.00%	\$
Staff Travel	\$ 1,946.00	\$ -	\$ -	0.00%	\$
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$
Other: Data Network Services	\$ 1,373.00	\$ -	\$ -	0.00%	\$
CCDSS	\$ 1,841.00	\$ -	\$ -	0.00%	\$
GAEL	\$ 2,064.00	\$ -	\$ -	0.00%	\$
UCSF Faculty and Staff Recharge	\$ 3,013.00	\$ -	\$ -	0.00%	\$
Client Food and Misc. Expenses	\$ 1,000.00	\$ -	\$ -	0.00%	\$
	\$ -	\$ -	\$ -	0.00%	\$
<b>Total Operating Expenses</b>	<b>\$ 12,537.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 366,928.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$</b>
<b>Indirect Expenses</b>	<b>\$ 44,031.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$</b>
<b>TOTAL EXPENSES</b>	<b>\$ 410,959.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$</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: \_\_\_\_\_

Send to:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
Or email to:  
cbhsinvoices@sfdph.org  
Jul 19 2019 08:01

DPH Authorization for Payment

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

Prepared: 7/6/2020 Date



Appendix F  
GE A

er Cd

y GF

(es)

5 OF
DTAL
UDC
100%
100%
100%

AINING
.ANCE
251,700.00
102,691.00
354,391.00
-
1,000.00
300.00
1,946.00
-
1,373.00
1,841.00
2,064.00
3,013.00
1,000.00
-
12,537.00
-
366,928.00
44,031.00
410,959.00




## Appendix G

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

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

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

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

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

#### **Reference Documents**

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

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

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

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

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

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

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

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

Document 1J(b): DMC Audit Appeals Process

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

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

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

[http://www.dhcs.ca.gov/provgovpart/Pages/Facility\\_Certification.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx)

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines

[http://www.dhcs.ca.gov/individuals/Documents/Youth\\_Treatment\\_Guidelines.pdf](http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf)

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

Document 2C: Title 22, California Code of Regulations

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

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

[http://www.dhcs.ca.gov/services/adp/Documents/DMCA\\_Drug\\_Medi-Cal\\_Certification\\_Standards.pdf](http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf)

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

[http://www.dhcs.ca.gov/services/adp/Documents/DMCA\\_Standards\\_for\\_Drug\\_Treatment\\_Programs.pdf](http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf)

Document 2G Drug Medi-Cal Billing Manual

[http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC\\_Billing\\_Manual%20FINAL.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Document 3J: CalOMS Treatment Data Collection Guide  
[http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS\\_Tx\\_Data\\_Collection\\_Guide\\_JAN%202014.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf)

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

Document 3S CalOMS Treatment Data Compliance Standards

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

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

Document 5A : Confidentiality Agreement

## **FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:**

### **I. Subcontractor Documentation**

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

### **Records**

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
5. Provider's shall require that all subcontractors comply with the requirements of this Section A.
6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.  
  
If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.
7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

## **II Patient Record Retention**

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

### **III. Control Requirements**

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, commencing with Section 11760;
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;
- c) Government Code Section 16367.8;
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;
- f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;
- h) Title 42, CFR, Sections 8.1 through 8.6;
- i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,
- j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

K) Medi-Cal Eligibility Verification  
<http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

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

3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SABG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.

4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:

- a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law(Chapter 40, Statutes of 2011 and Chapter 13, Statutes of 2011, First ExtraordinarySession), providers that provide Women and Children’s Residential TreatmentServices shall comply with the program requirements (Section 2.5, RequiredSupplemental/Recovery Support Services) of the Substance Abuse and Mental HealthServices Administration’s Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at <http://www.samhsa.gov/grants/grantannouncements/ti-14-005>.

#### **IV Provider’s Agents and Subcontractors**

a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor’s knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or

ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

#### **V Breaches and Security Incidents**

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

##### **a. Initial Notice to the Department**

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of provider. Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS "Privacy Incident Report" form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website ([www.dhcs.ca.gov](http://www.dhcs.ca.gov), then select "Privacy" in the left column and then "Business Partner" near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx> Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

- i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

**b. Investigation and Investigation Report.**

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated "Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

**c. Complete Report.**

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the "Privacy Incident Report" form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the "Privacy Incident Report" form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a

reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

**d. Responsibility for Reporting of Breaches**

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

**e. Responsibility for Notification of Affected Individuals**

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach. The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

**f. Department Contact Information**

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

**VI Additional Provisions for Substance Abuse Block Grant (SABG)**

**A. Additional Intergovernmental Agreement Restrictions**

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

**B. Nullification of DMC Treatment Program SUD services (if applicable)**

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement.

