

BOARD of SUPERVISORS



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## MEMORANDUM

### BUDGET AND FINANCE COMMITTEE SAN FRANCISCO BOARD OF SUPERVISORS

TO: Supervisor Connie Chan, Chair  
Budget and Finance Committee

FROM: Brent Jalipa, Assistant Clerk

DATE: June 9, 2023

SUBJECT: **COMMITTEE REPORT, BOARD MEETING**  
Tuesday, June 13, 2023

The following files should be presented as a **COMMITTEE REPORT** at the Board Meeting on Tuesday, June 13, 2023, at 2:00 p.m. This item was acted upon at the special Budget and Finance Committee Meeting on June 8, 2023, at 9:30 a.m., by the votes indicated.

**Item No. 43                      File No. 230597**  
**[Contract Amendment - Regents of the University of California - Behavioral Health Services for Children, Youth and Families - Not to Exceed \$19,820,764]**

Resolution approving Amendment No. 2 to the agreement between The Regents of the University of California and the Department of Public Health, for behavioral health services for children, youth and families, to increase the agreement by \$9,956,190 for an amount not to exceed \$19,820,764; to extend the term by four years, from June 30, 2023, for a total agreement term of July 1, 2018, through June 30, 2027; and to authorize the Department of Public Health to enter into amendments or modifications to the contract prior to its final execution by all parties that do not materially increase the obligations or liabilities to the City and are necessary to effectuate the purposes of the contract or this Resolution.

### **RECOMMENDED AS AMENDED AS A COMMITTEE REPORT**

Vote: Supervisor Connie Chan - Aye  
Supervisor Rafael Mandelman - Aye  
Supervisor Ahsha Safai - Aye

c: Board of Supervisors  
Angela Calvillo, Clerk of the Board  
Anne Pearson, Deputy City Attorney  
Alisa Somera, Legislative Deputy Director

File No. 230597

Committee Item No. 4

Board Item No. 43

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date June 9, 2023

Board of Supervisors Meeting Date June 13, 2023

#### Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

#### OTHER (Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Original Agreement 7/1/2018</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Amendment No. 1 5/1/2022</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Presidential Action Memo - Transfer 5/30/2023</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Committee Report Request Memo 6/5/2023</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DPH Presentation 6/9/2023</u>
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Completed by: Brent Jalipa Date June 1, 2023

Completed by: Brent Jalipa Date June 9, 2023



1 [Contract Amendment - Regents of the University of California - Behavioral Health Services  
2 for Children, Youth and Families - Not to Exceed \$19,820,764]

3 **Resolution approving Amendment No. 2 to the agreement between The Regents of the**  
4 **University of California and the Department of Public Health, for behavioral health**  
5 **services for children, youth and families, to increase the agreement by \$9,956,190 for an**  
6 **amount not to exceed \$19,820,764; to extend the term by four years, from June 30,**  
7 **2023, for a total agreement term of July 1, 2018, through June 30, 2027; and to**  
8 **authorize the Department of Public Health to enter into amendments or modifications**  
9 **to the contract prior to its final execution by all parties that do not materially increase**  
10 **the obligations or liabilities to the City and are necessary to effectuate the purposes of**  
11 **the contract or this Resolution.**

12  
13 WHEREAS, The Original Agreement incorrectly stated that the Agreement was  
14 awarded under RFQ 13-2017; and

15 WHEREAS, Amendment No. 2 corrects that error for the scope of services described in  
16 Appendix A-1 (UC Child Adolescent Services) which was competitively procured by the  
17 Department as required by Administrative Code, Chapter 21.1, through RFP 1-2017, issued  
18 on March 24, 2017, which allowed for contracts to have a duration up to 10 years, and this  
19 modification is to extend the term through June 30, 2027; and

20 WHEREAS, City and Contractor desire to add Attachment 1 to Appendix A (Medi-CAL  
21 Language) to modify the billing/claiming strategy under various modalities; and

22 WHEREAS, The scope of services described in Appendix A-2 (Fuerte) was authorized  
23 by Administrative Code, 21.5b, issued on May 13, 2021, which allowed for the contract to  
24 extend the term through June 30, 2027, and this modification is consistent therewith; and  
25

1           WHEREAS, DPH entered into an original agreement with the Regents of the University  
2 of California for an initial contract term of four years from July 1, 2018, through June 30, 2022,  
3 in an amount not to exceed \$6,471,862; and

4           WHEREAS, DPH amended the agreement between DPA and the Regents of the  
5 University of California for an additional term of one year, from July 1, 2018, through June 30,  
6 2023, with a corresponding increase of \$3,392,712, for a total contract amount not to exceed  
7 \$9,864,574; and

8           WHEREAS, DPH wishes to amend the agreement to continue providing linguistically  
9 and culturally responsive clinic, community and school-based behavioral health services to  
10 children, youth and families who have suffered psychological trauma, eating disorders or other  
11 socioemotional concerns, by extending the term by four years, from June 30, 2023, through  
12 June 30, 2027, increasing the contract by \$9,956,190 for a total contract amount not to  
13 exceed \$19,820,764 and for a total agreement term of July 1, 2018, through June 30, 2027;  
14 and

15           WHEREAS, Section 9.118 of the Charter requires approval of the Board of Supervisors  
16 for contracts requiring anticipated expenditures exceeding \$10 million; now, therefore, be it

17           RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public  
18 Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the  
19 City and County of San Francisco, to execute Amendment No. 2 to the agreement with The  
20 Regents of the University of California to provide linguistically and culturally responsive clinic,  
21 community and school-based behavioral health services to children, youth and families who  
22 have suffered psychological trauma, eating disorders or other socioemotional concerns for an  
23 amount not to exceed \$19,820,764 for a total agreement term of July 1, 2018, through June  
24 30, 2027; and be it

1 FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of  
2 Public Health to enter into any amendments or modifications to the contract, prior to its final  
3 execution by all parties, that the Department determines, in consultation with the City  
4 Attorney, are in the best interests of the City, do not otherwise materially increase the  
5 obligations or liabilities of the City, are necessary or advisable to effectuate the purposes of  
6 the contract, and are in compliance with all applicable laws; and be it

7 FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed  
8 by all parties, the Director of Health and/or the Director of the Office of Contract  
9 Administration/Purchaser shall provide the final contracts to the Clerk of the Board for inclusion  
10 into the official File No. 230597.

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12 RECOMMENDED

13 /s/

14 Dr. Grant Colfax

15 Director of Health  
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<b>Item 4</b> <b>File 23-0597</b>	<b>Department:</b> Public Health
<b>EXECUTIVE SUMMARY</b>	
<p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>The proposed resolution would approve the second amendment to the agreement between the Regents of the University of California and the Department of Public Health (DPH) for the provision of behavioral health services for children, youth, and families. The proposed amendment increases the agreement by \$10,233,499 for a total, not-to-exceed amount of \$20,098,073 and extends the term by four years from June 2023 through June 2027.</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>In July 2018, following an RFP process, DPH entered into an agreement with the Regents of the University of California to provide mental health services for San Francisco children, youth and families through the University of California San Francisco (UCSF) Children and Adolescent Services (CAS). The contract was for a not-to-exceed amount of \$6,471,862 through June 30, 2022. In July 2022, DPH approved a second amendment to the contract to extend the term by 12 months to June 30, 2023 and increase the not-to-exceed amount to \$9,864,574.</li> <li>Under the contract, CAS provides mental health outpatient treatment services to San Francisco children, youth, and families who have experienced trauma and/or who present with serious emotional or behavioral problems. Services can include individual and family therapy, group therapy, medication management, and education related mental health services.</li> <li>The contract also funds the Fuerte Program, which was included via a single source waiver approval. This is a UCSF designed program serving Latinx youth, ages 12-18, who arrived in the U.S. in the past five years and are enrolled in participating SFUSD schools. Program interventions include outreach and engagement; screening and assessment; service linkage; mental health consultation; and group therapeutic services.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>Annually, the approximate \$2.4 million contract primarily funds salaries and benefits (84 percent) for both child, adolescent, and family mental health outpatient services as well as the Fuerte Program. Approximately 26 percent of funding is from federal sources; 33 percent from city sources, including City General Fund and workorders with departments; and the remaining 41 percent is funded through state sources.</li> </ul> <p style="text-align: center;"><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>Amend the resolution to reduce the not to exceed amount by \$277,309 from \$20,098,073 to \$19,820,764 to remove FY 2022-23 contingency funds that are no longer needed and approve the proposed resolution as amended.</li> </ul>	

**MANDATE STATEMENT**

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

**BACKGROUND****UCSF Child and Adolescent Services**

In July 2018, the Department of Public Health (DPH) entered into an agreement with the Regents of the University of California to provide mental health services for San Francisco children, youth and families through the University of California San Francisco (UCSF) Children and Adolescent Services (CAS). The contract was for a not-to-exceed amount of \$6,471,862 through June 30, 2022. In July 2022, DPH approved a second amendment to the contract to extend the term by 12 months to June 30, 2023 and increase the not-to-exceed amount to \$9,864,574.

**Procurement**

DPH issued a Request for Proposals (RFP) 1-2017 in March 2017. The initial RFP was to procure services for mental health outpatient treatment services, including both individual or group therapies and interventions to support children and youth; and provide Educationally Related Mental Health Services (ERMHS). UCSF CAS was one of eighteen proposals for mental health outpatient treatment services/ERMHS without optional, specialized services. These 18 proposals were reviewed by a panel of six reviewers<sup>1</sup> and awarded points out of a total of 230. UCSF CAS scored 198.17 and was recommended for an award.

**Single Source Waiver for the Fuerte Program**

The Office of Contract Administration granted DPH a sole source waiver in March 2019 to procure services with UCSF for the Fuerte program, which is also included under this contract. The program was developed by UCSF and funded through Mental Health Services Act innovation funds. The waiver was updated in April 2023 to include that funding will be used for a randomized control trial to formally evaluate the impact of the program.

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<sup>1</sup> The reviewers included the Deputy Director of Children, Youth and Families and DPH; the Deputy Director at the San Francisco Department of Children, Youth and their Families, a Child and Adolescent Behavioral Health Program Manager from Contra Costa County Health Services; an SFUSD Supervisor of Psychological Services within the Special Education Services, an SFUSD Supervisor at the Office of Pupil Services, and a Consultant for the Human Services Agency.

**DETAILS OF PROPOSED LEGISLATION**

The proposed resolution would approve the second amendment to the agreement between the Regents of the University of California and DPH for behavioral health services for children, youth, and families. The proposed amendment increases the agreement by \$10,233,499 for a total, not-to-exceed amount of \$20,098,073 and extends the term by four years from June 2023 through June 2027 for a total term of nine years.

**Services***Mental Health Outpatient Treatment Services*

The UCSF's Children and Adolescent program provides assessment, treatment, advocacy, and referral services to San Francisco children, youth, and families who have experienced trauma and/or who present with serious emotional or behavioral problems by making available mental health services that are linguistically and culturally appropriate and evidence informed. Services can include individual and family therapy; group therapy; medication management; Educationally Related Mental Health Services in San Francisco Unified School District (SFUSD) schools; comprehensive psychological evaluation; eating disorder assessment and treatment; collaboration with Foster Care mental health services; training and consultation to systems like SFUSD and DPH that serve children and adolescents that have experienced trauma; and, development and implementation of the Family Mental Health Navigator program, which supports publicly-insured children and families who receive UCSF pediatric primary care and/or specialty mental health treatment at Zuckerberg San Francisco General Hospital (ZSFGH). Children, youth, and families primarily are referred to services through ZSFGH Pediatric Primary Care or other primary and specialty care providers and schools. The agreement provides services for 110 unduplicated clients per year.

*The Fuerte Program*

The Fuerte Program serves newcomer Latinx youth who arrived in the U.S. in the past five years, are between the ages of 12 and 18, and enrolled in participating SFUSD schools. Program interventions include outreach and engagement; screening and assessment; service linkage; mental health consultation; and group therapeutic services.

**Performance Monitoring**

The most recent performance monitoring of CAS and the Fuerte Program were conducted November 2022 and 2021, respectively, for FY 2020-21. Both were conducted as desk audits due to COVID. In addition, an overall monitoring report score for each category of the monitoring report was suspended for FY 2020-21 due to the impact of COVID to service delivery.<sup>2</sup> However,

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<sup>2</sup> DPH monitors contracted programs under four categories and applies an overall score to each category, based on the performance of the items measured within each category. These four categories include: Program Performance, Program Deliverables, Program Compliance and Client Satisfaction. Due to the Covid-19 pandemic, DPH suspended

according to the FY 2020-21 CAS monitoring report, UCSF met 75 percent of its contracted performance objectives and 44.4 percent of its contracted units of service targets while exceeding unduplicated client targets (CAS served 169 unduplicated clients compared to contracted level of 105 clients). The report states that the contractor did not meet unit of service targets due to staff turnover, staff disability leave (including COVID related leave), and challenges recruiting and filling vacancies. DPH reports that in FY 2021-22 CAS served 145 unduplicated clients and met 42.8 percent of its contracted units of service targets largely due to challenges hiring staff as well as decreases in patient engagement in mental health services consistent with national trends, particularly for patients being seen over telehealth. According to DPH staff, the contractor has filled one vacancy and made offers to fill two other positions. In addition, UCSF reports having a higher patient count in FY 2022-23.

The Fuerte Program was also not scored due to the COVID response. The desk audit found that the program met 100 percent of its contracted performance objectives and 198.5 percent of its contracted units of service target. According to DPH staff, in FY 2021-22 the Fuerte Program served 41 participants, which according to DPH was a low number reflecting employee recruitment challenges during COVID, limitations for trainees to be allowed to deliver on-site services, and decreases in patient engagement, consistent with national trends. DPH advises that these issues have been addressed in FY 2022-23 largely due to successful recruitment efforts and increased attendance rates.

DPH does not monitor the financial condition of UCSF.

#### **FISCAL IMPACT**

The proposed Second Amendment would increase the not-to-exceed amount of the contract by \$10,233,499 for a total not to exceed \$20,098,073. Exhibit 1 below shows the sources and uses of the contract during the proposed extension (FY 2023-24 through FY 2026-27).

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overall scoring of each category, but continued to score or collect data pertaining to the items within each category unless the pandemic rendered the item moot, e.g., no data could be collected to measure the item.

**Exhibit 1: Sources and Uses of Contract Extension**

<b>Sources</b>	<b>FY 2023-24</b>	<b>FY 2024-25</b>	<b>FY 2025-26</b>	<b>FY 2026-27</b>	<b>Total</b>
Federal	\$591,878	\$591,878	\$591,878	\$591,878	\$2,367,512
State	954,034	954,034	954,034	954,034	3,816,136
City	692,952	692,952	692,952	692,952	2,771,808
Cost of Doing Business	164,478	260,612	360,591	464,569	1,250,250
<i>Subtotal</i>	<i>\$2,403,342</i>	<i>\$2,499,476</i>	<i>\$2,599,455</i>	<i>\$2,703,433</i>	<i>\$10,205,706</i>
Contingency (12%)	288,401	299,937	311,935	324,412	1,224,685
<b>Total Sources</b>	<b>\$2,691,743</b>	<b>\$2,799,413</b>	<b>\$2,911,390</b>	<b>\$3,027,845</b>	<b>\$11,430,391</b>
<b>Uses</b>	<b>FY 2023-24</b>	<b>FY 2024-25</b>	<b>FY 2025-26</b>	<b>FY 2026-27</b>	<b>Total</b>
Children & Adolescent Services	\$1,794,275	\$1,794,275	\$1,794,275	\$1,794,275	\$7,177,100
Fuerte Program	444,589	444,589	444,589	444,589	1,778,356
Cost of Doing Business	164,478	260,612	360,591	464,569	1,250,250
<i>Subtotal</i>	<i>\$2,403,342</i>	<i>\$2,499,476</i>	<i>\$2,599,455</i>	<i>\$2,703,433</i>	<i>\$10,205,706</i>
Contingency (12%)	288,401	299,937	311,935	324,412	1,224,685
<b>Total Uses</b>	<b>\$2,691,743</b>	<b>\$2,799,413</b>	<b>\$2,911,390</b>	<b>\$3,027,845</b>	<b>\$11,430,391</b>
Actual & Projected Expenditures thru FY 2022-23*					\$8,390,373
FY 2022-23 Contingency					277,309
<b>Total Not-to-Exceed</b>					<b>\$20,098,073</b>

Note: Numbers differ from Appendix B of the proposed amendment because the budget has shifted since introduction of the proposed resolution.

\*Actual expenditures for FY 2022-23 are projected.

Source: DPH

Annually, the approximately \$2.4 million contract primarily funds salaries and benefits (\$1.95 million or 84 percent) for both child, adolescent, and family mental health outpatient services as well as the Fuerte Program. The contract supports 12.0 full time equivalents (FTE) for Children and Adolescent Services and 3.68 FTE for the Fuerte program. The contract also includes a four percent Cost of Doing Business (CODB) increase built into the projected annual budget.

The total not to exceed amount includes \$277,309 for contingency in FY 2022-23, however, according to the Director of DPH's Business Office, this amount of contingency is not needed as the contract year is almost over. We recommend removing the \$277,309 from the total not-to-exceed amount for a revised contract not-to-exceed amount of \$19,820,764.

**Funding Sources**

The contract is funded through a mix of federal, state, and local revenue. Approximately 26 percent of funding is from federal sources; 33 percent from city sources, including City General Fund and workorders with departments; and the remaining 41 percent is funded through state sources, including Mental Health Services Act funding. The Fuerte Program is 100 percent funded through an MHSA Innovation grant.



## RECOMMENDATIONS

1. Amend the resolution to reduce the not to exceed amount by \$277,309 from \$20,098,073 to \$19,820,764.
2. Approve the proposed resolution as amended.

# San Francisco Department of Public Health **Division of Behavioral Health Services**

## **University of California – Child & Adolescent Services**

Contract Amendment – June 30, 2023, through June 30, 2027

SFBOS Budget & Finance Committee  
June 9, 2023

**Farahnaz Farahmand, Ph.D.**

Director, Children, Youth and Families System of Care  
Behavioral Health Services  
San Francisco Department of Public Health



San Francisco Health Network  
Behavioral Health Services

## Under the proposed amendment, the **University of California (UC)** would continue to provide:

- **Child & Adolescent Services (CAS):** Provides specialty mental health outpatient services to children, youth, and families who have experienced trauma and/or who present with serious emotional or behavioral problems. Includes system navigation function given high volumes of referrals from ZSFG Primary Care. Contracted for 110 clients/year.
- **Fuerte:** Provides a school-based mental health program (prevention/early intervention) for newcomer Latina/o/e/x unaccompanied minor/youth, under the Mental Health Services Act Innovation program. Collaboration between UCSF/ZSFG, SFUSD, SFDPH-Behavioral Health Services, and community-based partners. Aims to serve 100 clients/year.

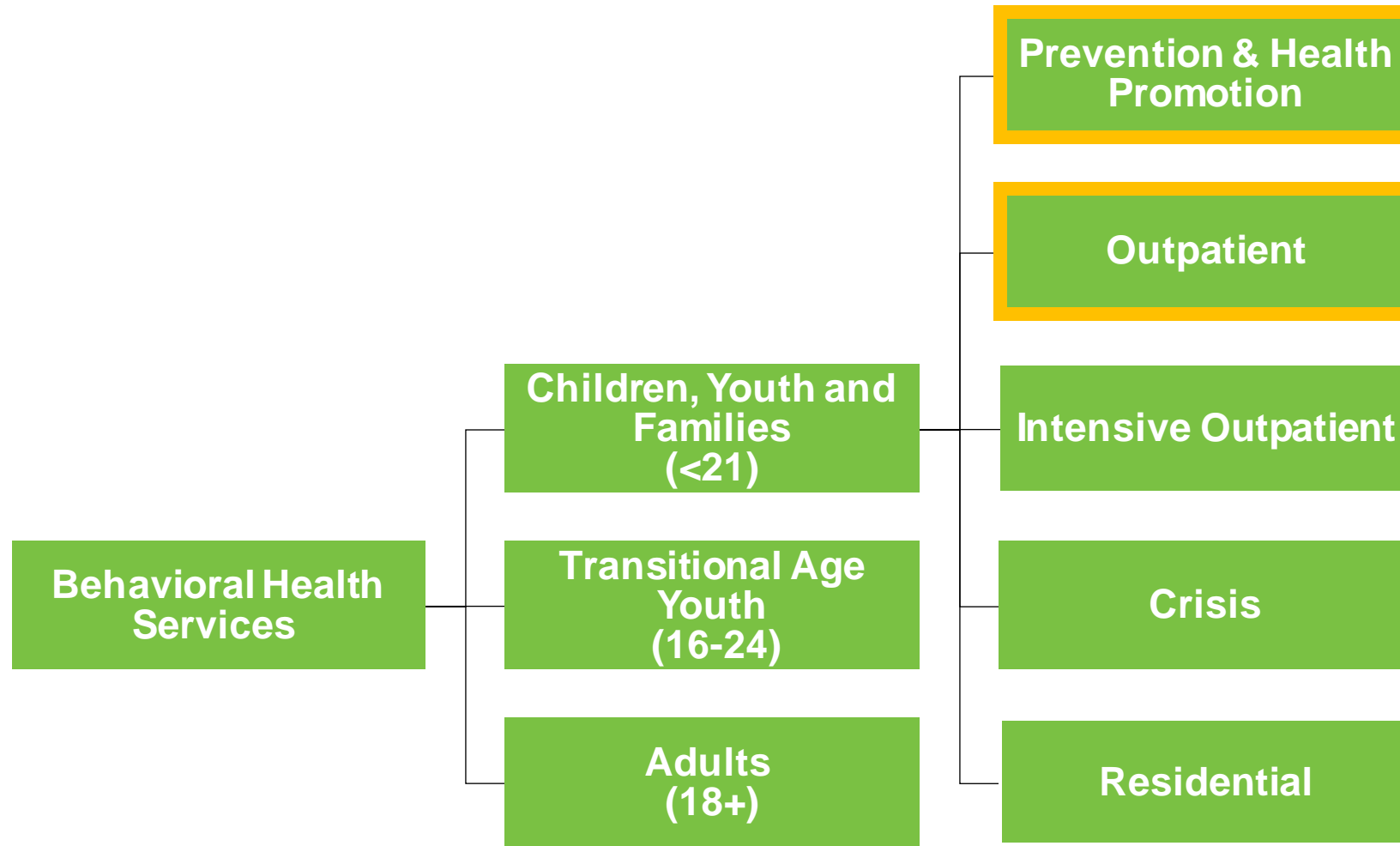


San Francisco Health Network  
Behavioral Health Services

# Fit into Overall System of Care



# Services for Children, Youth (<21), and Families



San Francisco Health Network  
Behavioral Health Services

# CAS Programs in the Children, Youth, and Families System of Care

**These services are contracted with the SFDPH BHS Children, Youth, & Families (CYF) system of care**

## Child & Adolescent Services

- CYF currently delivers outpatient mental health services through 24 programs, across 19 contracted agencies, serving >1,600 clients. CAS is contracted to serve about 7% (110 clients).
- Most are referred by ZSFG Department of Pediatrics, Mt. Zion Hospital, and SFUSD.
- Serves publicly insured children and youth ages 5-21, with a focus on:
  - Evidence-based treatments for youth and adolescents with complex trauma, anxiety, eating disorders, and emotional dysregulation, including family-based models.
  - Provider of Educationally Related Mental Health Services (ERMHS)
  - In addition to treatment services, provides Comprehensive Psychological Assessments services.
- Clients either discharge to natural and community supports or are referred to more intensive services, if clinically indicated.



San Francisco Health Network  
Behavioral Health Services

# CAS Programs in the Children, Youth, and Families System of Care

**These services are contracted with the SFPD BHS Children, Youth, & Families (CYF) system of care**

## Fuerte

- Unique prevention program initially funded by an MHSA Innovations Grant
  - Will be sustained by MHSA as a core program and expanded to adapt programming to support additional populations of youth
- Collaboration between UCSF/ZSFGH, DPH, SFUSD, and community-based providers
- Referred by SFUSD
- Serves select middle and high schools with significant numbers of newcomer Latina/o/e/x youth
  - "Newcomer" Latina/o/e/x youth are youth who arrived in the United States within the last five years.
- Program interventions include outreach and engagement; screening and assessment; service linkage; mental health consultation; and group therapeutic services



San Francisco Health Network  
Behavioral Health Services

# Proposed Resolution

- DPH agrees with BLA recommendation to reduce the not to exceed amount of the proposed resolution to \$19.8 million.
- DPH requests approval of proposed Amendment No. 2 to the agreement between UC-CAS and DPH as amended.





# Thank You



San Francisco Health Network  
Behavioral Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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

**Second Amendment**

THIS AMENDMENT (this “Amendment”) is made as of July 1, 2023, in San Francisco, California, by and between **The Regents of the University of California, 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 continue services to provide mental health services for San Francisco children, youth and families by extending the performance period, increasing the contract amount, and updating standard contractual clauses; and

WHEREAS, The San Francisco Department of Public Health (Department) entered into an Original Agreement dated July 1, 2018, with a term through June 30, 2021, with a contract price of \$6,471,862, for various mental health related services competitively solicited under various RFP/RFQs, described below, that allowed for different performance periods and scopes; and

WHEREAS the Original Agreement incorrectly stated that the Agreement was awarded under RFQ 13-2017; and

WHEREAS this Second Amendment corrects that error for the scope of services described in Appendix A-1 (UC Child Adolescent Services) which was competitively procured by the Department as required by San Francisco Administrative Code Chapter 21.1 through RFP 1-2017, issued on March 24, 2017, which allowed for contracts to have a duration up to 10 years, and this modification is to extend the term through June 30, 2027; and

WHEREAS, City and Contractor desire to add Attachment 1 to Appendix A (Medi-CAL Language) to modify the billing/claiming strategy under various modalities; and

WHEREAS, the scope of services described in Appendix A-2 (Fuerte) was authorized by San Francisco Administrative Code 21.5b, issued on May 13, 2021, which allowed for the contract to extend the term through 06/30/2027 and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 48652-16/17 on August 3, 2020;

WHEREAS, approval for this Second Amendment was obtained when the Board of

Supervisors approved Resolution number \_\_\_\_\_ on \_\_\_\_\_.

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

## **Article 1      Definitions**

The following definitions shall apply to this Amendment:

1.1      **Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018 (Contract ID# 1000011077), between Contractor and City.

First Amendment,      dated May 1, 2022

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

## **Article 2      Modifications to the Agreement**

The Agreement is hereby modified as follows:

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

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2023, unless earlier terminated as otherwise provided herein.

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

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2027, unless earlier terminated as otherwise provided herein.

2.2      **Article 3, Section 3.3.1** Compensation of the *Original Agreement* currently reads as follows:

3.3.1      **Payment.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Nine Million Eight Hundred Sixty Four Thousand Five Hundred Seventy Four Dollars (\$9,864,574). The breakdown of costs associated with this Agreement appears in Appendix B, “Calculation of Charges,” attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

3.3.1      **Payment.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement,

that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Twenty Million Ninety-Eight Thousand Seventy Three Dollars (\$20,098,073) The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

The Appendices listed below are Amended as follows:

- 2.3 Delete Appendix A, A-1 and A-2, and replace in its entirety with Appendix A, Attachment 1 to Appendix A, A-1 and A-2 to Agreement as amended. Dated: 07/01/2023.
- 2.4 Delete Appendix B and replace in its entirety with Appendix B, B-1 and B-2 to Agreement as amended. Dated: 7/01/2023.
- 2.5 Delete B-1 and B-2, and replace in its entirety with Appendix B-1 and B-2 to Agreement as amended. Dated: 04/18/2023
- 2.6 Add Appendix D to Agreement. Dated: July 1, 2023.

### **Article 3      Effective Date**

Each of the modifications set forth in Article 2 shall be effective on and after the date of this Amendment.

### **Article 4      Legal Effect**

Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

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

CITY

Recommended by:

\_\_\_\_\_  
Grant Colfax, MD  
Director of Health  
Department of Public Health

Approved as to Form:

David Chiu  
City Attorney

By: \_\_\_\_\_  
Louise Simpson  
Deputy City Attorney

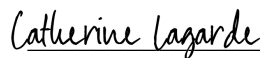
Approved:

\_\_\_\_\_  
Sailaja Kurella  
Director, Office of Contract Administration,  
and Purchaser

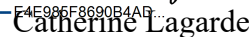
CONTRACTOR

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

DocuSigned by:

Catherine Lagarde

5/12/2023 | 3:25 PM PDT

E4E986F8690B4A0  
Catherine Lagarde

Contracts and Grants Managed Contracts  
3333 California Street, Suite 315  
San Francisco, CA 94143-0962

Supplier ID number: 000012358

## Appendix A Services to be provided by Contractor

### 1. Terms

#### A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Mario Hernandez Contract Administrator for the City, or his / her designee, and City will contact UC Principal Investigator or other appropriate UCSF staff person, Contractor's principal investigator for this Agreement, or his / her designee.

#### B. Reports:

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

#### C. Evaluation:

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

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

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

#### E. Adequate Resources:

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

#### F. Admission Policy:

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

#### G. San Francisco Residents Only:

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

#### H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and record keeping.

(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, the health and safety of their employees, and for all other persons who work at or visit the job site as per local and/or state regulations.

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Research Study Records:

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

M. Client Fees and Third Party Revenue:

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

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

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. 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.

P. Quality Assurance:

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

- (1) Staff evaluations.
- (2) Personnel policies and procedures.
- (3) Quality Improvement.
- (4) Staff education and training.

Q. Compliance with Grant Award Notices:

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

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

## 2. **Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1	Child and Adolescent Services
Appendix A-2	Fuerte



## **Attachment 1 to Appendix A Medi-CAL Language**

### **Medi-Cal Outreach:**

#### **For the “App A Modality” Section OR “Required Language” section**

The following types of Medi-Cal Outreach may be performed:

1. Informing individuals who are eligible or potentially eligible about Medi-Cal services, including specialty mental health services.
2. Assisting individuals who are at-risk and are eligible or potentially eligible for Medi-Cal to understand the need for mental health services covered by Medi-Cal.
3. Actively encouraging individuals who are reluctant and are eligible or potentially eligible for Medi-Cal to accept needed mental health and health services.
4. Assisting individuals with access to the Medi-Cal healthcare system by providing referrals, follow-up and transportation, if needed, to engage them in needed care.
5. Gathering information on the individual’s health and mental health needs and Medi-Cal eligibility.

### **Medi-Cal Eligibility:**

#### **For the “App A Modality” Section OR “Required Language” section**

The following types of Medi-Cal Eligibility Intake may be performed:

1. Completing a financial screen to determine whether or not an individual requesting mental health services is likely eligible for the Medi-Cal program;
2. Explaining Medi-Cal eligibility rules and the enrollment process to individuals requesting mental health services;
3. Providing an individual with all the forms that need to be completed and submitted in order to enroll in Medi-Cal;
4. Assisting individuals with gathering information needed to complete all the required forms;
5. Assisting individuals with preparing the forms that need to be completed;
6. Assisting individuals with submitting the forms to the county welfare department to determine Medi-Cal eligibility.

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2022-23</b>	<b>FY Term: 07/01/2022 through 6/30/2023</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

**1. Identifiers:**Program Name: **Child and Adolescent Service**Program Address: **ZSFG Division of Infant, Child & Adolescent Psychiatry (ICAP), 1001 Potrero Ave, 6B**City, State, Zip Code: **San Francisco, CA 94110**Telephone: **(628) 206-4444**Facsimile: **(628) 206-3142**

Contractor Address: 3333 California Street

City, State, Zip Code: San Francisco, CA  
94143

Name of Person Completing this Narrative: William Martinez, Ph.D.

Telephone: **(628) 206-2306**Program Code(s): **38C72***(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)***2. Nature of Document** (check one):
☐ New     ☒ Amendment     ☐ Modification
**3. Goal Statement:**

- A. To provide assessment, treatment, advocacy, and referral services for San Francisco children, youth, and families who have experienced trauma and/or who present with serious emotional or behavioral problems by making available accessible, clinic, community and school-based mental health services that are linguistically and culturally appropriate and evidence informed.
- B. To provide evidence-based assessment through our Diagnostic Assessment Clinic and specialty Eating Disorder programs.
- C. To provide empirically-supported individual and family therapy services including:
  - Trauma-focused CBT
  - Cognitive behavioral therapy for depression and anxiety
  - Parent management training for behavioral problems
  - Dialectical behavior therapy for emotional dysregulation
  - Family Check Up for emotional problems
  - MATCH trans-diagnostic treatment for emotional problems
  - Family-based Treatment for eating disorders
- D. To provide empirically-supported group therapy treatment programs including:
  - Triple P parenting program
  - CBT for depression for adolescents
  - DBT skills groups for adolescents
  - KidPower group for school-age children needing safety, social and anger management skill development
- E. To provide medication management services including psychiatric evaluations to youth in our clinic as well as our partner clinic, Instituto Familiar de la Raza
- F. To provide Education-Related Mental Health Services in the San Francisco Unified

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
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<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

#### School District

- G. To provide comprehensive psychological evaluation services that are completed or supervised by licensed psychologists including:
- Pre-adoptive developmental evaluations for youth in foster
  - Comprehensive psychological evaluations for youth needing differential diagnosis and treatment planning for complicated psychiatric conditions
- H. To collaborate with Foster Care Mental Health to employ a social worker who will provide Triple P parenting groups at FCMH, as well as consultation and training to Spanish-speaking FCMH providers.
- I. To provide evaluation and consultation services to SF Department of Public Health's (DPH) Trauma Informed Systems Initiative via the Mental Health Treatment Support and Training Services collaboration.
- J. To provide training and consultation to systems (e.g. San Francisco Unified School District, San Francisco Department of Public Health) that serve children, youth, and families who have experienced trauma. Healthy Environments and Response to Trauma in Schools (HEARTS) promotes school success for trauma-impacted children and youth by providing training, mental health consultation, and supports to create more trauma-informed, safe, supportive, and equitable school cultures and climates that foster resilience, wellness, and racial justice for everyone in the school community.
- K. To develop and implement the UCSF ZSFG Family Mental Health Navigator (FMHN) program that provides mental health (including substance use) treatment navigation services to publicly-insured children (6-17 years) and families who receive UCSF pediatric primary care (through the Children's Health Center) and/or specialty mental health treatment (through the UCSF ZSFG Child and Adolescent Services clinic) at Zuckerberg SF General Hospital. On an as-needed and as-available basis, the FMHN will also provide mental health navigation services to children and families (6-17 years) seen in other community-based pediatric primary care and/or specialty mental health treatment clinics. The FMHN will be responsible for the following:
1. Timely and efficient assessment of needs and appropriate, tailored provision of services (precision and personalization of care);
  2. Providing families with comprehensive guidance about which services and what combination of services would be most helpful;
  3. Awareness and knowledge of available evidence-based practices and sharing this information with youth, families and service providers, when needed;
  4. Tracking, qualitatively monitoring and evaluating youth patterns of service utilization and outcomes across multiple involved systems and providers; and,
  5. Asserting authority as navigator to facilitate access for youth and family to needed mental health care, to guarantee continuity of care and improve cross-provider and system care communication during service delivery and follow-up.

#### 4. Target Population:

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<b>City Fiscal Year: 2022-23</b>	<b>FY Term: 07/01/2022 through 6/30/2023</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

- Children and youth referred through ZSFG Pediatrics or other Primary or Specialty Care Providers (i.e. within the Community Health Network), children/youth referred through the San Francisco Behavioral Health Services (SFBHS) central access, other child serving agencies, and the community.
- Children/youth/families with San Francisco Medi-Cal, Healthy Families and/or Healthy Kids insurance.
- Children and youth who have suffered psychological trauma due to witnessing severe domestic violence, community violence, homicide of a family member, surviving a physical assault, physical and/or emotional abuse, sexual abuse or neglect, catastrophic injury, debilitating chronic disease, traumatic loss or the illness of the child or a significant family member.
- Youth identified with eating disorders and referred by the UCSF Specialty Eating Disorders Clinic
- Children and adolescents with other socioemotional concerns meeting specialty mental health criteria.
- Children and youth referred by San Francisco Unified School District (SFUSD) staff or through the Department of Human Services (e.g. foster care).
- Infants and children who have or are at risk for having behavioral symptoms and problems due to a variety of conditions such as prenatal drug exposure and/or premature birth.
- San Francisco Department of Public Health Personnel and affiliates.
- San Francisco Unified School District Personnel and affiliates including student support services staff, teachers and administrators that work with traumatized students.

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

### Mental Health Services

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

### Assessment

“Assessment” means a service activity which may include a clinical analysis of the history and current status of a beneficiary’s mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

### Collateral

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

### Therapy

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<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

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

#### Psychological Assessment

“Psychological Assessment” means services performed by a licensed psychologist focused on evaluation, and include the use of psychological measures, tests, and instruments. These services may include, but are not limited to, assessment, scoring of instruments, tests, and measures, and report writing.

#### Targeted Case Management

“Targeted Case Management” means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communications, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; and plan development.

#### Medication Support Services

“Medication Support Services” means those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or metabolic labs or biological assessments, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, medication education, plan development related to the delivery of their service and/or assessment of the beneficiary and ongoing medication management visits. These services also include providing emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care) as well as responding to general pediatric requests for psychiatric and medication management consultation for youth in their practice.

#### Crisis Intervention

“Crisis Intervention” means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition, which requires more timely response than a regularly scheduled visit. Service activities may include, but are not limited to, assessment, collateral, and therapy.

#### Outreach Services/Mental Health Promotion-Consultation Services.

“Outreach Services” are activities and projects directed toward 1) strengthening individual’s and communities’ skills and abilities to cope with stressful life situations before the onset of such events, 2) enhancing and/or expanding agencies’ or organizations’ mental health knowledge and skills in relation to the community-at-large or special population groups, 3) strengthening individuals’ coping skills and abilities during a stressful life situation through short-term intervention and 4) enhancing or expanding knowledge and skills of human services agency staff to handle the mental

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<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

health problems of particular clients.

6. Please see Appendix B - CRDC Page.

## 7. Methodology:

*Describe how your program conducts outreach, recruitment, promotion, and advertisement.*

CAS receives referrals from several different sources:

1) **Pediatric Primary Care:** The majority of children and youth served by CAS (nearly 70%) are referred by the ZSFG Dept. of Pediatrics. CAS does comprehensive outreach to pediatricians in the Department, including placing psychology interns in pediatric continuity clinics to provide consultation and facilitate referral, participation in the Department of Pediatrics eReferral system, appearing and making presentations about CAS' services at Pediatrics Staff meetings, inviting Pediatrics staff and faculty to the ICAP/CAS grand rounds and offering a weekly ninety minute multidisciplinary psychiatry case consultation conference in order to deepen the relationship between CAS and the Department of Pediatrics. Family Mental Health Navigator services further facilitate and support referrals from pediatric primary care to CAS specialty mental health, as the FMHN program partners very closely with the Pediatric Primary Care Behavioral Health team to implement navigation services.

2) **Pediatric Eating Disorders:** CAS also receives referrals from pediatricians at Mt. Zion Hospital where an ICAP licensed clinician has been integrated into in the UCSF Specialty Eating Disorders Clinic team to provide services to children suffering from a variety of eating problems. Many of these children receive their primary care at ZSFG and there is significant coordination and linkage between Mt. Zion and ZSFG to accommodate San Francisco Medi-Cal children and their families.