In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

**C. Hatch Act**

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

**D. No Unlawful Use or Unlawful Use Messages Regarding Drugs**

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

**E. Noncompliance with Reporting Requirements**

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

**F. Debarment and Suspension**

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

**G. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances**

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

**H. Restriction on Distribution of Sterile Needles**

No Substance Abuse Block Grant (SABG) funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

## **I. Health Insurance Portability and Accountability Act (HIPAA) of 1996**

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

### **1) Trading Partner Requirements**

a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))

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

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

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

### **2) Concurrence for Test Modifications to HHS Transaction Standards**

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

### **3) Adequate Testing**

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

### **4) Deficiencies**

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and

other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

#### **5) Code Set Retention**

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

#### **6) Data Transmission Log**

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

##### **I. Nondiscrimination and Institutional Safeguards for Religious Providers**

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

##### **J. Counselor Certification**

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

##### **K. Cultural and Linguistic Proficiency**

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

##### **L. Intravenous Drug Use (IVDU) Treatment**

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

##### **M. Tuberculosis Treatment**

Provider shall ensure the following related to Tuberculosis (TB):

- 1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;
- 2) Reduce barriers to patients' accepting TB treatment; and,

3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

**N. Trafficking Victims Protection Act of 2000**

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to:  
<http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

**O. Tribal Communities and Organizations**

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

**P. Participation of County Behavioral Health Director’s Association of California.**

1) The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director’s Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.

2) The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director’s Association of California.

**Q. Youth Treatment Guidelines**

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

**R. Perinatal Services Network Guidelines**

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

**S. Restrictions on Grantee Lobbying – Appropriations Act Section 503**

- 1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.
- 2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

**T. Byrd Anti-Lobbying Amendment (31 USC 1352)**

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

**U. Nondiscrimination in Employment and Services**

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

**V. Federal Law Requirements:**

- 1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
- 2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.
- 3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- 4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- 5) Age Discrimination in Employment Act (29 CFR Part 1625).
- 6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
- 7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

- 8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- 9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- 10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- 11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- 12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- 13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

**W. State Law Requirements:**

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

**X. Additional Contract Restrictions**

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

**Y. Information Access for Individuals with Limited English Proficiency**

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials

explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

**Z. Investigations and Confidentiality of Administrative Actions**

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

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

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

**A1. Subcontract Provisions**

Provider shall include all of the foregoing provisions in all of its subcontracts.

**B1. Conditions for Federal Financial Participation**

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;

b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or

c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:

i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or

ii. An entity that would provide those services through an excluded individual or entity.

**Providers shall include the following requirements in their subcontracts with providers:**

1. In addition to complying with the sub contractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.

**2. Each subcontract shall:**

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

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

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

iv. Ensure that the Contractor monitor the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

v. Ensure that the Contractor identifies deficiencies or areas for improvement, the subcontractor shall take corrective actions and the Contractor shall ensure that the subcontractor implements these corrective actions.

**3. The Contractor shall include the following provider requirements in all subcontracts with providers:**

i. Culturally Competent Services: Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.

ii. Medication Assisted Treatment: Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

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

**The required EBPs include:**

a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e. Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psychoeducational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

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

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

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

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

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

(d) Provider must offer regular hours of operation.

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

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

**C1. Beneficiary Problem Resolution Process**

1. The Contractor shall establish and comply with a beneficiary problem resolution process.

2. Contractor shall inform subcontractors and providers at the time they enter into a subcontract about:

i. The beneficiary's right to a state fair hearing, how to obtain a hearing and the representation rules at the hearing.

ii. The beneficiary's right to file grievances and appeals and the requirements and timeframes for filing.

iii. The beneficiary's right to give written consent to allow a provider, acting on behalf of the beneficiary, to file an appeal. A provider may file a grievance or request a state fair hearing on behalf of a beneficiary, if the state permits the provider to act as the beneficiary's authorized representative in doing so.

iv. The beneficiary may file a grievance, either orally or in writing, and, as determined by DHCS, either with DHCS or with the Contractor.

v. The availability of assistance with filing grievances and appeals.

vi. The toll-free number to file oral grievances and appeals.

- vii. The beneficiary's right to request continuation of benefits during an appeal or state fair hearing filing although the beneficiary may be liable for the cost of any continued benefits if the action is upheld.
- viii. Any state determined provider's appeal rights to challenge the failure of the Contractor to cover a service.

3. The Contractor shall represent the Contractor's position in fair hearings, as defined in 42 CFR 438.408 dealing with beneficiaries' appeals of denials, modifications, deferrals or terminations of covered services. The Contractor shall carry out the final decisions of the fair hearing process with respect to issues within the scope of the Contractor's responsibilities under this Agreement. Nothing in this section is intended to prevent the Contractor from pursuing any options available for appealing a fair hearing decision.

i. Pursuant to 42 CFR 438.228, the Contractor shall develop problem resolution processes that enable beneficiary to request and receive review of a problem or concern he or she has about any issue related to the Contractor's performance of its duties, including the delivery of SUD treatment services.

4. The Contractor's beneficiary problem resolution processes shall include:

- i. A grievance process;
- ii. An appeal process; and,
- iii. An expedited appeal process.

## **Additional Provisions DMC-ODS**

### **1. Additional Intergovernmental Agreement Restrictions**

i. This Agreement is subject to any additional restrictions, limitations, conditions, or statutes enacted or amended by the federal or state governments, which may affect the provisions, terms, or funding of this Agreement in any manner.

### **2. Voluntary Termination of DMC-ODS Services**

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

### **3. Nullification of DMC-ODS Services**

i. The parties agree that failure of the Contractor, or its subcontractors, to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause.

ii. In the event of a breach, the DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.