3) **Schools:** Referrals also come from schools as a result of CAS' long history of collaboration with the San Francisco Unified School District. Due to the success of its relationship-based outreach efforts, CAS does not advertise and generally has more referrals than it can manage; it actively assesses children's needs at intake and refers children and youth to other providers in the city who can meet their clinical needs when CAS cannot. Once families are referred, CAS directly outreaches the family, calls them to explain the range of available services and offers an appointment or meeting with them during their ZSFG Pediatric Clinic appointments.

In addition, CAS is a certified site for Education Related Mental Health Services in the school district.

CAS conducts outreach for its full range of services, all of which are suitable for children who meet criteria for Medi-Cal, largely by engaging in active collaboration with other service systems. The full range of services to these children are supported by this contract, although additional support from other funding streams enables CAS to pay stipends to psychology interns and postdoctoral fellows and place them in ZSFG and community sites where they can offer accessible service to children and youth. CAS services include the following:

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1) The CAS clinic at ZSFG provides assessment, therapy, medication management and case management to children and adolescents who meet medical necessity as a result of suffering traumatic experiences, or who have non-trauma related mental health impairments; as outlined above, most of these children are recruited through collaborations with ZSFG Pediatrics or the schools.

2) The Early Childhood Development Clinic provides pre-adoption evaluations of infants and children to identify behavioral symptoms/problems or risks that could require ongoing services or supports post adoption. This service is provided in collaboration with the Human Services Agency.

3) CAS staff coordinates services with several SFUSD schools, primary care and community providers as needed to facilitate the full and healthy development of each child and youth by offering assessment and therapeutic services in school and community sites that are readily accessible to children, youth, and families.

In all of its services, CAS is committed to providing high quality, evidence-based, and culturally competent services for ethnically diverse and economically disadvantaged families. All services are provided in English and Spanish, with access to ZSFG Interpreter Services for other languages as needed.

*Describe your programs admission, enrollment and/or intake criteria and process where applicable.*

After a child or youth is referred, CAS administrative staff ensures that clients are not receiving services from another provider, contacts the referral source and the parents of the referred child to complete missing demographic information, and then passes the referral to a clinician who makes the initial call to the family. Through our intake process and the process of completing the initial CANS assessment by gathering information from the child or youth, the family, and teachers and other providers who work with the child or youth, CAS determines whether the child meets medical necessity for Medi-Cal treatment. Children who do not meet medical necessity are not seen at CAS.

All youth referred to CAS participate in a Diagnostic Assessment Clinic that functions as a centralized intake process. In the first year of the DAC (FY2018) impact on multiple areas of care were noted including improving the referral stream from pediatrics, reduced waitlist for specialty mental health care, increasing timely access, shortened time to care, expedited linkage to appropriate services and matching client preferences to service options such as group treatment and parent support services (which is associated with improved outcomes). The diagnostic assessment includes psychological instruments and measures, and last approximately 2-3 sessions. Youth will then be referred to group therapy programs if no individual/family therapist is available. For youth not meeting specialty mental health criteria, they will be referred to a relevant provider, such as the Golden Gate Regional Center, their primary care behavioral health team, and/or community supports. For youth who present with acute mental health concerns, we will make every effort to find an opening in our clinic to take on these youth immediately, and if not possible, we will work with CYF county officials to find an appropriate placement for outpatient therapy.

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<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

*Describe your program's service delivery model and how each service is delivered, e.g, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc.*

The CAS staff is committed to providing treatment that is culturally appropriate and encourages the healthy, full development of each child and youth. Social workers, psychologists, and psychiatrists are all part of the treatment team. The team works with families to provide the best approach toward healing and wellness. Each child or youth referred receives an assessment that results in an individualized treatment plan, which is tailored to meet her/his needs. The treatment plan is developed in collaboration with the parent/guardian and the treatment team. Communication with schools, physicians and others involved with the family occurs, as needed, for clients in this program with the goal of enhancing collaboration between the array of institutions and organizations involved in the clients' life. Services are primarily delivered at ZSFG offices; however, CAS also serves clients in various community sites, such as schools and community-based organizations. CAS clinicians also travel to SFUSD schools, preschools and homes to observe children as part of our assessment (i.e. best practices for ADHD assessment) and treatment planning.

During COVID-19, most services at CAS are available over telehealth through the use of videoconferencing software. The one exception is comprehensive psychological evaluations, which are a hybrid of telehealth and in-person services.

Hours of operation are Mondays to Thursdays, 8:30am – 7pm and Fridays 8:30am – 5pm. CAS makes every effort to accommodate evening appointments when clinically indicated.

During the assessment phase, information is gathered using standard San Francisco Behavioral Health Services (SFBHS), Child Youth and Family System of Care (CYF-SOC) assessment tools (CANS). CAS also includes other psychological measures as clinically indicated in order to inform our assessment based treatment plans. Individual, group or family therapy is typically provided for one 45 to 60 minute session per week and length of treatment varies depending on the child and family meeting treatment goals as per the Plan of Care. Additionally, collateral contacts and case management are typically provided several times a week and as clinically indicated.

CAS has a Program Utilization Review Quality Committee (PURQC). This committee oversees initial and on-going services utilizing the SFBHS CYF SOC "Services Intensity Guidelines" and the procedures outlined in the Delegation Agreement for clinical reviews on ongoing authorizations. Strategies for service delivery include the following:

Crisis Intervention Services to children and families in crisis as a result of abuse or witnessing violence, often after school related incidents (i.e. lockdowns at school sites due to gun violence in the school's vicinity)

Assessment based treatment that uses culturally appropriate, evidence-based



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psychological measures to inform treatment plan and assess progress toward treatment goals. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Trauma-focused treatment, when the assessment indicates that traumatic life experiences may be contributing factors in a child or youth's social-emotional or behavioral challenges. To maximize the effectiveness of this strategy, CAS clinicians and supervisors have been trained in evidence-based practices designed specifically for treating traumatized children and youth and their families from diverse cultural backgrounds:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT requires individual sessions for both the child and the parents, as well as parent-child joint sessions. The treatment approach has a high scientific rating by the California Evidence-Based Clearinghouse for Child Welfare, whose mission is to advance scientifically valid practices for children and families in the child welfare system.
- In addition, all our clinicians and trainees are trained on a second intervention for trauma in children developed by partners at Stanford University, called Cue Centered Therapy (CCT). CCT developed in recognition that parents may not be available for treatment and youth who experience recurrent traumatization within a context of ongoing adversity may derive limited benefit from processing an isolated traumatic event (as is the case in TF-CBT). CCT addresses the growing need for a manualized treatment aiming to increase youth insight into the connection between an individual's complex history of exposure to trauma and current emotional experiences and maladaptive behaviors.

Whenever possible, CAS clinicians serve the family system rather than focusing exclusively on the individual child or youth. CAS clinicians also include other essential figures in the child or youth's life (e.g., primary care providers, teachers, extended family members, and spiritual leaders and other respected elders) in treatment conceptualization and service delivery where appropriate.

Medication services, which include initial psychiatric evaluation, evaluation of clinical effectiveness and side effects, obtaining consent, medication education, plan development related to the delivery of the service and/or assessment of the child/youth and ongoing medication management visits. Services may include prescribing and monitoring psychiatric medication(s) in order to alleviate the symptoms of mental illness, and ongoing collaboration with the therapist.

Psychological assessment services are provided specifically for youth and we are the only provider in the county we are aware of that is able to provide these services in Spanish. All services are performed by or supervised by a licensed psychologist. Referrals specifically for psychological assessment services come from primary care, other community-based agencies, self-referrals, and, for preadoptive developmental evaluations, through the Human Services Agency.

Consultation and coordination with pediatric primary care providers at ZSFG and Mt.

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Zion, community-based organizations, schools, day care centers, and the child protection and child foster care system (HSA). These services also include providing emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care) as well as responding to general pediatric requests for psychiatric and medication management consultation for youth in their practice.

*Describe your program's exit criteria and process, e.g. successful completion, a step-down process to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.*

Clients exit our program when their treatment goals, as per the Plan of Care, are met and they no longer meet criteria for medical necessity. The CAS clinicians are experienced and well trained in use of community resources to best serve families, with culturally sensitive, empirically supported interventions, returning children to the least restrictive and most supportive environments for their on-going needs. These resources include, for example, use of Family Support Programs, Boys and Girls Clubs of San Francisco, SFUSD Wellness Centers, after school tutorial programs, Good Samaritan Parenting Classes and the Talk Line. CAS may refer youth and families to these resources either as adjuncts to ongoing treatment or for continued support at the conclusion of treatment. CAS clinicians use resource guides, including San Francisco Behavioral Health Resource Guide and the SFUSD Community Based Organization list of School Support & Community Programs, to inform their recommendations for collateral services. If direct service terminates due to a client moving to another county, every effort is made to ensure appropriate linkage to mental health services in that county.

*Describe your program's staffing:*

CAS administrative staff members are charged with the initial determination of Medi-Cal eligibility, and with determining that the referred child or youth is not receiving mental health services in another agency. After determining insurance eligibility, an intake clinician (Licensed Clinical Social Worker, psychologist or Marriage and Family Therapist) completes the initial intake and screening process to determine whether the referred child or youth meets criteria for medical necessity.

Licensed clinical psychologists, a board certified child psychiatrist, licensed social workers, and licensed marriage and family therapists provide direct service to families and clinical supervision to trainees who provide direct individual, family, and group service. Trainees include social work and psychology practicum students, predoctoral psychology interns, postdoctoral psychology fellows, psychiatry residents and fellows who are all part of service development and delivery.

*CAS provides direct client services. It will not purchase services from other providers.*

## **8. Objectives and Measurements:**

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**All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY20-21.**

## **9. Continuous Quality Improvement:**

The CAS director and ICAP Compliance Analyst review Avatar reports monthly to determine that CAS is meeting its contract productivity goals. These goals are reviewed with the staff and trainees in weekly and monthly meetings so that the program service providers are continuously aware of their progress toward meeting productivity requirements.

Quality of service is monitored by reviewing progress in treatment as measured by the CANS and other instruments that are completed periodically, including the Behavior Assessment System for Children, the UCLA PTSD Index for Children, and the Trauma Symptom Checklist for Children. Every CAS supervisor reviews these measures periodically with each supervisee so that child clinical progress is being continuously reviewed in supervision. In addition, 30 minutes of our weekly CAS Staff/Admin meeting is reserved for quality management issues related to documentation, as well as to review treatment planning objectives for youth who have been in our clinic for one year or longer. Client satisfaction is surveyed at least annually, and the CAS Director reports the result of the CBHS data analysis of client satisfaction to the staff, identifying and highlighting areas where improvement is needed. Cultural competence among the staff and trainees is monitored in a weekly case conference in which cultural issues related to treatment are the focus of the discussion, and this year the staff is participating in a monthly meeting devoted solely to multicultural issues. Trainees participate in a weekly one hour multicultural seminar, and the monthly Grand Rounds are devoted to the multicultural focus of our clinical work.

## **10. Required Language (if applicable): NA**

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<b>CMS#: Contract ID 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

**1. Identifiers:**Program Name: **UCSF Child and Adolescent Services - Fuerte**Program Address: **ZSFG Division of Infant, Child & Adolescent Psychiatry (ICAP), 1001 Potrero Ave, 6B**City, State, Zip Code: **San Francisco, CA 94110**Telephone: **(628) 206-4444**Facsimile: **(628) 206-3142**

Contractor Address: 3333 California Street

City, State, Zip Code: San Francisco, CA  
94143

Name of Person Completing this Narrative: William Martinez, Ph.D.

Telephone: **(628) 206-2306**Program Code(s): **None, MHSA funded program***(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)***2. Nature of Document (check one):****New.****Amendment****Modification****3. Goal Statement:**

The current MHSA Innovations Grant funded program, *Fuerte*, has the following four goals:

a. A program evaluation to ascertain the efficacy and feasibility of *Fuerte* to increase screening and service access for newcomer Latinx youth. Through the present proposal, we will gather data on how well *Fuerte* improves treatment access for Latinx youth so that we can use this data as a measure of success when comparing future adaptations of *Fuerte* to other newcomer immigrant populations.

b. The *Fuerte* curriculum, available in English and Spanish, will be made broadly available to schools and providers across California for free use and adaptation. Materials will be made available once a point person in the county or jurisdiction that wants to use *Fuerte* is identified, and is properly trained to deliver the intervention.

c. A network of trained *Fuerte* facilitators will be available to lead “train the trainer” sessions for other providers that are interested in undertaking this model. Currently, the expectation to become a *Fuerte* trainer includes attending a one-day workshop led by current *Fuerte* trainers, and then leading two *Fuerte* groups as a provider. The current proposal will allow us to develop materials to ensure that the program is delivered to fidelity. For example, we will create a framework for coding program sessions to ensure materials were delivered, as well as provide a guidebook for counties to use when attempting to establish fidelity of the program in their own jurisdictions. A point person for counties or jurisdictions that want to use *Fuerte* will be identified and who will be trained to not only train others on the program, but also train others on how to insure that the program is delivered with fidelity to the model.

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d. In order to initiate the process of adapting *Fuerte* to be used with other immigrant groups, a framework on the adaptation and tailoring of *Fuerte* to different groups of newcomer immigrant populations will be innovatively developed based on examining how current clinicians make decisions on tailoring the *Fuerte* curricula. The framework will allow us to develop a “playbook” that will be used alongside the *Fuerte* manual to guide clinicians and community partners on how to adapt and tailor the main components of *Fuerte* to be used with different populations of newcomer immigrant youth. To date, we are not aware of any prevention program targeting newcomer immigrant youth that will not only allow the flexibility to tailor the program components to other populations, but provide a resource on how to do so. Based on feedback we received from our Community Planning Meetings, we would like to test whether or not the *Fuerte* model is efficacious for the Chinese and Arabic speaking populations, as well as other populations that may benefit.

#### **4. Target Population:**

- All newcomer Latinx youth ages 12 to 18 enrolled in participating SFUSD schools will be considered eligible for inclusion in the *Fuerte* program evaluation.
  - Newcomer Latinx youth are youth who arrived in the United States within the last five years.

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

Outreach and engagement: The *Fuerte* program will include outreach and engagement of newcomer Latinx youth through the following program activities: Community events, 1:1 outreach, and marketing campaigns at the local, school level.

Screening and assessment: All youth participating in the *Fuerte* program are screened to see if they are at-risk for specialty mental health services. Youth found to be at-risk are referred to specialty mental health providers for further assessment.

Service linkage: *Fuerte* program staff will facilitate access to specialty mental health services for those youth found to be at-risk. All service linkages are tracked by the program.

Mental health consultation: *Fuerte* program staff will provide mental health consultation services to school staff regarding the specific mental health needs of newcomer Latinx youth.

Group therapeutic services: The *Fuerte* program includes a 7-8 week group prevention program that is delivered in schools and targets newcomer Latinx youth ages 12 – 18.

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<b>CMS#: Contract ID 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

## 6. Methodology:

### Participants

All newcomer Latinx youth ages 12 to 18 enrolled in participating SFUSD schools will be considered eligible for inclusion in the *Fuerte* program evaluation. At least eight SFUSD schools will participate in the cluster randomized control trial. Schools will be randomized into the *Fuerte* intervention or into a delayed waitlist control (DWC) group. Youth in schools randomized to the DWC group who are identified as exhibiting significant behavioral health symptoms on premeasures will be given referrals for specialty mental health services. Efforts will be made to have equal numbers of girls and boys represented across study conditions.

### Procedure

The evaluation will be carried out in participating SFUSD high schools and middle schools, with a goal of at least ten schools per year and at least 100 participants per year. Each group will be comprised of at least four and no more than eight newcomer adolescents. In schools randomized to the DWC group, a similar number of youths matched by gender and age will comprise the DWC group. In the Fall semester, youth in schools randomized to the *Fuerte* intervention will receive the intervention, while youth in schools randomized to the DWC group will receive the intervention in the Spring semester. The randomized control trial will last four years, and include at least 400 participants.

Schools with significant numbers of newcomer Latinx youth will be identified at the beginning of each academic year. Half the schools will be randomized to receive the intervention in the Fall semester. The other half of schools will be randomized to receive the intervention in the Spring semester, and serve as a control group for the study.

The program evaluation of *Fuerte* will last four years. Premeasures will be completed by youth in both groups by early October each year of the program evaluation. The *Fuerte* program will begin by late October each year and conclude late November/early December of each year. Post measures of intervention and DWC groups will conclude by mid-December of each year. Three-month follow-up measures will be collected in mid-March of each year.

In the Spring semester, youth in the DWC group will now participate in the *Fuerte* program. Premeasures will be completed by early April of each year. The *Fuerte* program will begin in mid April and conclude by late May of each project year. Post measures of intervention and DWC groups will conclude by early June of each project year. Three-month follow-up measures will be collected from both groups in early September of each project year.

The final year of the project will be devoted to analyzing, synthesizing, and disseminating the results of the program evaluation to key stakeholders. In addition, we will finalize all materials (e.g., adaptation playbook), develop online resources, and create infrastructure for technical assistance related to provide trainings to key point persons in counties and other jurisdictions interested in implementing *Fuerte*.

### Measures

Learning Objective #1. Does *Fuerte* increase the mental health literacy of newcomer Latinx immigrant youth?

*Knowledge of trauma-related symptoms.* A three-item measure will be created based on the *Fuerte* curricula that will examine youth's knowledge of trauma-related symptoms. One item will also assess whether youth are able to identify when there is a need for seeking specialty mental health services. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

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*Knowledge of coping mechanisms.* A three-item measure will be created based on the *Fuerte* curricula that will examine youth's knowledge of coping mechanisms for traumatic stress. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

*Knowledge of mental health system.* A three-item measure will be created based on the *Fuerte* curricula that will examine youth's knowledge of mental health service access. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

Learning Objective #2. Does *Fuerte* increase behavioral health access among Latinx newcomer youth?

*Screening.* Youth will complete the Pediatric Symptom Checklist (PSC)<sup>18</sup>, which is a self-report symptom inventory of common behavioral health problems in youth. The PSC is available in both Spanish and English. The PSC will be administered to youth in the *Fuerte* and waitlist control conditions within the first week of the first *Fuerte* group meeting. The measure will also be administered to youth in the *Fuerte* condition and DWC group within one week of the last *Fuerte* group. In addition, a three-month follow-up measure will be given to youth in both conditions. At each of these timepoints (pre, post, 3-month follow-up) youth who display clinically significant mental health symptoms will be referred for specialty mental health services.

*Referrals.* Youth in both the *Fuerte* and control conditions will be given a referral for specialty mental health services if they display clinically significant behavioral health symptoms on pre, post, and/or 3-month follow-up measures. At post and 3-month follow-up, youth will be asked if they are currently connected to a mental health provider in the form of a yes/no question. The question will be available in both Spanish and English.

Learning Objective #3. Does *Fuerte* increase youth's social connectedness?

Two measures of social connectedness will be used in the present study. The first is the Social Connectedness scale<sup>19</sup> which is a 10-item scale that measure the degree of interpersonal closeness a youth experiences in their social world. The second measure will be comprised from items adapted from the Los Angeles Family and Neighborhood Survey<sup>20</sup> asking youth to indicate how many acquaintances they have in their neighborhood (*How many of the kids in your neighborhood do you know?*) and how many acquaintances they have in school (*How many of the kids in your school do you know?*). Measures will be administered to youth in both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up.

Learning Objective #4. In order to adapt to other populations, how are decisions made regarding tailoring the *Fuerte* curriculum?

To examine how the *Fuerte* curriculum is tailored to different groups of newcomer Latinx youth, a mixed-methods approach will be used. At the end of each *Fuerte* group, clinicians will be asked to complete quantitative measures that assess how they delivered each of the components of the *Fuerte* intervention and their satisfaction with the intervention elements. In addition, qualitative interviews will be held to discuss implementation difficulties, difficulties with program content or activities, and suggestions for improvement. Furthermore, similar items will be completed by youth in the *Fuerte* condition, as well as input will be gathered from key stakeholders serving on community participatory boards. The framework developed by Barrera, Berkel, & Castro<sup>21</sup> for evaluation of cultural adaptations of prevention interventions will be used to help guide the development of quantitative and qualitative items. These items will be used to inform the development of a "playbook" that will be used to train and provide to support to clinicians leading future iterations of the *Fuerte* groups, particularly those doing so with other groups of newcomer youth with similar

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concerns.

Learning Objective #5. What are the requirements needed for interagency and partner collaborations in order to make implementation of *Fuerte* possible in other counties?

As interagency collaboration is a hallmark of successful implementation of *Fuerte*, the evaluation will measure the elements that lead to successful collaboration using qualitative approaches. A semi-structured interview guide will be used to collect information from key stakeholders involved in the implementation of *Fuerte* including SF Department of Public Health and Unified School District stakeholders, behavioral health providers in SF County community-based organizations, UCSF pediatricians and behavioral health staff, as well as other relevant key community stakeholders needed for interagency collaboration. The semi-structured interview will be developed based on the EPIS framework which provides a conceptual model of implementation of prevention and intervention program in public sector settings.

MHSA Vision Alignment

- The *Fuerte* school-based prevention program was built on a foundation of resilience by helping youth use their native cultural traditions, rituals, and practices.
- Participants of *Fuerte* are given educational material to understand how to navigate the local mental health system and be active consumers of county mental health services, as needed.
- All providers participating in the *Fuerte* program are trained in working with populations of newcomer Latinx youth, particularly those from Central American countries. All providers are bilingual (English/Spanish) and most are also of Latinx backgrounds.
- Focus groups are held regularly with youth and their parents to inform the development, implementation, and evaluation of the *Fuerte* program.

Program Costs and Budget

The following is a summary of program costs and supplies. For further details, please see attached approved MHSA INN proposal.

Materials and Supplies

- Office Supplies
  - Includes general office supplies needed for maintenance of program
  - Cell phones and data plans for *Fuerte* administrators
  - Costs of onboarding undergraduate student research assistants to help with data collection
- Program Supplies
  - Food for participants in order to increase engagement in group intervention
  - Publishing costs associated with program manuals and workgroups
  - Gift cards for participants for engagement in data collection activities
  - Arts/crafts for group intervention activities
  - Software for data analyses/research
  - Supplies for recruitment including design of recruitment materials, website, etc.
  - Supplies for assistance in designing and delivering the intervention including:
    - Books
    - Online trainings
  - Costs of translation of program materials into Spanish and other languages



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- Transcription costs for focus groups
- Fees for use of data collection measures
- Fees for design for our website
- Fees for design of our brochure
- Fees for text messaging reminder system

### Travel

- Local travel to support meetings and recruitment associated with the Fuerte program
- Out-of-town travel to support dissemination of findings including conference/meeting fees, lodging, airfare, and other travel costs

### Consultant/Subcontractor

- Independent contracts with group facilitators who lead the Fuerte groups at various SFUSD schools
- Fees associated with consultation costs for research and data analyses
- Fees associated with consultation costs for Middle Eastern North African adaptation of Fuerte
- Fees associated with independent contractor for delivering Fuerte trainings

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

All objectives and descriptions of how objectives will be measured will be in the MHSA PEI Program Report for FY2022-2023.

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

As this is a program evaluation, quality improvement will be dependent on the information collected as described in the Methodology section.

## **9. Required Language (if applicable)**

N/A

## Appendix B Calculation of Charges

### 1. Method of Payment

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

### 2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1 Child and Adolescent Services

Appendix B-2 Fuerte

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$1,501,993 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

Term	Funding Source	Estimated Amount
<b><i>Original Agreement (\$6,471,862)</i></b>		
FY 2018-2019	Mixed (Grants, General fund, State, Federal, Medi-Cal) <i>(From FY 19-20; was one-time for TIS in FY 18-19)</i>	\$909,217
FY 2019-2020	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$1,492,085
FY 2020-2021	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$1,999,937
<i>FY 20-21 One Time CODB (Direct Voucher)</i>		\$38,308
FY 2021-2022	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$2,209,166
<b><i>Amendment One (\$9,864,574)</i></b>		
FY 2022-2023	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$2,310,906

<b><i>Amendment Two (\$20,098,073)</i></b>		
FY 2023 - 2024	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$2,403,342
FY 2024 - 2025	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$2,499,476
FY 2025 - 2026	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$2,599,455
FY 2026 - 2027	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$2,703,433
	Subtotal	\$18,596,080
	Contingency	\$1,501,993
	<b>Total</b>	<b>\$20,098,073</b>

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

D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than 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. State or Federal Medi-Cal Revenues**

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

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

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

DHCS Legal Entity Number	00117						Appendix B, Page 1
Legal Entity Name/Contractor Name	Regents of the University of CA						Fiscal Year 2022-2023
Contract ID Number	1000011077						Funding Notification Date 05/31/22
Appendix Number	B-1	B-2	B-#	B-#	B-#	B-#	
Provider Number	38C7	38C7					
Program Name	UC-CAS	FUERTE					
Program Code	38C72	38C72					
Funding Term	07/01/22-6/30/23	07/01/22-6/30/23					
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries	\$ 1,153,799	\$ 239,348					\$ 1,393,147
Employee Benefits	\$ 461,520	\$ 95,739					\$ 557,259
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 1,615,318</b>	<b>\$ 335,087</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,950,406</b>
Operating Expenses	\$ 51,036	\$ 61,866					\$ 112,902
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,666,355</b>	<b>\$ 396,953</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,063,308</b>
Indirect Expenses	\$ 199,963	\$ 47,635					\$ 247,598
Indirect %	12.0%	12.0%	0.0%	0.0%	0.0%	0.0%	12.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 1,866,317</b>	<b>\$ 444,589</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,310,906</b>
						Employee Benefits Rate	40.0%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>FY 22-23</b>						
MH CYF Fed SDMC FFP (50%)	\$ 591,878						\$ 591,878
MH CYF State 2011 PSR-EPSDT	\$ 477,618						\$ 477,618
MH CYF County General Fund	\$ 697,529						\$ 697,529
MH CYF County GF WO CODB	\$ 3,695						\$ 3,695
MH CYF County GF ERMHS	\$ 10,000						\$ 10,000
MH WO DCYF Prop J Collaborative	\$ 17,921						\$ 17,921
MH WO HSA SPMP Foster Care	\$ 35,849						\$ 35,849
MH MHSA (WET)	\$ 31,827						\$ 31,827
MH MHSA (INN)		\$ 444,589					\$ 444,589
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,866,317</b>	<b>\$ 444,589</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,310,906</b>
<b>BHS SUD FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,866,317</b>	<b>\$ 444,589</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,310,906</b>
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,866,317</b>	<b>\$ 444,589</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,310,906</b>

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

Appendix Number B-1  
Page Number Page 1  
Fiscal Year 2022-2023  
Funding Notification Date 05/31/22

DHCS Legal Entity Number 00117

Provider Name CAS

Provider Number 38C7

Contract ID Number 1000011077

Program Name	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	NAVIGATOR	HEARTS	FOSTER CARE	TIS		
Program Code	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72		
Mode/SFC (MH) or Modality (SUD)	15/10-09	15/10-57, 59	15/60-69	15/70-79	55 and 45/10-19	55 and 45/20-29	55 and 45/10-19	45/10-19	45/10-19	45/10-19		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	OS-Cmmnty Client Svcs	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion		
Funding Term (mm/dd/yy-mm/dd/yy/yy)	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23		
FUNDING USES											TOTAL	
Salaries & Employee Benefits	2,941	\$ 1,072,982	\$ 250,222	\$ 17,258	\$ 9,321	\$ 47,624	\$ 142,068	\$ 18,543	\$ 30,531	\$ 23,828	\$ 1,615,318	
Operating Expenses	\$ 82	\$ 30,407	\$ 7,023	\$ 485	\$ 922	\$ 388	\$ 4,906	\$ 757	\$ 1,477	\$ 4,589	\$ 51,036	
Capital Expenses											\$	
Subtotal Direct Expenses	\$ 3,023	\$ 1,103,389	\$ 257,245	\$ 17,743	\$ 10,243	\$ 48,012	\$ 146,974	\$ 19,300	\$ 32,008	\$ 28,417	\$ 1,666,354	
Indirect Expenses	\$ 363	\$ 132,406	\$ 30,870	\$ 2,129	\$ 1,229	\$ 5,761	\$ 17,638	\$ 2,316	\$ 3,841	\$ 3,410	\$ 199,963	
Indirect %	12%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
TOTAL FUNDING USES	\$ 3,386	\$ 1,235,795	\$ 288,115	\$ 19,872	\$ 11,472	\$ 53,773	\$ 164,612	\$ 21,616	\$ 35,849	\$ 31,827	\$ 1,866,317	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity											
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	1,693	\$ 590,185								\$ 591,878	
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	1,693	\$ 475,925								\$ 477,618	
MH CYF County General Fund	251962-10000-10001670-0001		\$ 159,685	\$ 288,115	\$ 19,872	\$ 11,472	\$ 53,773	\$ 164,612			\$ 697,529	
MH CYF County GF WO CODB	251962-10000-10001670-0001								\$ 3,695		\$ 3,695	
MH CYF County GF ERMHS	251962-10000-10001670-0001		\$ 10,000								\$ 10,000	
MH WO DCYF Prop J Collaborative	251962-10002-10001799-0004							\$ 17,921			\$ 17,921	
MH WO HSA SPMP Foster Care	251962-10002-10001803-0011								\$ 35,849		\$ 35,849	
MH MHSA (WET)	251984-17156-10031199-0061									\$ 31,827	\$ 31,827	
This row left blank for funding sources not in drop-down list											\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 3,386	\$ 1,235,795	\$ 288,115	\$ 19,872	\$ 11,472	\$ 53,773	\$ 164,612	\$ 21,616	\$ 35,849	\$ 31,827	\$ 1,866,317
		-	-	(0)	-	0	(0)	(0)	-	0	-	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity											
											\$ -	
This row left blank for funding sources not in drop-down list											\$ -	
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity											
											\$ -	
This row left blank for funding sources not in drop-down list											\$ -	
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	
TOTAL DPH FUNDING SOURCES		\$ 3,386	\$ 1,235,795	\$ 288,115	\$ 19,872	\$ 11,472	\$ 53,774	\$ 164,612	\$ 21,616	\$ 35,849	\$ 31,827	\$ 1,866,317
NON-DPH FUNDING SOURCES												
											\$ -	
This row left blank for funding sources not in drop-down list											\$ -	
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		\$ 3,386	\$ 1,235,795	\$ 288,115	\$ 19,872	\$ 11,472	\$ 53,774	\$ 164,612	\$ 21,616	\$ 35,849	\$ 31,827	\$ 1,866,317
BHS UNITS OF SERVICE AND UNIT COST												
Number of Beds Purchased												
SUD Only - Number of Outpatient Group Counseling Sessions												
SUD Only - Licensed Capacity for Narcotic Treatment Programs												
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	651	176,542	30,328	2,685	64	300	918	121	200	178		
Unit Type	Staff Minutes	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 5.20	\$ 7.00	\$ 9.50	\$ 7.40	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 5.20	\$ 7.00	\$ 9.50	\$ 7.40	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	
Published Rate (Medi-Cal Providers Only)	\$ 5.20	\$ 7.00	\$ 9.50	\$ 7.40	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	Total UDC	
Unduplicated Clients (UDC)	11	11	11	11	11	11	11	11	11	11	110	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number  
Program Name UC-CAS  
Program Code 38C72

Appendix Number B-1  
Page Number Page 2  
Fiscal Year 2022-2023  
Funding Notification Date 05/31/22

	TOTAL		UC-CAS Mode 15 (251962-10000-10001670-0001)		UC-CAS Mode 45 (251962-10000-10001670-0001)		US CAS Mode 45		MH CYF COUNTY GEN FUND (251962-10000-10001670-0001)		MH WO DCYF PROJ J COLLAB (251962-10002-10001799-0004)		MH WO MSA CH CPMF FOSTER CARE (251962-10002-10001803-0011) (251962-10000-10001670-0001)		MH MSA (WET) (251984-17156-10031199-0061)	
Funding Term	(07/01/22-06/30/23)		(07/01/22-06/30/23)		(07/01/22-06/30/23)		07/01/22-06/30/2023		(07/01/22-06/30/23)		(07/01/22-06/30/23)		(07/01/22-06/30/23)		(07/01/22-06/30/23)	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Directors	1.00	\$ 115,890	1.00	\$ 115,890												
Psychologist	0.70	\$ 92,644	0.70	\$ 92,644												
Non Physician Clinical Trainee/Asst Prof	0.82	\$ 65,636							0.80	\$ 43,828			0.02	\$ 21,808		
Asst Research Professor	0.15	\$ 17,020	0.00	\$ -											0.15	\$ 17,020
Psychiatrist attending	0.60	\$ 196,000	0.60	\$ 196,000												
Clinical Social Worker I/II/III	4.00	\$ 341,131	4.00	\$ 341,131												
HEARTS CSW II	0.13	\$ 13,245	0.00	\$ -							0.13	\$ 13,245				
Navigator	0.70	\$ 57,649	0.00	\$ -					0.70	\$ 57,649						
Admin Support Team	2.40	\$ 196,896	2.05	\$ 156,221	0.35	\$ 6,658		\$ 34,017								
Intern-Clinical Psychology	1.50	\$ 57,688	1.50	\$ 57,688												
Totals:	12.00	\$ 1,153,799	9.85	\$ 959,574	0.35	\$ 6,658	\$ -	\$ 34,017	1.50	\$ 101,477	0.13	\$ 13,245	0.02	\$ 21,808	0.15	\$ 17,020
Employee Benefits:	40.00%	\$ 461,520	40.00%	\$ 383,830	40.00%	\$ 2,663	40.00%	\$ 13,607	40.00%	\$ 40,591	40.00%	\$ 5,298	40.00%	\$ 8,723	40.00%	\$ 6,808
TOTAL SALARIES & BENEFITS		\$ 1,615,318		\$ 1,343,404		\$ 9,321		\$ 47,624		\$ 142,068		\$ 18,543		\$ 30,531		\$ 23,828

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000011077

Program Name UC-CAS

Program Code 38C72

Appendix Number B-1

Page Number Page 3

Fiscal Year 2022-2023

Page Number Page 4

Fiscal Year 38C7

Funding Notification Date 05/31/22

Expense Categories & Line Items	TOTAL	UC-CAS Mode 15 (251962-10000- 10001670-0001)	UC CAS Mode 45 (251962-10000-10001670- 0001)	UC CAS Mode 45 OHS community Client services	MH CYF COUNTY GEN FUND (251961-10000- 10001670-0001)	MH WO DCYF PROJ J COLLAB (251962-10002- 10001799-0004)	MH WO HSA CH CPMP FOSTER CARE (251962-10002- 10001803-0011) (251962-10000- 10001670-0001)	MH MHSA (WET) (251984-17156- 10031199-0074)
<b>Funding Term</b>	(07/01/22-06/30/23)	(07/01/22-06/30/23)	(07/01/22-06/30/23)	(07/01/22-06/30/23)	(07/01/22-06/30/23)	(07/01/22-06/30/23)	(07/01/22-06/30/23)	(07/01/22-06/30/23)
Rent	\$ -	\$ -						
Utilities (telephone, electricity, water, gas)	\$ 3,088.00	\$ 3,088.00						
Building Repair/Maintenance	\$ -	\$ -						
<b>Occupancy Total:</b>	<b>\$ 3,088.00</b>	<b>\$ 3,088.00</b>				\$ -	\$ -	\$ -
Office Supplies	\$ 5,349	\$ 576		\$ 388	\$ 116	\$ 329	\$ 730	\$ 3,210
Photocopying	\$ -	\$ -						
Program Supplies	\$ 513						\$ 513	
Computer Hardware/Software	\$ 827	\$ -						\$ 827
<b>Materials &amp; Supplies Total:</b>	<b>\$ 6,689</b>	<b>\$ 576</b>	<b>\$ -</b>	<b>\$ 388</b>	<b>\$ 116</b>	<b>\$ 329</b>	<b>\$ 1,243</b>	<b>\$ 4,037</b>
Training/Staff Development	\$ -	\$ -						
Insurance	\$ -	\$ -						
Professional License	\$ -	\$ -						
Permits	\$ -	\$ -						
Equipment Lease & Maintenance	\$ -	\$ -						
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 1,785	\$ 1,208						
Out-of-Town Travel	\$ -	\$ -						
Field Expenses	\$ -	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 1,785</b>	<b>\$ 1,208</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -						
	\$ -	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>				<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 15,753	\$ 12,846	\$ 426		\$ 2,065	\$ 159	\$ 30	\$ 227
GAEL: General Automobile and Employee Liability Charges	\$ 9,182	\$ 7,869	\$ 55		\$ 832	\$ 109	\$ 179	\$ 140
Data Network Recharge	\$ 6,619	\$ 5,437	\$ 193		\$ 830	\$ 69	\$ 11	\$ 79
CCDSS: Computing and Communication Device Support Services	\$ 8,498	\$ 6,974	\$ 248		\$ 1,064	\$ 92	\$ 14	\$ 106
<b>Other Total:</b>	<b>\$ 40,052</b>	<b>\$ 33,125</b>	<b>\$ 922</b>	<b>\$ -</b>	<b>\$ 4,790</b>	<b>\$ 428</b>	<b>\$ 234</b>	<b>\$ 552</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 51,036</b>	<b>\$ 37,997</b>	<b>\$ 922</b>	<b>\$ 388</b>	<b>\$ 4,906</b>	<b>\$ 757</b>	<b>\$ 1,477</b>	<b>\$ 4,589</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 CAS						Page Number Page 1	
Provider Number 38C7						Fiscal Year 2022-2023	
Contract ID Number 1000011077						Funding Notification Date 05/31/22	
Program Name		FUERTE					
Program Code		38C72					
Mode/SFC (MH) or Modality (SUD)		55 and 45/10-19					
Service Description		OS-MH Promotion					
Funding Term (mm/dd/yy-mm/dd/yy):		(07/01/22-06/30/23)					
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits		\$	335,087				\$ 335,087
Operating Expenses		\$	61,866				\$ 61,866
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>		<b>\$</b>	<b>396,953</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 396,953</b>
Indirect Expenses		\$	47,635				\$ 47,635
Indirect %			12.0%	0.0%	0.0%	0.0%	12.0%
<b>TOTAL FUNDING USES</b>		<b>\$</b>	<b>444,589</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 444,589</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001						\$ -
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001						
MH CYF County General Fund	251962-10000-10001670-0001						
MH CYF County GF WO CODB	251962-10000-10001670-0001						\$ -
MH WO HSA SPMP Foster Care	251962-10002-10001803-0011						\$ -
MH MHSA (INN)	251984-17156-10031199-0037						\$ -
MH MHSA (INN)	251984-17156-10031199-0065	\$	444,589				\$ 444,589
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$</b>	<b>444,589</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 444,589</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$</b>	<b>444,589</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 444,589</b>
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>444,589</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>444,589</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Cost Reimbursement (CR)					
DPH Units of Service		1,845					
Unit Type		Staff Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$	240.97	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$	240.97	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)							<b>Total UDC</b>
Unduplicated Clients (UDC)			?				?



Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number1000011077

Program NameUC-CAS

Program Code38C72

Appendix NumberB-2

Page NumberPage 2

Fiscal Year2022-2023

Funding Notification Date05/31/22

	TOTAL		MH MHSA (INN) 251984-17156-10031199-0078		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	(07/01/22-06/30/23)		(07/01/22-06/30/23)		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinic Director	0.40	\$ 54,000	0.40	\$ 54,000								
Division Administrator	0.03	\$ 4,050	0.03	\$ 4,050								
Clin Research Coordinator	1.75	\$ 115,751	1.75	\$ 115,751								
Intern-Clinical Psychology (GME)	0.50	\$ 15,965	0.50	\$ 15,965								
Research Assistant	1.00	\$ 49,582	1.00	\$ 49,582								
Totals:	3.68	\$ 239,348	3.68	\$ 239,348	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40.00%	\$ 95,739	40.00%	\$ 95,739			CBR-%		CBR-%		CBR-%	
TOTAL SALARIES & BENEFITS	\$ 335,087		\$ 335,087		\$ -		\$ -		\$ -		\$ -	

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000011077

Program Name UC-CAS

Program Code 38C72

Appendix Number

B-2

Page Number

Page 3

Fiscal Year

2022-2023

Funding Notification Date

05/31/22

Expense Categories & Line Items	TOTAL	MH MSA (INN) 251984-17156- 10031199-0078	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
<b>Funding Term</b>	(07/01/22-06/30/23)	(07/01/22-06/30/23)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ 2,400.00	\$ 2,400.00					
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ 2,400</b>	<b>\$ 2,400</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 3,658	\$ 3,658					
Photocopying	\$ -						
Program Supplies	\$ 28,318	\$ 28,318					
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ 31,976</b>	<b>\$ 31,976</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 3,000	\$ 3,000					
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ 3,000</b>	<b>\$ 3,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 500	\$ 500					
Out-of-Town Travel	\$ 5,000	\$ 5,000					
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 5,500</b>	<b>\$ 5,500</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
See Appendix A for details	\$ -	\$ -					
Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and	\$ 8,000	\$ 8,000					
<b>Consultant/Subcontractor Total:</b>	<b>\$ 8,000</b>	<b>\$ 8,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff HR Recharge	\$ 4,479	\$ 4,479					
GAL: General Automobile and Employee Liability Charges	\$ 1,963	\$ 1,963					
Data Network Recharge	\$ 1,943	\$ 1,943					
CCDSS: Computing and Communication Device Support Services Recharge	\$ 2,605	\$ 2,605					
<b>Other Total:</b>	<b>\$ 10,990</b>	<b>\$ 10,990</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 61,866</b>	<b>\$ 61,866</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>



**BUDGET JUSTIFICATION****Contractor Name** Regents of the University of CA

Appendix Number B-2

**Program Name** Fuerte

Fiscal Year 20/21

**1a) SALARIES**

<b>Staff Position 1: Clinic Director</b>					
Brief description of job duties: Provides direct oversight of the Fuerte program including managing budget, hiring decisions, subcontracting, research design and evaluation, and supervision of project staff.					
Minimum qualifications: • Ph.D. degree in clinical psychology or related field with extensive research and program evaluation experience.					
Annual Salary:	Level of Effort	# Months per Year:	Annualized (if less than 12 months):	FTE	Amount
\$135,000.05	0.20	12	1.00	0.40	\$ 54,000

<b>Staff Position 2: #REF!</b>					
Brief description of job duties: Provides coordination and training of all providers delivering the Fuerte program.					
Minimum qualifications: CSW I: Master's degree in social work, psychology or related field from an accredited university and registered with the Board of Behavioral Science as An Associate Clinical Social Worker (ASW) or Intern Marriage Family Therapist (IMFT).					
Annual Salary:	Level of Effort	# Months per Year:	Annualized (if less than 12 months):	FTE	Amount
#REF!	0.10	12	1.00	#REF!	#REF!

<b>Staff Position 3: Division Administrator</b>					
Brief description of job duties: Operations management/supervision; long range planning; compliance; contracts and grants					
Minimum qualifications: Bachelor Degree and five to seven years of experience in business administration, accounting, finance or a related field; or an equivalent combination of education, course work and experience in a university setting; minimum of two years' experience in financial management, budget development and/or research contracts and grants administration					
Annual Salary:	Level of Effort	# Months per Year:	Annualized (if less than 12 months):	FTE	Amount
\$135,000.43	0.05	12	1.00	0.03	\$ 4,050

<b>Staff Position 4: Clin Research Coordinator</b>					
Brief description of job duties: Provide research project support to including scheduling project and collaborator meetings, disseminating project-related materials to project team staff; Assist with recruitment and enrollment of study participants, and coordinating, managing, identifying and obtaining primary and secondary data collection; data entry, database management and data transfer processes...					
Minimum qualifications: Master's degree in psychology, public health, or related fields; exp working with immigrant youth and families; mental health; research...					
Annual Salary:	Level of Effort	# Months per Year:	Annualized (if less than 12 months):	FTE	Amount
\$115,751.00	1.00	12	1.00	1.75	\$ 115,751

<b>Staff Position 5: #REF!</b>					
Brief description of job duties: Provide research project support to including scheduling project and collaborator meetings, disseminating project-related materials to project team staff; Assist with recruitment and enrollment of study participants, and coordinating, managing, identifying and obtaining primary and secondary data collection; data entry, database management and data transfer processes...					
Minimum qualifications: Master's degree in psychology, public health, or related fields; exp working with immigrant youth and families; mental health; research...					

Annual Salary:	Level of Effort	# Months per Year:	Annualized (if less than 12 months):	FTE	Amount
#REF!	0.50	12	1.00	#REF!	\$ 30,318

Staff Position 6: Intern-Clinical Psychology (GME)					
Oversees undergraduate volunteers on data collection activities; aids in research design, implementation, and data analysis; assisting in adaptation of Fuerte program to Arabic speaking populations					
Brief description of job duties: populations					
Minimum qualifications: Phd or PsyD in Clinical Psychology from an American Psychological Association accredited					
Annual Salary:	Level of Effort	# Months per Year:	Annualized (if less than 12 months):	FTE	Amount
\$31,930.00	0.40	12	1.00	0.50	\$ 15,965

Total FTE: #REF!

Total Salaries: #REF!

**1b) EMPLOYEE BENEFITS:**

\*A benefit expense may be added or deleted to reflect the composition of the agency's employee benefits.

Amount

Social Security	
Medicare	
Unemployment Insurance	
Worker's Compensation	
Health and Dental	
Retirement	
Paid Time Off	
Other (specify)	
Other (specify)	
<b>Total Fringe Benefit:</b>	<b>95,739</b>

Fringe Benefit %: #REF!

<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b>	<b>#REF!</b>
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**2) OPERATING EXPENSES:****Occupancy:**

Expense Item	Brief Description	Rate	Amount
<b>Total Occupancy:</b>			<b>-</b>

**Materials & Supplies:**

Expense Item	Brief Description	Rate	Amount
Office Supplies	Pens, paper, ink cartridges, folders, staples, notebooks etc.	\$568/month	3,658
Program Supplies	Food and supplies associated with trainings and community engagement events; gift cards for participants	\$1,400/month	28,318
<b>Total Materials &amp; Supplies:</b>			<b>31,976</b>

**General Operating:**

Expense Item	Brief Description	Rate	Amount
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<b>Total General Operating:</b>			<b>-</b>

**Staff Travel:**

Purpose of Travel	Location	Expense Item	Rate	Amount
Local Travel	San Francisco	Travel to/from school sites for Fuerte program	SFMTA rates	500
Out of Town Travel	TBD	Conference travel to present results of Fuerte program evaluation	TBD	5,000
<b>Total Staff Travel:</b>				<b>5,500</b>

**Consultants/Subcontractors:**

Consultant/Subcontractor Name	Service Description	Rate	Amount
TBD	Agencies that will provide personnel that will serve as group leaders for the Fuerte program		-
<b>Total Consultants/Subcontractors:</b>			<b>-</b>

**Other:**

Expense Item	Brief Description	Rate	Amount
UCSF Faculty and Staff HR Recharge	UCSF Human Resources provides comprehensive services to the department to support the HR needs for academic, personnel, staff and postdocs. Services provided are hiring, payroll, development and promotion, retention and separation. They ensure compliance with University policies and procedures. This campus service is charged to the department based on the number of staff, academic and postdoc employees.	FTE x rate (FY 18/19 Rate for Academic staff is \$1,415 and Staff is \$1,132)	4,479
GAEL - General Automobile and Employee Liability charges	GAEL is business travel accident insurance that covers a wide variety of accidents and is provided to all University employees traveling on official University business.	insurance assessment is calculated by applying the current GAEL rate x \$100 of salaries budgeted. Total salary	1,963
Data Network Services Recharge	UCSF charge per month per FTE for data network computing services allows staff to send data and access Avatar and other client data programs.	FTE x \$44 per month (FY 18/19 rates) x 12 months.	1,943
CCDSS - Computing and Communication Device Support Services	UCSF charge per FTE of \$59 (FY18/19) for desktop services and local network support.	This charge is per FTE, FTE x \$59 x 12 months.	1,593
<b>Total Other:</b>			<b>9,977</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>47,453</b>
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**3) CAPITAL EXPENSES:** (Remodeling cost or purchase of \$5,000 or more per unit)

Capital Expense Item	Brief Description	Amount
TOTAL CAPITAL EXPENSES:		-
TOTAL DIRECT EXPENSES:		#REF!

4) INDIRECT EXPENSES

Describe method and basis for Indirect Cost Allocation.	Amount
12% as agreed upon by UCSF and SFDPH	47,635

Indirect Rate:	#REF!
TOTAL INDIRECT EXPENSES:	47,635

TOTAL EXPENSES:	#REF!
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## **APPENDIX D**

### **Data Access and Sharing Terms**

#### **Article 1 Access**

##### **1.1 Revision to Scope of Access (RSA):**

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

##### **1.2 Primary and Alternate Agency Site Administrator.**

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

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

1.2.2 Communicating with the SFDPH IT Service Desk;

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

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

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

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

##### **1.3 SFDPH IT Service Desk.**

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

##### **1.4 Deprovisioning Schedule.**

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

##### **1.5 Active Directory.**

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

##### **1.6 Role Based Access.**



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

#### **1.7 Training Requirements.**

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

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

#### **1.8 Agency Data User Confidentiality Agreement.**

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

#### **1.9 Corrective Action.**

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

#### **1.10 User ID and Password.**

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

#### **1.11 Notification of Compromised Password.**

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

#### **1.12 Multi Factor Authentication.**

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

#### **1.13 Qualified Personnel.**

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

#### **1.14 Workstation/Laptop encryption.**

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

#### **1.15 Server Security.**

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

#### **1.16 Removable media devices.**

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

#### **1.17 Antivirus software.**

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

#### **1.18 Patch Management.**

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

#### **1.19 System Timeout.**

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

#### **1.20 Warning Banners.**

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

#### **1.21 Transmission encryption.**

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

#### **1.22 No Faxing/Mailing.**

City Data may not be faxed or mailed.

#### **1.23 Intrusion Detection.**

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

#### **1.24 Security of PHI.**

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

#### **1.25 Data Security and City Data**

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

#### **1.26 Data Privacy and Information Security Program.**

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

#### **1.27 Disaster Recovery.**

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

#### **1.28 Supervision of Data.**

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

#### **1.29 As Is Access.**

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

### **1.30 No Technical or Administrative Support.**

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

### **1.31 City Audit of Agency and Agency Data Users.**

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

### **1.32 Minimum Necessary.**

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

### **1.33 No Re-Disclosure or Reporting.**

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

### **1.34 Health Information Exchange.**

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

### **1.35 Subcontracting.**

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

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

## **Article 2 Indemnity**

### **2.1 Medical Malpractice Indemnification.**

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

## **Article 3 Proprietary Rights and Data Breach**

### **3.1 Ownership of City Data.**

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

### **3.2 Data Breach; Loss of City Data.**

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

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

- ii. any action pertaining to a breach required by applicable federal and state laws.

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

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

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

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

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

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

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

### **3.3 Media Communications**

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

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

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

#### **A. SFDPH Care Link Requirements:**

##### **1. Connectivity.**

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

##### **2. Compliance with Epic Terms and Conditions.**

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

##### **3. Epic-Provided Terms and Conditions**

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

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

#### **A. SFDPH Epic Hyperspace and Epic Hyperdrive:**

##### **1. Connectivity.**

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



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

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

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

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

**A. SFDPH myAvatar via WebConnect and VDI:**

**1. Connectivity.**

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

**2. Information Technology (IT) Support.**

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

**3. Access Control.**

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

## Attachment 2 to Appendix D

### Protected Information Destruction Order Purge Certification - Contract ID # 1000011077

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated July 1, 2023 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

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

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

\*\*\*\*\*

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

### So Certified

\_\_\_\_\_  
Signature

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

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

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

**Agreement between the City and County of San Francisco and  
The Regents of the University of California, A Constitutional Corporation,  
on behalf of its San Francisco Campus**

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## **AGREEMENT**

### **Recitals**

This Agreement is made this **1<sup>st</sup> day of July, 2018**, in the City and County of San Francisco, State of California, by and between: **The Regents of the University of California**, a California Constitutional corporation, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

### **Recitals**

WHEREAS, the **Department of Public Health** ("Department") wishes to **provide mental health services for San Francisco children, youth and families**; and

WHEREAS, a Request for Proposal ("RFP"), **RFP 13-2017**, was issued on **September 28, 2017**, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number **46987-16/17 on June 19, 2017**;

Now, THEREFORE, the parties agree as follows:

### **Article 1      Definitions [Reserved.]**

### **Article 2      "Term of the Agreement"**

#### **2.1      Term.**

The term of this Agreement shall commence on July 1, 2018 and expire on 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 Section 4 of this Agreement, that the **Director of Public Health**, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Six Million Four Hundred Seventy One Thousand Eight Hundred Sixty Two Dollars (\$6,471,862). 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.

### **3.4 Contract Amendments; Budgeting Revisions.**

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

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

### **3.5 Audit and Inspection of Records.**

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

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

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

**3.5.3** The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal

services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

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

### **3.6 Submitting False Claims.**

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

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

## **Article 4 Services and Resources**

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

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

### **4.2 Qualified Personnel.**

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

### **4.3 Subcontracting.**

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor shall supervise its subcontractors throughout the course of the work required

to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 Contractor will not employ subcontractors.

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

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

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

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

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

#### **4.5 Assignment.**

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

#### **4.6 Warranty.**

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

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

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

### **Article 5 Insurance and Indemnity**

#### **5.1 Insurance.**

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

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

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

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

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

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



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

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

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

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

## **5.2 Indemnification.**

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

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

## **Article 6 Liability of the Parties**

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

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

**6.3 Liability for Use of Equipment.**

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

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

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

## **Article 7      Payment of Taxes**

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

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

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

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

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

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

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

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

## **Article 8      Termination and Default**

## **8.1 Termination for Convenience**

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

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

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

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

- (a) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead not to exceed the negotiated indirect rate as set forth in Appendix B. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice
- (b) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this



Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

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

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

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

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

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

## **8.2 Termination for Default; Remedies.**

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

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

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

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

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

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

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

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

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

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

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 Reserved.**

### **10.5 Nondiscrimination Requirements. [Reserved in consideration CMD Waiver; Administrative Code Section 12B.5.1 and 12C.5.1.]**

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

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

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

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

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

**10.10 Drug-Free Workplace.**

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

**10.11 Limitations on Contributions.**

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

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

**10.13 Working with Minors.**

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

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

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

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

**10.16 Food Service Waste Reduction Requirements.**

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

**10.17 Sugar-Sweetened Beverage Prohibition.**

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

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

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

**10.19 Preservative Treated Wood Products.**

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

**Article 11 General Provisions**

**11.1 Notices to the Parties.**

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

To CITY:           Office of Contract Management and Compliance  
                          Department of Public Health  
                          1380 Howard Street, 4<sup>th</sup> Floor

San Francisco, California 94103

and: **Mario Hernandez** email: **Mari.Hernandez@sfdph.org**  
Contract Administrator  
San Francisco Department of Public Health  
1380 Howard Street, 5<sup>th</sup> Floor  
San Francisco, CA 94102

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

And: **Maria Tolou-Shams**  
Principal Contact  
1001 Portrero Ave, Bldg 5 SB

San Francisco, CA 94103

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

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

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

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

#### **11.3 Reserved.**

#### **11.4 Sunshine Ordinance.**

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



financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

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

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

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

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

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

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

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

#### **11.8 Construction.**

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

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

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

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

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

#### **11.11 Severability.**

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

#### **11.12 Cooperative Drafting.**

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

#### **11.13 Order of Precedence.**

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

### **Article 12 Department Specific Terms**

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

#### **12.2 Third-Party Beneficiaries**

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

#### **12.3 Certification Regarding Lobbying**

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

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

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

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

12.3.4 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite



for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **12.4 Materials Review**

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

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

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

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

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

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

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

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

13.1.1 Each Party understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, one party may have access to private or confidential information which may be owned or controlled by the other party ("Providing Party") and that such information may contain proprietary or confidential details, the disclosure of which to third

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

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

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

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

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

### **13.2 Payment Card Industry ("PCI") Requirements.**

### **13.3 Business Associate Agreement.**

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

**The parties acknowledge that Contractor will:**

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

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

- a. **Appendix E SFDPH Business Associate Agreement (BAA) (04-12-2018)**
  - 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
  - 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. ☒ **NOT** do any of the activities listed above in subsection 1;  
Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.  
**This option requires review and approval from the Office of Compliance and Privacy Affairs.**

#### **13.4 Protected Health Information.**

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

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

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

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Contract ID # 1000011077


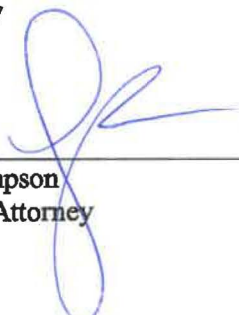

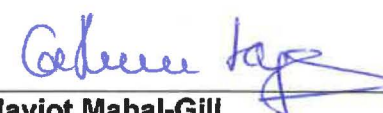
P-600 (2-17; DPH 4/18; UCSF 2/26/19)

Regents of the University of California

July 1, 2018: Original

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

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

CITY	CONTRACTOR
<p>Recommended by:</p> <p> <u>16-20-19</u> Date</p> <p><b>Greg Wagner</b> Acting Director of Health Public Health Department</p> <p>Approved as to Form:</p> <p>Dennis J. Herrera City Attorney</p> <p>By:  <u>16/14/19</u> Date</p> <p>Louise S. Simpson Deputy City Attorney</p> <p>Approved:</p> <p> <u>7/22/19</u> Date</p> <p><b>Alaric Degrafinried</b> Director of the Office of Contract Administration, and Purchaser</p>	<p><b>The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus</b></p> <p>By signing this Agreement, I certify that the University of California is exempt from the requirements of the Minimum Compensation Ordinance, referenced in Section 43, since the University is an agency of the State of California.</p> <p> <u>6/12/19</u> Date</p> <p><b>Navjot Mahal-Gill</b> Contracts Specialist 3333 California Street, Suite 315 San Francisco, California 94143-0962</p> <p>Supplier ID: 0000009027</p>

**Appendices**

- A: Statement of Work
- B: Calculation of Charges
- C: Reserved
- D: Reserved
- E: Reserved
- F: Invoice

Received By:  
JUN 28 '19 AM 10:13  
Purchasing Department

## **Appendix A Scope of Services**

### **1. Terms**

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

In performing the Services hereunder, Contractor shall report to **Mario Hernandez**, 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."

**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      UC Child and Adolescent Services (CAS)



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**1. Identifiers:**

**Program Name: Child and Adolescent Service**

**Program Address: ZSFG Division of Infant, Child & Adolescent Psychiatry (ICAP), 1001 Potrero Ave, 6B**

**City, State, Zip Code: San Francisco, CA 94110**

**Telephone: (415) 206-4444**

**Facsimile: (415) 206-3142**

**Contractor Address: 3333 California Street**

**City, State, Zip Code: San Francisco, CA**

**94143**

**Name of Person Completing this Narrative: William Martinez, Ph.D.**

**Telephone: (415) 206-5030**

**Program Code(s): 38C72, NEED TO ADD NEW PROGRAM CODE HERE**

*(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)*

**2. Nature of Document (check one):**

**X Original**

**Renewal**

**Modification**

**3. Goal Statement:**

- A. To provide assessment, treatment, advocacy, and referral services for San Francisco children, youth, and families who have experienced trauma and/or who present with serious emotional or behavioral problems by making available accessible, clinic, community and school-based mental health services that are linguistically and culturally appropriate and evidence informed.
- B. To provide empirically-supported group therapy treatment programs including:
  - Triple P parenting program
  - DBT skills groups for adolescents
  - FUERTE school-based prevention program for newcomer Latinx immigrant youth
  - KidPower group for school-age children needing safety, social and anger management skill development
- C. To provide medication management services including psychiatric evaluations to youth in our clinic as well as our partner clinic, Instituto Familiar de la Raza
- D. To provide Education-Related Mental Health Services in the San Francisco Unified School District
- E. To provide comprehensive psychological evaluation services that completed or supervised by licensed psychologists including:
  - Preadoptive developmental evaluations for youth in foster
  - Comprehensive psychological evaluations for youth needing differential diagnosis and treatment planning for complicated psychiatric conditions
  - Diagnostic assessment screenings of all patients presenting to our clinic to inform treatment planning
- F. To provide empirically supported youth eating disorder assessment and treatment.

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- G. To collaborate with Foster Care Mental Health to employ a social worker who will use the single page eligibility CANS and other assessment tools to provide prompt assessment of needed level of care and prompt intake to mental health services for children and youth in foster care as well as those seen at the CAS clinic at ZSFG.
- H. To provide training and consultation to systems (e.g. San Francisco Unified School District, San Francisco Department of Public Health) that serve children, youth, and families who have experienced trauma.

#### 4. Target Population:

- Children and youth referred through ZSFG Pediatrics or other Primary or Specialty Care Providers (i.e. within the Community Health Network), children/youth referred through the San Francisco Behavioral Health Services (SFBHS) central access, other child serving agencies, and the community.
- Children/youth/families with San Francisco Medi-Cal, Healthy Families and/or Healthy Kids insurance.
- Children and youth who have suffered psychological trauma due to witnessing severe domestic violence, community violence, homicide of a family member, surviving a physical assault, physical and/or emotional abuse, sexual abuse or neglect, catastrophic injury, debilitating chronic disease, traumatic loss or the illness of the child or a significant family member.
- Youth identified with eating disorders and referred by the UCSF Specialty Eating Disorders Clinic
- Children and adolescents with other socioemotional concerns meeting specialty mental health criteria.
- Children and youth referred by San Francisco Unified School District (SFUSD) staff or through the Department of Human Services (e.g. foster care).
- Infants and children who have or are at risk for having behavioral symptoms and problems due to a variety of conditions such as prenatal drug exposure and/or premature birth.
- San Francisco Department of Public Health Personnel and affiliates.

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

##### Mental Health Services

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

##### Assessment

"Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing

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procedures.

#### Collateral

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

#### Therapy

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

#### Psychological Assessment

"Psychological Assessment" means services performed by a licensed psychologist focused on evaluation, and include the use of psychological measures, tests, and instruments. These services may include, but are not limited to, assessment, scoring of instruments, tests, and measures, and report writing.

#### Targeted Case Management

"Targeted Case Management" means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communications, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

#### Medication Support Services

"Medication Support Services" means those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or metabolic labs or biological assessments, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, medication education, plan development related to the delivery of their service and/or assessment of the beneficiary and ongoing medication management visits. These services also include providing emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care) as well as responding to general pediatric requests for psychiatric and medication management consultation for youth in their practice.

#### Crisis Intervention

"Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition, which requires more timely response than a regularly scheduled visit. Service activities may include, but are not limited to, assessment, collateral, and therapy.

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Outreach Services/Mental Health Promotion-Consultation Services.

“Outreach Services” are activities and projects directed toward 1) strengthening individual’s and communities’ skills and abilities to cope with stressful life situations before the onset of such events, 2) enhancing and/or expanding agencies’ or organizations’ mental health knowledge and skills in relation to the community-at-large or special population groups, 3) strengthening individuals’ coping skills and abilities during a stressful life situation through short-term intervention and 4) enhancing or expanding knowledge and skills of human services agency staff to handle the mental health problems of particular clients.

6. Please see Appendix B - CRDC Page.

**7. Methodology:**

*Describe how your program conducts outreach, recruitment, promotion, and advertisement.*

CAS receives referrals from several different sources:

1) **Pediatric Primary Care:** The majority of children and youth served by CAS (nearly 70%) are referred by the ZSFG Dept. of Pediatrics. C A S does comprehensive outreach to pediatricians in the Department, including placing psychology interns in pediatric continuity clinics to provide consultation and facilitate referral, participation in the Department of Pediatrics eReferral system, appearing and making presentations about CAS’ services at Pediatrics Staff meetings, inviting Pediatrics staff and faculty to the ICAP/CAS grand rounds and offering a weekly ninety minute multidisciplinary psychiatry case consultation conference in order to deepen the relationship between CAS and the Department of Pediatrics. In November 2016, ICAP will had a new Associate Director of Primary Care Behavioral Health, Pediatrics (licensed clinical psychologist) who will lead efforts toward establishing a model of integrated pediatric primary care behavioral health that will expand the scope of mental health and substance use services provide by the ICAP division as well as enhance linkage between pediatric primary care, family medicine and specialty mental health, substance use and psychiatric (med management) treatment services.

2) **Pediatric Eating Disorders:** CAS also receives referrals from pediatricians at Mt. Zion Hospital where an ICAP licensed clinician has been integrated into in the UCSF Specialty Eating Disorders Clinic team to provide services to children suffering from a variety of eating problems. Many of these children receive their primary care at ZSFG and there is significant coordination and linkage between Mt. Zion and ZSFG to accommodate San Francisco Medi-Cal children and their families.

3) **Schools:** Referrals also come from schools as a result of CAS’ long history of collaboration with the San Francisco Unified School District. Due to the success of its relationship-based outreach efforts, CAS does not advertise and generally has more referrals than it can manage; it actively assesses children’s needs at intake and refers children and youth to other providers in the city who can meet their clinical needs when CAS cannot. Once families are referred, CAS directly

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outreaches the family, calls them to explain the range of available services and offers an appointment or meeting with them during their ZSFG Pediatric Clinic appointments.

In addition, CAS will be a certified site this year to participate in Education Related Mental Health Services in the school district.

CAS conducts outreach for its full range of services, all of which are suitable for children who meet criteria for Medi-Cal, largely by engaging in active collaboration with other service systems. The full range of services to these children are supported by this contract, although additional support from other funding streams enables CAS to pay stipends to psychology interns and postdoctoral fellows and place them in ZSFG and community sites where they can offer accessible service to children and youth. CAS services include the following:

- 1) The CAS clinic at ZSFG provides assessment, therapy, medication management and case management to children and adolescents who meet medical necessity as a result of suffering traumatic experiences, or who have non-trauma related mental health impairments; as outlined above, most of these children are recruited through collaborations with ZSFG Pediatrics or the schools.
- 2) The Early Childhood Development Clinic provides pre-adoption evaluations of infants and children to identify behavioral symptoms/problems or risks that could require ongoing services or supports post adoption. This service is provided in collaboration with the Human Services Agency.
- 3) UCSF HEARTS Healthy Environments and Response to Trauma in Schools (HEARTS) provides trauma training and mental health consultation for educators, administrators, support staff, and other school staff, focusing particularly on the effects of complex trauma on school communities, as well as trauma-sensitive practices that can help to create more safe and supportive learning environments to promote school success for children and adolescents who have experienced trauma.
- 4) CAS staff coordinates services with several SFUSD schools, primary care and community providers as needed to facilitate the full and healthy development of each child and youth by offering assessment and therapeutic services in school and community sites that are readily accessible to children, youth, and families.
- 5) CAS staff and leadership are also participating in the San Francisco Department of Public Health Trauma Informed System (TIS) Initiative, including serving on the leadership collaborative, working group, developing curricula, attending meetings to coordinate efforts with other systems, providing training and consultation to DPH personnel and affiliates as well as other systems impacting San Francisco children, youth, and families and collaborating on the evaluation and dissemination of data related to TIS training implementation.

In all of its services, CAS is committed to providing high quality, culturally competent services for ethnically diverse and economically disadvantaged families. All services are provided in English and Spanish, with access to ZSFG interpreter services for other languages as needed.

*Describe your programs admission, enrollment and/or intake criteria and process where applicable.*

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After a child or youth is referred, CAS administrative staff ensures that clients are not receiving services from another provider, contacts the referral source and the parents of the referred child to complete missing demographic information, and then passes the referral to a clinician who makes the initial call to the family. Through our intake process and the process of completing the initial CANS assessment by gathering information from the child or youth, the family, and teachers and other providers who work with the child or youth, CAS determines whether the child meets medical necessity for Medi-Cal treatment. Children who do not meet medical necessity are not seen at CAS.

Starting in October 2018, we will have all youth at CAS participate in a Diagnostic Assessment Clinic that will give an opportunity for youth to receive services in a more efficient manner than currently. The DAC will function as a centralized intake process. We anticipate that the DAC will have significant impact on multiple areas of care including the referral stream from pediatrics, reduced waitlist for specialty mental health care, increasing timely access, shorten time to care, expedite linkage to appropriate services and matching client preferences to service options such as group treatment and parent support services (which is associated with improved outcomes). We will have open hours in our clinic where licensed psychologists and/or trainees supervised by licensed psychologists will complete diagnostic assessment of youth within 10 days of their referral to CAS. The diagnostic assessment will include psychological instruments and measures, and last approximately 2-3 sessions. Youth will then be referred to group therapy programs if no individual/family therapist is available. For youth not meeting specialty mental health criteria, they will be referred to a relevant provider, such as the Golden Gate Regional Center or their primary care behavioral health team. For youth who present with acute problems, we will make every effort to find an opening in our clinic to take on these youth immediately, and if not possible, we will work with CYF county officials to find an appropriate placement for outpatient therapy.

*Describe your program's service delivery model and how each service is delivered, e.g, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc.*

The CAS staff is committed to providing treatment that is culturally appropriate and encourages the healthy, full development of each child and youth. Social workers, psychologists, and psychiatrists are all part of the treatment team. The team works with families to provide the best approach toward healing and wellness. Each child or youth referred receives an assessment that results in an individualized treatment plan, which is tailored to meet her/his needs. The treatment plan is developed in collaboration with the parent/guardian and the treatment team. Communication with schools, physicians and others involved with the family occurs, as needed, for clients in this program with the goal of enhancing collaboration between the array of institutions and organizations involved in the clients' life. Services are primarily delivered at ZSFG offices; however CAS also serves clients in various community sites, such as schools and community based organizations. CAS clinicians also travel to SFUSD schools, preschools and homes to observe children as part of our assessment (i.e. best practices for ADHD assessment) and treatment planning. Hours of operation are Mondays and Wednesdays, 9am – 7pm, Tuesdays and Thursdays, 9am – 6:30pm, and Fridays 9am – 5pm. CAS makes every



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effort to accommodate evening appointments when clinically indicated.

During the assessment phase, information is gathered using standard San Francisco Behavioral Health Services (SFBHS), Child Youth and Family System of Care (CYF-SOC) assessment tools (CANS). CAS also includes other psychological measures as clinically indicated in order to inform our assessment based treatment plans. Individual, group or family therapy is typically provided for one 45 to 60 minute session per week and length of treatment varies depending on the child and family meeting treatment goals as per the Plan of Care. Additionally, collateral contacts and case management are typically provided several times a week and as clinically indicated.

CAS has a Program Utilization Review Quality Committee (PURQC). This committee oversees initial and on-going services utilizing the SFBHS CYF SOC "Services Intensity Guidelines" and the procedures outlined in the Delegation Agreement for clinical reviews on ongoing authorizations. Strategies for service delivery include the following:

Crisis Intervention Services to children and families in crisis as a result of abuse or witnessing violence, often after school related incidents (i.e. lockdowns at school sites due to gun violence in the school's vicinity)

Assessment based treatment that uses culturally appropriate, evidence-based psychological measures to inform treatment plan and assess progress toward treatment goals Therapy may be delivered to an individual or group of beneficiaries, and may include family therapy at which the beneficiary is present.

Trauma-focused treatment, when the assessment indicates that traumatic life experiences may be contributing factors in a child or youth's social-emotional or behavioral challenges. To maximize the effectiveness of this strategy, CAS clinicians and supervisors have been trained in an evidence-based practices designed specifically for treating traumatized children and youth and their families from diverse cultural backgrounds:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT requires individual sessions for both the child and the parents, as well as parent-child joint sessions. The treatment approach has a high scientific rating by the California Evidence-Based Clearinghouse for Child Welfare, whose mission is to advance scientifically valid practices for children and families in the child welfare system.
- In addition, all our clinicians and trainees are trained on a second intervention for trauma in children developed by partners at Stanford University, called Cue Centered Therapy (CCT). CCT developed in recognition that parents may not be available for treatment and youth who experience recurrent traumatization within a context of ongoing adversity may derive limited benefit from processing an isolated traumatic event (as is the case in TF-CBT). CCT addresses the growing need for a manualized treatment aiming to increase youth insight into the connection between an individual's complex history of exposure to trauma and current emotional experiences and maladaptive behaviors.

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Whenever possible, CAS clinicians serve the family system rather than focusing exclusively on the individual child or youth. CAS clinicians also include other essential figures in the child or youth's life (e.g., primary care providers, teachers, extended family members, and spiritual leaders and other respected elders) in treatment conceptualization and service delivery where appropriate.

Medication services, which include initial psychiatric evaluation, evaluation of clinical effectiveness and side effects, obtaining consent, medication education, plan development related to the delivery of the service and/or assessment of the child/youth and ongoing medication management visits. Services may include prescribing and monitoring psychiatric medication(s) in order to alleviate the symptoms of mental illness, and ongoing collaboration with the therapist.

Psychological assessment services are provided specifically for youth and we are the only provider in the county we are aware of that is able to provide these services in Spanish. All services are performed by or supervised by a licensed psychologist. Referrals specifically for psychological assessment services come from primary care, other community-based agencies, self-referrals, and, for preadoptive developmental evaluations, through the Human Services Agency.

Consultation and coordination with pediatric primary care providers at ZSFG and Mt. Zion, community based organizations, schools, day care centers, and the child protection and child foster care system (HSA). These services also include providing emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care) as well as responding to general pediatric requests for psychiatric and medication management consultation for youth in their practice.

*Describe your program's exit criteria and process, e.g. successful completion, a step-down process to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.*

Clients exit our program when their treatment goals, as per the Plan of Care, are met and they no longer meet criteria for medical necessity. The CAS clinicians are experienced and well trained in use of community resources to best serve families, with culturally sensitive, empirically supported interventions, returning children to the least restrictive and most supportive environments for their on-going needs. These resources include, for example, use of Family Support Programs, Boys and Girls Clubs of San Francisco, SFUSD Wellness Centers, after school tutorial programs, Good Samaritan Parenting Classes and the Talk Line. CAS may refer youth and families to these resources either as adjuncts to ongoing treatment or for continued support at the conclusion of treatment. CAS clinicians use resource guides, including: San Francisco Behavioral Health Resource Guide and the SFUSD Community Based Organization list of School Support & Community Programs to inform their recommendations for collateral services. If direct service terminates due to a client moving to another county, every effort is made to ensure appropriate linkage to mental health services in that county.



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*Describe your program's staffing:*

CAS administrative staff members are charged with the initial determination of Medi-Cal eligibility, and with determining that the referred child or youth is not receiving mental health services in another agency. After determining insurance eligibility, an intake clinician ( Licensed Clinical Social Worker, psychologist or Marriage and Family Therapist) completes the initial intake and screening process to determine whether the referred child or youth meets criteria for medical necessity.

Licensed clinical psychologists, a board certified child psychiatrist, licensed social workers, and licensed marriage and family therapists provide direct service to families and clinical supervision to trainees who provide direct individual, family, and group service. Trainees include predoctoral psychology interns, postdoctoral psychology fellows, 3rd year psychiatry residents and child psychiatry fellows who are all part of service development and delivery.

*CAS provides direct client services. It will not purchase services from other providers.*

**8. Objectives and Measurements:**

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

**9. Continuous Quality Improvement:**

The CAS director and ICAP Compliance Analyst review Avatar reports monthly to determine that CAS is meeting its contract productivity goals. These goals are reviewed with the staff and trainees in weekly and monthly meetings so that the program service providers are continuously aware of their progress toward meeting productivity requirements.

Quality of service is monitored by reviewing progress in treatment as measured by the CANS and other instruments that are completed periodically, including the Behavior Assessment System for Children, the UCLA PTSD Index for Children, and the Trauma Symptom Checklist for Children. Every CAS-supervisor reviews these measures periodically with each supervisee so that child clinical progress is being continuously reviewed in supervision. In addition, 30 minutes of our weekly CAS Staff/Admin meeting is reserved for quality management issues related to documentation, as well as to review treatment planning objectives for youth who have been in our clinic for one year or longer. Client satisfaction is surveyed at least annually, and the CAS Director reports the result of the CBHS data analysis of client satisfaction to the staff, identifying and highlighting areas where improvement is needed. Cultural competence among the staff and trainees is monitored in a weekly case conference in which cultural issues related to treatment are the focus of the discussion, and this year the staff is participating in a monthly meeting devoted solely to multicultural issues. Trainees participate in a weekly one hour multicultural seminar, and the monthly Grand Rounds are devoted to the multicultural focus of our clinical work.

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**10. Required Language (if  
applicable): NA**

**Appendix B  
Calculation of Charges**

**1. Method of Payment**

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

**2. Program Budgets and Final Invoice**

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

Budget Summary

Appendix B-1 UC Child and Adolescent Services (CAS)

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **\$693,414** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

July 1, 2018 through June 30, 2019	\$ 1,444,612
July 1, 2019 through June 30, 2020	\$ 1,444,612
July 1, 2020 through June 30, 2021	\$ 1,441,612
July 1, 2021 through June 30, 2022	\$ 1,441,612
Subtotal:	\$ 5,778,448
Contingency:	\$ 693,414
<b>Total—July 1, 2018 through June 30, 2022:</b>	<b>\$6,471,862</b>

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

D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than sixty (60) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

To ensure continuity of services, under San Francisco Administrative Code Section 21.42, the Department of Public Health has established an interim contract agreement with Regents of the University of California (CAS) for a contract term which partially overlaps the term of this contract agreement; and

That interim contract shall terminate and be replaced by this agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this agreement; and That interim contract shall be extended only to allow for reconciliation and payment for services provided during the period not replaced by this contract agreement.

F. State or Federal Medi-Cal Revenues

1. 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.

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

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

DHCS Legal Entity Number (MH) 00117						Page #	Appen B, Pg 1
DHCS Legal Entity Name (MH)/Contractor Name (SA) UCSF						Fiscal Year	2018-19
Contract CMS # 1000011077				Document Date	7/1/2018	Funding Notification Date	02/20/18
Contract Appendix Number	B-# 1	B-# 2	B-#	B-#	B-#	B-#	
Provider Number	38C7	38C7					
Program Name(s)	UC-CAS	New RU					
Program Code(s)	38C72	38C72					
Funding Term (mm/dd/yy - mm/dd/yy)	07/1/2018-6/30/2019	07/1/2018-6/30/2019					<b>TOTAL</b>
<b>FUNDING USES</b>							
Salaries	\$ 733,584	\$ 162,651					\$ 896,235
Employee Benefits	\$ 287,300	\$ 63,897					\$ 351,196
Subtotal Salaries & Employee Benefits	\$ 1,020,884	\$ 226,548					\$ 1,247,431
Operating Expenses	\$ 31,895	\$ 10,506					\$ 42,401
Capital Expenses	\$ -						\$ -
Subtotal Direct Expenses	\$ 1,052,779	\$ 237,054					\$ 1,289,832
Indirect Expenses	\$ 126,333	\$ 28,446					\$ 154,780
Indirect %	12.0%	12.0%					12.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 1,179,112</b>	<b>\$ 265,500</b>					<b>\$ 1,444,612</b>
						Employee Fringe Benefits %	39.19%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH FED SDMC FFP (50%) CYF	\$ 591,878						\$ 591,878
MH WO DCYF Prop J Collaborative	\$ 16,975						\$ 16,975
MH STATE CYF 2011 PSR-EPST	\$ 409,779	\$ 67,839					\$ 477,618
MH MSA (WET)	\$ 30,000						\$ 30,000
MH WO HSA CH SPMP Foster Care	\$ 16,907						\$ 16,907
MH CYF COUNTY General Fund (match)	\$ 87,747	\$ 26,513					\$ 114,260
MH WELLNESS Center General Fund	\$ 25,000						\$ 25,000
MH CYF COUNTY General Fund		\$ 171,148					\$ 171,148
MH CYF COUNTY WO CODB	\$ 826						\$ 826
							\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,179,112</b>	<b>\$ 265,500</b>					<b>\$ 1,444,612</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,179,112</b>	<b>\$ 265,500</b>					<b>\$ 1,444,612</b>
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	\$ -	\$ -					\$ -
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,179,112</b>	<b>\$ 265,500</b>					<b>\$ 1,444,612</b>
Prepared By Shanice S. Jackson				Phone Number 415-206-5030			

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00117		Appendix #								B-# 1
Provider Name CAS		Page #								Page 1
Provider Number 38C7		Document Date 7/1/2018								2018-19
		Funding Notification Date								10/31/18
Program Name	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS
Program Code	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-56	15/60-69	15/70-79	45/10-19	45/20-29	45/10-19	45/10-19	45/10-19	45/10-19
Service Description	OP-Case Mgt Brokerage	MH Srvs	OP-Medication Support	Crisis Intervention-OP	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion
Funding Term (07/1/2018-6/30/2019)	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	TOTAL
<b>FUNDING USES</b>										
Salaries & Employee Benefits	8,079	663,860	204,021	14,421	17,678	53,319	14,904	25,934	21,292	1,023,506
Operating Expenses	168	20,567	4,231	675	367	1,106	278	852	1,030	29,272
Capital Expenses	-	-	-	-	-	-	-	-	-	-
Subtotal Direct Expenses	8,246	684,427	208,252	15,096	18,044	54,424	15,182	26,786	22,322	1,052,778
Indirect Expenses	989.53	82,131.21	24,990.18	1,811.46	2,165.31	6,530.94	1,821.84	3,214.32	2,678.58	126,333
<b>TOTAL FUNDING USES</b>	<b>9,236</b>	<b>766,558</b>	<b>233,242</b>	<b>16,907</b>	<b>20,210</b>	<b>60,955</b>	<b>17,004</b>	<b>30,000</b>	<b>25,000</b>	<b>1,179,112</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>										
Accounting Code (Index Code or Detail)										
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-001	591,878								591,878
MH WO DCYF Prop J Collaborative	251962-1002-10011799-0004						16,975			16,975
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	9,236	167,301	233,242						409,779
MH MHSA (WET)	251964-17156-10031199-0022	-						30,000		30,000
MH WO HSA CH SPMP Foster Care	251962-10002-10001803-0011	-			16,907					16,907
MH CYF COUNTY General Fund (match)	251962-10000-10001670-0001	-	6,582			20,210	60,955			87,747
MH WELLNESS Center General Fund	251962-10000-10001795-0001								25,000	25,000
MH CYF COUNTY General Fund	251962-10000-10001670-0001									-
MH CYF COUNTY WO CODB	251962-10000-10001670-0001		797				29			826
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>9,236</b>	<b>766,558</b>	<b>233,242</b>	<b>16,907</b>	<b>20,210</b>	<b>60,955</b>	<b>17,004</b>	<b>30,000</b>	<b>25,000</b>	<b>1,179,112</b>
<b>SA Only - Non-Res 33 - ODF # of Group Sessions (classes)</b>										
<b>SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program</b>										
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)
DPH Units of Service	4,419	267,093	47,215	4,248	124	374	131	95	131	
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.09	\$ 2.87	\$ 4.94	\$ 3.98	\$ 162.98	\$ 162.98	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.09	\$ 2.87	\$ 4.94	\$ 3.98	\$ 162.98	\$ 162.98	\$ 129.80	\$ 157.00	\$ 190.84	
Published Rate (Medi-Cal Providers Only)	\$ 3.00	\$ 3.80	\$ 5.80	\$ 4.75						<b>Total UDC</b>
Unduplicated Clients (UDC)	50	105	30	20						105

## Appendix B - DPH 3: Salaries &amp; Benefits Detail

Document  
Date 7/1/2018Program Name: UC-CAS  
Program Code: 38C72B-# 1  
Page 2  
2018-19

		TOTAL		MH FED SDMC FFP (50%) CYF (10000-10001670-001)		MH WO DCYF PROJ J COLLAB (10002-10001799-0004)		MH STATE CYF 2011 PSR-EPSDT (10000-10001670-0001)		MH MHA (WET) (251984-17156-10031199-0022)		MH WO HSA CH CPMP FOSTER CARE (251962-10002-10001803-0011)		MH CYF COUNTY GEN FUND (Match) (251961-10000-10001670-0001)		MH WELLNESS CENTER GENERAL FUND (251962-10000-10001795-0001)	
Term (07/01/18-6/30/2019):				07/01/2018-06/30/2019		07/01/2018-6/30/2019		07/01/2018-6/30/2019		07/01/2018-6/30/2019		07/01/2018-6/30/2019		07/01/2018-6/30/2019		07/01/2018-6/30/2019	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Division Director	0.01	\$ 1,977.28									0.01	\$ 1,977					
Division Deputy Director	0.29	\$ 41,816.56	0.29	\$ 41,817													
Clinic Director	0.49	\$ 58,420.27	0.49	\$ 58,420													
Medical Director	0.21	\$ 43,983.67	0.21	\$ 43,983.67													
Interim Medical Director	0.42	\$ 94,500.00	0.20	\$ 45,000.00					0.22	\$ 49,500.00							
Psychologist 2	0.17	\$ 26,981.60			0.07	\$ 11,110									0.10	\$ 15,871.60	
Clinical Social Worker 2	1.00	\$ 75,566.39	0.50	\$ 37,783.20					0.50	\$ 37,783.20							
Clinical Social Worker 2	0.85	\$ 78,281.46	0.23	\$ 21,182.04					0.51	\$ 46,968.88			0.11	\$ 10,130.54			
Clinical Social Worker 2	0.20	\$ 16,632.00	0.20	\$ 16,632.00													
Clinical Social Worker 2	0.80	\$ 57,094.27		\$ -					0.25	\$ 17,841.96					0.55	\$ 39,252.31	
Clinical Social Worker 2	1.00	\$ 41,631.24							1.00	\$ 41,631.24							
Psychologist 2	0.59	\$ 58,171.26	0.40	\$ 39,438.14					0.19	\$ 18,733.12							
Psychologist 2	0.20	\$ 25,461.60	0.20	\$ 25,461.60													
Asst Research Professor	0.20	\$ 17,354.66		\$ -							0.20	\$ 17,355					
Division Administrator	0.15	\$ 18,475.20							0.15	\$ 18,475.20							
Administrative Supervisor	0.30	\$ 23,429.34							0.19	\$ 14,838.58					0.11	\$ 8,590.76	
Compliance Analyst	0.08	\$ 5,525.68													0.08	\$ 5,525.68	
Data Analyst	0.51	\$ 30,711.14	0.44	\$ 26,495.88					0.07	\$ 4,215.25							
Program Assistant	0.30	\$ 17,570.52	0.30	\$ 17,570.52													
Totals:	7.77	\$ 733,584.05	3.46	\$ 373,783.79	0.070	\$ 11,110.00	3.08	\$ 249,987.43	0.21	\$ 19,331.94	0.11	\$ 10,130.54	0.74	\$ 53,368.75	0.10	\$ 15,871.60	
Employee Fringe Benefits:	39.16%	\$ 287,300.06	38.20%	\$ 142,781.36	34.15%	\$ 3,794.07	40.73%	\$ 101,810.67	34.15%	\$ 6,601.86	42.35%	\$ 4,290.28	42.35%	\$ 22,601.67	34.15%	\$ 5,420.15	
TOTAL SALARIES & BENEFITS		\$ 1,020,884		\$ 516,565.00		\$ 14,904.00		\$ 351,798.00		\$ 25,934.00		\$ 14,421.00		\$ 75,970.00		\$ 21,292.00	



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

Program Name: UC-CAS

Program Code: 38C72

Document Date 7/1/2018

Appendix #: B-# 1

Page #: Page 3

Fiscal Year: 2018-2019

Funding Notification Date: 10/31/18

Expense Categories & Line Items	TOTAL	MH FED SDMC FFP (50%) CYF (10000- 10001670-001)	MH WO DCYF PROJ J COLLAB (10002-10001799- 0004))	MH STATE CYF 2011 PSR-EPSDT (10000-10001670- 0001)	MH MHSA (WET) (251984-17156- 10031199-0022)	MH WO HSA CH CPMP FOSTER CARE (251962- 10002-10001803-0011)	MH CYF COUNTY GEN FUND (Match) (251961-10000- 10001670-0001)
Term (07/01/18-06/30/19):							
Rent	\$ -						
Utilities(telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 6,684.70	226.56	-	4,500.00	\$ 119.72	328.19	878.06
Photocopying	\$ -		\$ -				
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ 6,685.00</b>	<b>\$ 227.00</b>	<b>\$ -</b>	<b>\$ 4,500.00</b>	<b>\$ 120.00</b>	<b>\$ 328.00</b>	<b>\$ 878.00</b>
Local Travel	\$ 96.00			96.22			
Out-of-Town Travel	\$ -						\$ -
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 96.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 96.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
UCSF Faculty and Staff Recharge	\$ 9,298.53	\$ 4,249.79	\$ 99.07	\$ 3,548.78	\$ 297.20	\$ 124.52	\$ 837.66
GAEL: General Automobile and Employee Liab	\$ 6,027.00	\$ 3,065.00	\$ 91.00	\$ 2,050.00	\$ 170.00	\$ 83.00	\$ 438.00
Data Network Recharge	\$ 4,101.00	\$ 1,825.00	\$ 37.00	\$ 1,626.00	\$ 111.00	\$ 58.00	\$ 391.00
CCDSS: Computing and Communication Devic	\$ 5,687.00	\$ 2,531.00	\$ 51.00	\$ 2,255.00	\$ 154.00	\$ 81.00	\$ 542.00
<b>Other UC Direct Costs Total:</b>	<b>\$ 25,114.00</b>	<b>\$ 11,671.00</b>	<b>\$ 278.00</b>	<b>\$ 9,480.00</b>	<b>\$ 732.00</b>	<b>\$ 347.00</b>	<b>\$ 2,209.00</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 31,895.00</b>	<b>\$ 11,898.00</b>	<b>\$ 278.00</b>	<b>\$ 14,076.00</b>	<b>\$ 852.00</b>	<b>\$ 675.00</b>	<b>\$ 3,087.00</b>



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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00117		Appendix #	B-# 2
Provider Name CAS		Page #	Page 1
Provider Number 38C7		Fiscal Year	2018-19
Document Date		7/1/2018	02/20/18
Program Name		UC-CAS	
Program Code		38C72	
Mode/SFC (MH) or Modality (SA)		45/20-29	
Service Description		OS-MH Promotion	
Funding Term (07/1/2018-6/30/2019)		07/01/2018-06/30/2019	<b>TOTAL</b>
<b>FUNDING USES</b>			
Salaries & Employee Benefits	226,548		226,548
Operating Expenses	10,506		10,506
Capital Expenses	-		-
<b>Subtotal Direct Expenses</b>	<b>237,054</b>		<b>237,054</b>
Indirect Expenses	28,446.42		28,446
<b>TOTAL FUNDING USES</b>	<b>265,500</b>		<b>265,500</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>		
MH FED SDMC FFP (50%) CYF			-
MH WO DCYF Prop J Collaborative	HMHMCHPRPJWO		-
MH STATE CYF 2011 PSR-EPST	HMHMCP751594	67,839	67,839
MH MHSA (WET)	enter Project Code		-
MH WO HSA CH SPMP Foster Care	HMHMCHSPMPWO	-	-
MH CYF COUNTY General Fund (match)	HMHMCHPRPJWO	26,513	26,513
MH WELLNESS Center General Fund	#N/A		-
MH CYF COUNTY General Fund	HMHMPROP63-1708	171,148	171,148
MH CYF COUNTY WO CODB			-
This row left blank for funding sources not in drop-down list			-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>265,500</b>	<b>265,500</b>
Number of Beds Purchased (if applicable)		265,500	
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Payment Method		Fee-For-Service (FFS)	
DPH Units of Service		66,375	
Unit Type		Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 4.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 4.00	
Published Rate (Medi-Cal Providers Only)		\$ 4.00	
			<b>Total UDC</b>
Unduplicated Clients (UDC)		50	105

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

Document Date 7/1/2018

Program Name: UC-CAS

Program Code: 38C72

B-# 2

Page 2

2018-19

02/20/18

**TOTAL****MH CYF COUNTY GEN FUND  
(251962-10000-10001670-0001)****Term (07/01/18-6/30/2019):****07/01/2018-6/30/2019**

<b>Position Title</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>
Clinic Director	0.51	\$ 60,804.77	0.51	\$ 60,804.77
Psychometrist	1.00	\$ 58,464.00	1.00	\$ 58,464.00
Psychologist 2	0.44	\$ 43,381.96	0.44	\$ 43,381.96
<b>Totals:</b>	<b>1.95</b>	<b>\$ 162,650.73</b>	<b>1.95</b>	<b>\$ 162,650.73</b>

<b>Employee Fringe Benefits:</b>	39.28%	\$ 63,896.59	39.28%	\$ 63,896.59
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<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$ 226,547</b>	<b>\$ 226,547.00</b>
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# Appendix B - DPH 4: Operating Expenses Detail

Document Date

7/1/2018

Program Name: UC-CAS

Appendix #:

B-# 2

Program Code: 38C72

Page #

Page 3

Fiscal Year:

1

Funding Notification Date:

10/31/18

Expense Categories & Line Items	TOTAL	MH CYF COUNTY GEN FUND (HMHMCP751594)
Term (07/01/16-06/30/17):		
Rent	\$ -	
Utilities(telephone, electricity, water, gas)	\$ -	
Building Repair/Maintenance	\$ -	
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 4,266.45	4,266.45
Photocopying	\$ -	
Program Supplies	\$ -	
Computer Hardware/Software	\$ -	
<b>Materials &amp; Supplies Total:</b>	<b>\$ 4,266.00</b>	<b>\$ 4,266.00</b>
Local Travel	\$ -	
Out-of-Town Travel	\$ -	\$ -
Field Expenses	\$ -	
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -	
UCSF Faculty and Staff Recharge	\$ 2,351.80	\$ 2,351.80
GAEL: General Automobile and Employee Liab	\$ 1,431.00	\$ 1,431.00
Data Network Recharge	\$ 1,030.00	\$ 1,030.00
CCDSS: Computing and Communication Devic	\$ 1,427.00	\$ 1,427.00
<b>Other UC Direct Costs Total:</b>	<b>\$ 6,240.00</b>	<b>\$ 6,240.00</b>
	\$ -	
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 10,506.00</b>	<b>\$ 10,506.00</b>

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

Contractor Name: UCSF

Page # Page 4

Contract CMS #:: 1000011077

Fiscal Year: 2018-19

Funding Notification Date: 2/20/18

Document Date 7/1/2018

## 1. SALARIES & BENEFITS

Position Title	FTE	Amount
Division Director	0.01	1,977
Division Deputy Director	0.29	41,817
Clinic Director	1.00	119,225
Medical Director	0.21	43,984
Interim Medical Director	0.42	94,500
Psychologist 2	0.17	26,982
Clinical Social Worker 2	1.00	75,566
Clinical Social Worker 2	0.85	78,281
Clinical Social Worker 2	0.20	16,632
Clinical Social Worker 2	0.80	57,094
Clinical Social Worker 2	1.00	41,631
Psychometrist	1.00	58,464
Psychologist 2	1.03	101,553
Psychologist 2	0.20	25,462
Asst Research Professor	0.20	17,355
Division Administrator	0.15	18,475
Administrative Supervisor	0.30	23,429
Compliance Analyst	0.08	5,526
Data Analyst	0.51	30,711
Program Assistant	0.30	17,571

Subtotal:	9.72	896,235
-----------	------	---------

Employee Fringe Benefits:	39.19%	351,197
---------------------------	--------	---------

<b>Total Salaries and Benefits:</b>	1,247,432
-------------------------------------	-----------

## 2. OPERATING COSTS

<b>Expense line item:</b>	<b>Amount</b>
Office Supplies	\$ 10,951
Travel	\$ 96
UCSF Faculty and Staff Recharge	\$ 11,650
Gael: Gen Auto and Employee Liability	\$ 7,458
Data Network Recharge	\$ 5,131
CCDSS: Computing and Communication	\$ 7,114
<b>Total Operating Costs</b>	<b>\$ 42,400</b>

<b>Total Indirect Costs (Salaries &amp; Benefits + Operating Costs)</b>	<b>\$</b>	<b>1,289,832</b>
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## **Appendix C**

**Reserved**

**Appendix D  
Reserved**

**Appendix E**  
**Reserved**

**Appendix F**  
**Invoice**



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

Appendix F  
PAGE A

Contractor: UCSF-Dept of Psychiatry - CMS#6900  
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Control Number

**BHS**

INVOICE NUMBER: M05 JL 18

Cl. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH Fed SDMC FFP, State, CYF County

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

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

\*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-1 UC-Child and Adolescent Services (CAS) PC# - 38C72 - (HMMHCP751594) 251952-10000-10001670-001													
15/ 01 - 09 OP - Case Mgt Brokerage	4,419				\$ 2.09	\$ -	0.000		0.00%		4,419.000		\$ 9,235.71
15/ 10 - 56 MH Svcs	267,093				\$ 2.87	\$ -	0.000		0.00%		267,093.000		766,556.91
15/ 60 - 69 OP - Medication Support	47,215				\$ 4.94	\$ -	0.000		0.00%		47,215.000		233,242.10
45/ 10 - 19 OS - MH Promotion	124				\$ 162.98	\$ -	0.000		0.00%		124.000		20,209.52
45/ 20 - 29 OS - MH Promotion	374				\$ 162.98	\$ -	0.000		0.00%		374.000		
<b>TOTAL</b>	<b>319,225</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>319,225.000</b>		
<b>Budget Amount</b>					<b>\$ 1,090,201.00</b>		<b>Expenses To Date</b>		<b>% of Budget</b>		<b>Remaining Budget</b>		<b>\$ 1,029,244.24</b>
							<b>\$ -</b>		<b>0.00%</b>		<b>\$ 1,090,201.00</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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F  
PAGE A

Control Number

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

**BHS**

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M06 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH MHSA (WET)

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

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-1 UC-CAS PC# - 38C72 <sup>1</sup> - (HMHMPROP63-PMHS63-1808) 251984-17156-10031199-0022												
45/ 10 - 19 OS - MH Promotion	95				-		0%		95		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 19,332.00	\$ -	\$ -	0.00%	\$ 19,332.00
Fringe Benefits	\$ 6,602.00	\$ -	\$ -	0.00%	\$ 6,602.00
<b>Total Personnel Expenses</b>	<b>\$ 25,934.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 25,934.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 120.00	\$ -	\$ -	0.00%	\$ 120.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 297.00	\$ -	\$ -	0.00%	\$ 297.00
Gael	\$ 170.00	\$ -	\$ -	0.00%	\$ 170.00
Data Network Recharge	\$ 111.00	\$ -	\$ -	0.00%	\$ 111.00
CCDSS	\$ 154.00	\$ -	\$ -	0.00%	\$ 154.00
<b>Total Operating Expenses</b>	<b>\$ 852.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 852.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 26,786.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 26,786.00</b>
<b>Indirect Expenses</b>	<b>\$ 3,214.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 3,214.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 30,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 30,000.00</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: \_\_\_\_\_

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

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

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

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

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

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F  
PAGE B

**Invoice Number**

M06	JL	18
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User Cd

CT PO No.

### DETAIL PERSONNEL EXPENDITURES

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement 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.

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

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

Appendix F  
PAGE A

Control Number

**Contractor:** UCSF-Dept of Psychiatry - CMS#6900  
Child & Adolescent Svcs Program

**Address:** 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

**Tel No.:** (415) 206-6935

**BHS**

**Funding Term:** 07/01/2018 - 06/30/2019

**PHP Division:** Behavioral Health Services

**INVOICE NUMBER:** M07 JL 18

**Ct. Blanket No.:** BPHM TBD

User Cd

**Ct. PO No.:** POHM TBD

**Fund Source:** MH WO DCYF Prop J Collaborative

**Invoice Period:** July 2018

**Final Invoice:** (Check if Yes)

**ACE Control Number:**

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-1 UC-CAS PC# - 38C72 - (HMHCHPRPJWO) 251962-10002-10001799-0004												
45/ 10 - 19 OS - MH Promotion	131				-		0%		131		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 11,110.00	\$ -	\$ -	0.00%	\$ 11,110.00
Fringe Benefits	\$ 3,794.00	\$ -	\$ -	0.00%	\$ 3,794.00
<b>Total Personnel Expenses</b>	<b>\$ 14,904.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 14,904.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 99.00	\$ -	\$ -	0.00%	\$ 99.00
GAEL	\$ 91.00	\$ -	\$ -	0.00%	\$ 91.00
Data Network Recharge	\$ 37.00	\$ -	\$ -	0.00%	\$ 37.00
CCDSS	\$ 51.00	\$ -	\$ -	0.00%	\$ 51.00
<b>Total Operating Expenses</b>	<b>\$ 278.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 278.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 15,182.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 15,182.00</b>
<b>Indirect Expenses</b>	<b>\$ 1,822.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,822.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 17,004.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 17,004.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

**NOTES:**

MH WO DCYF - 251962-10002-10011799-0004 - \$16,975.00  
MH CYF WO CODB - 251962-10000-10001670-0001 - \$29.00

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:** \_\_\_\_\_

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

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

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

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

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

**DPH Authorization for Payment**

Authorized Signatory

Date

Appendix F  
PAGE B

**Invoice Number**

M07	JL	18
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User Cd

CT PO No.

Tel. No.:

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Psychologist 2	0.07	\$ 11,110.00	\$ -	\$ -	0.00%	\$ 11,110.00
TOTAL SALARIES	0.07	\$ 11,110.00	\$ -	\$ -	0.00%	\$ 11,110.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement 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: \_\_\_\_\_

Appendix F  
PAGE A

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
**Child & Adolescent Svcs Program**

**Address:** 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

**Tel No.: (415) 206-6935**

**Funding Term:** 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

**INVOICE NUMBER:**

Ct. Blanket No.: BPHM

Ct. PO No.: POHM

**Fund Source:**

**Invoice Period :**

**Final Invoice:**

ACE Control Number:

M08 JL 18

TBD

User Cd

TBD

MH WO HSA CH SPMP Foster Care

July 2018

(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.

Unduplicated Counts for AIDS Use Only.

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (M# Only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-1 UC-CAS PC# - 38C72 - (HMHMCHSPMPWO)		251962-10002-10001803-0011											
15/ 70 - 79 Crisis Intervention -OP		4,248				\$ 3.98	\$ -	0.000		0.00%		4,248.000	

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

**DPH Authorization for Payment**

**Authorized Signatory**

Date \_\_\_\_\_

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

Appendix F  
PAGE A

Control Number

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

**BHS**

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M09 JL 18

Ct. Blanket No.: BPH TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH Wellness Center General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number

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-1 UC-CAS PC# - 38C72 251962-10000-10001795-0001												
45/ 10 - 19 OS - MH.Promotion	131				-		0%		131		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 15,872.00	\$ -	\$ -	0.00%	\$ 15,872.00
Fringe Benefits	\$ 5,420.00	\$ -	\$ -	0.00%	\$ 5,420.00
<b>Total Personnel Expenses</b>	\$ 21,292.00	\$ -	\$ -	0.00%	\$ 21,292.00
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 632.00	\$ -	\$ -	0.00%	\$ 632.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 142.00	\$ -	\$ -	0.00%	\$ 142.00
GAEL	\$ 130.00	\$ -	\$ -	0.00%	\$ 130.00
Data Network Recharge	\$ 53.00	\$ -	\$ -	0.00%	\$ 53.00
CCDSS	\$ 73.00	\$ -	\$ -	0.00%	\$ 73.00
<b>Total Operating Expenses</b>	\$ 1,030.00	\$ -	\$ -	0.00%	\$ 1,030.00
<b>Capital Expenditures</b>	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 22,322.00	\$ -	\$ -	0.00%	\$ 22,322.00
<b>Indirect Expenses</b>	\$ 2,678.00	\$ -	\$ -	0.00%	\$ 2,678.00
<b>TOTAL EXPENSES</b>	\$ 25,000.00	\$ -	\$ -	0.00%	\$ 25,000.00
<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: \_\_\_\_\_

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

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

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

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

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

DPH Authorization for Payment

Authorized Signatory

Date



Appendix F  
PAGE B

Invoice Number

User Cd

Tel. No.:

### DETAIL PERSONNEL EXPENDITURES

[illegible]

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement 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: \_\_\_\_\_



Appendix F  
PAGE A

□ □ □ □ □

INVOICE NUMBER:	M11	JL	18
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Ct. Blanket No.: BPHM	TBD
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On Direction of FBI

Ct. PO No.: POHM	TBD
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Fund Source: MH State/ CYF County (Match) - GF

Invoice Period : July 2018

Final Invoice:	(Check if Yes)
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ACE Control Number: 

**BHS**

Unduplicated Counts for AIDS Use Only												
DELIVERABLES			Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-2 UC-CAS PC# - 38C72 251962-10000-10001670-0001 45/ 20 - 29 OS-MH Promotion	66,375				\$ 4.00	\$ -	0.000		0.00%		66,375.000	
<b>TOTAL</b>	66,375		0.000				0.000		0.00%		66,375.000	
	<b>Budget Amount</b>				\$ 265,500.00			<b>Expenses To Date</b>	<b>% of Budget</b>		<b>Remaining Budget</b>	
								\$ -	0.00%		\$ 265,500.00	

\$ 265,500.00

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

NOTES:

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

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

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

**DPH Authorization for Payment**

**Authorized Signatory**

Date \_\_\_\_\_

# CERTIFICATE OF SELF-INSURANCE COVERAGE

Date: May 23, 2019

**PRODUCER/INSURED**

The Regents of the University of California  
Office of the President  
Office of Risk Services  
1111 Franklin St., 10<sup>th</sup> Floor  
Oakland, CA 94607-5200  
510-987-9832

This Certificate is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Certificate. The Certificate does not amend, extend or alter the coverage described below. This Certificate may only be copied, printed and distributed by an authorized viewer for its internal use. Any other use, duplication or distribution of the Certificate without the written consent of the Regents of the University of California is prohibited.

## ENTITIES AFFORDING COVERAGE

COMPANY LETTER A The Regents of the University of California	PARTICIPATION 100 %
--	------------------------

**COVERAGES**

THIS IS TO CERTIFY THAT THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS A GOVERNMENTAL ENTITY THAT HAS A SELF-FUNDED RETENTION FOR LIABILITIES DESCRIBED BELOW, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY WRITTEN CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY PERTAIN. THIS SELF-FUNDED PROGRAM IS SUBJECT TO ALL PROVISIONS OF THE BYLAWS AND STANDING ORDERS OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, WHICH DOES NOT PERMIT ANY ASSUMPTION OF LIABILITY WHICH DOES NOT RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF ITS OFFICERS, AGENTS OR EMPLOYEES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	<b>GENERAL LIABILITY</b>	Self-Insured	July 1, 2019	June 30, 2020	GENERAL AGGREGATE	\$ Not applicable
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 5,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE				PERSONAL & ADV INJURY	\$ 5,000,000
					CONTRACTUAL LIABILITY	\$ 5,000,000
					EACH OCCURRENCE	\$ 5,000,000
A	<b>AUTOMOBILE LIABILITY</b>	Self-Insured	July 1, 2019	June 30, 2020	COMBINED SINGLE LIMIT	\$ Not applicable
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$ 2,500,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$ 2,500,000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$ 2,500,000
	<input checked="" type="checkbox"/> HIRED AUTOS					
A	<b>PROPERTY</b>	Self-Insured	July 1, 2019	June 30, 2020	EACH OCCURRENCE	\$ 7,500,000
	<input checked="" type="checkbox"/> FIRE & EXTENDED PERILS				AGGREGATE	\$ Not applicable
A	<b>WORKERS' COMPENSATION AND EMPLOYERS LIABILITY</b>	Self-Insured	July 1, 2019	June 30, 2020	STATUTORY LIMITS	
					EACH ACCIDENT	\$ As required by California Law
					DISEASE - POLICY LIMIT	\$ As required by California Law
					DISEASE - EACH EMPLOYEE	\$ As required by California Law

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**ADDITIONAL COVERED PARTY- AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO GENERAL LIABILITY AND AUTOMOBILE LIABILITY**

**LOSS PAYEE - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO PROPERTY COVERAGE**

**CERTIFICATE HOLDER**

APPLICABLE PARTY AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

**CANCELLATION**

SHOULD THE REGENTS ELECT TO DISCONTINUE SELF-INSURING ITS LIABILITIES, THE REGENTS WILL UPDATE PROOF OF SELF-INSURANCE ON ITS WEBSITE. THE REGENTS SHALL NOT BE OBLIGATED TO PROVIDE INDIVIDUAL NOTICE TO VENDORS OR OTHERS.

By:

*Cheryl A. Lloyd*

CHERYL A. LLOYD, AVP & CHIEF RISK OFFICER

# UNIVERSITY OF CALIFORNIA

## PROOF OF SELF-INSURANCE COVERAGE

The Regents of the University of California are often requested by outside parties to provide evidence of the University's self-insurance coverage in conjunction with agreements and contracts negotiated by its employees on UC campuses and medical centers. Examples of situations where the University may be required to provide evidence of insurance include:

- Using an off-campus location to host an event, ceremony, athletic event, theatre production, practice space, job fair, educational outreach event, etc.
- Leasing or renting equipment, motor vehicle(s), or real estate
- Research grant sub-awards
- Affiliation (non-healthcare/medical related) and Professional Services Agreements

The University of California self-funds its liability exposures, so does not issue individual certificates of insurance. The UC Office of Risk Services has developed a Certificate of Self-Insurance Coverage document (COC) to illustrate the self-funded retention levels maintained for each liability program. The COC is available on-line for use by entities conducting business with the university as evidence of the self-funded retention levels, coverage terms, and limits routinely requested. The self-insurance limits accepted in each specific written agreement or contract shall be the limits that apply should a loss arise, regardless of the limits provided in the on-line Certificate of Self-Insurance Coverage document.

The UC COC Site is solely for the use and benefit of the vendors and organizations which contract with the University of California and not for resale or other transfer to or use by or for the benefit of any other person or entity. You may print copies for use within your organization, provided that you do not modify the COC in any way, nor distribute any copies outside your organization. You may not use any of the University of California's names or marks in any manner that creates the impression such names or marks belong to or are associated with you or imply any endorsement by the University of California, and you acknowledge that you have no ownership rights in and to any of these names or marks. You will not use the Site, the information contained therein or any of the University's names or marks in unsolicited mailings or spam material. You may not link directly to the COC ("deep link") or bring up or present the COC or other content of this site within another web site ("frame").

Official Correspondence must be sent via postal mail to:

Chief Risk Officer  
Office of Risk Services  
Office of the President  
University of California  
1111 Franklin St., 10<sup>th</sup> Floor  
Oakland, CA 94607-5200  
510-987-9832  
RiskServices@ucop.edu

Please contact the local Risk Manager at the specific University of California location where you are contracting if you have insurance coverage questions:

- [Campus Risk Managers Directory](#)
- [Hospital Risk Managers Directory](#)

## UNIVERSITY OF CALIFORNIA

### PROOF OF SELF-INSURANCE COVERAGE

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- Research grant sub-awards
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The UC COC Site is solely for the use and benefit of the vendors and organizations which contract with the University of California and not for resale or other transfer to or use by or for the benefit of any other person or entity. You may print copies for use within your organization, provided that you do not modify the COC in any way, nor distribute any copies outside your organization. You may not use any of the University of California's names or marks in any manner that creates the impression such names or marks belong to or are associated with you or imply any endorsement by the University of California, and you acknowledge that you have no ownership rights in and to any of these names or marks. You will not use the Site, the information contained therein or any of the University's names or marks in unsolicited mailings or spam material. You may not link directly to the COC ("deep link") or bring up or present the COC or other content of this site within another web site ("frame").

Official Correspondence must be sent via postal mail to:

Chief Risk Officer

Office of Risk Services

Office of the President

University of California

1111 Franklin St., 10<sup>th</sup> Floor

Oakland, CA 94607-5200

510-987-9832

riskmgt@ucop.edu

Please contact the local Risk Manager at the specific University of California location where you are contracting if you have insurance coverage questions:

- Campus Risk Managers Directory
- Hospital Risk Managers Directory

# CERTIFICATE OF SELF-INSURANCE COVERAGE

Date: June 5, 2018

**PRODUCER/INSURED**

The Regents of the University of California  
Office of the President  
Office of Risk Services  
1111 Franklin St., 10<sup>th</sup> Floor  
Oakland, CA 94607-5200  
510-987-9832

This Certificate is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Certificate. The Certificate does not amend, extend or alter the coverage described below. This Certificate may only be copied, printed and distributed by an authorized viewer for its internal use. Any other use, duplication or distribution of the Certificate without the written consent of the Regents of the University of California is prohibited.

## ENTITIES AFFORDING COVERAGE

COMPANY LETTER <b>A The Regents of the University of California</b>	PARTICIPATION <b>100 %</b>
---	-------------------------------

**COVERAGES**

THIS IS TO CERTIFY THAT THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS A GOVERNMENTAL ENTITY THAT HAS A SELF-FUNDED RETENTION FOR LIABILITIES DESCRIBED BELOW, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY WRITTEN CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY PERTAIN. THIS SELF-FUNDED PROGRAM IS SUBJECT TO ALL PROVISIONS OF THE BYLAWS AND STANDING ORDERS OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, WHICH DOES NOT PERMIT ANY ASSUMPTION OF LIABILITY WHICH DOES NOT RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF ITS OFFICERS, AGENTS OR EMPLOYEES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	<b>GENERAL LIABILITY</b>	Self-Insured	July 1, 2018	June 30, 2019	GENERAL AGGREGATE \$ Not applicable
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 5,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE				PERSONAL & ADV INJURY \$ 5,000,000
					CONTRACTUAL LIABILITY \$ 5,000,000
					EACH OCCURRENCE \$ 5,000,000
A	<b>AUTOMOBILE LIABILITY</b>	Self-Insured	July 1, 2018	June 30, 2019	COMBINED SINGLE LIMIT \$ Not applicable
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON) \$ 5,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT) \$ 5,000,000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$ 5,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS				
A	<b>PROPERTY</b>	Self-Insured	July 1, 2018	June 30, 2019	EACH OCCURRENCE \$ 7,500,000
	<input checked="" type="checkbox"/> FIRE & EXTENDED PERILS				AGGREGATE \$ Not applicable
A	<b>WORKERS' COMPENSATION AND EMPLOYERS LIABILITY</b>	Self-Insured	July 1, 2018	June 30, 2019	STATUTORY LIMITS
					EACH ACCIDENT \$ As required by California Law
					DISEASE - POLICY LIMIT \$ As required by California Law
					DISEASE - EACH EMPLOYEE \$ As required by California Law

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**ADDITIONAL COVERED PARTY - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO GENERAL LIABILITY AND AUTOMOBILE LIABILITY**

**LOSS PAYEE - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO PROPERTY COVERAGE**

**CERTIFICATE HOLDER**

APPLICABLE PARTY AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

**CANCELLATION**

SHOULD THE REGENTS ELECT TO DISCONTINUE SELF-INSURING ITS LIABILITIES, THE REGENTS WILL UPDATE PROOF OF SELF-INSURANCE ON ITS WEBSITE. THE REGENTS SHALL NOT BE OBLIGATED TO PROVIDE INDIVIDUAL NOTICE TO VENDORS OR OTHERS.

By:

*Cheryl A. Lloyd*

CHERYL A. LLOYD, CHIEF RISK OFFICER





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/17/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104  101837-XS-UC-18-19	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b>  INSURER A : Fiat Lux Risk and Ins. Co. A DC Insurance Co. INSURER B : Safety National Casualty Corp. INSURER C : INSURER D : INSURER E : INSURER F :  NAIC # 15105
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**COVERAGES**      **CERTIFICATE NUMBER:** SEA-003610862-03      **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>AUTOMOBILE LIABILITY</b>  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					
A	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> X <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 5,000,000		HPLRICPR20180001	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 20,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		SP4055366	07/01/2018	07/01/2019	X PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
A	<b>MEDICAL PROFESSIONAL LIABILITY</b>  EXCESS LIABILITY		HPLRICEX2018001 CLAIMS MADE	07/01/2018	07/01/2019	EA OCC \$ 10,000,000 AGGREGATE \$ 25,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City and County of San Francisco is named as an additional insured as respects commercial general liability but this provision shall only apply in proportion to and to the extent of The negligent acts or omissions of the indemnifying party, its officers, agents or employees.

## CERTIFICATE HOLDER

City and County of San Francisco  
City Administrator, Risk Management Division  
25 Van Ness Avenue, Suite 750  
San Francisco, CA 94102

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh Risk & Insurance Services

Linda M. Walker

*Linda M. Walker*

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AGENCY CUSTOMER ID: 101837

LOC #: San Francisco

**ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

<b>AGENCY</b> MARSH RISK & INSURANCE SERVICES		<b>NAMED INSURED</b> REGENTS OF THE UNIVERSITY OF CALIFORNIA OFFICE OF RISK MANAGEMENT ATTN: CHERYL LLOYD 1111 FRANKLIN STREET, 10TH FLOOR OAKLAND, CA 94607-5200
<b>POLICY NUMBER</b>		
<b>CARRIER</b>	<b>NAIC CODE</b>	
<b>EFFECTIVE DATE:</b>		

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

XS

INSURANCE COMPANY: FIAT LUX RISK AND INSURANCE COMPANY

POLICY NUMBER: B0509FINPH1700088

POLICY TERM: 7/1/2017 - 7/1/2018

LIMITS: 10M/10M EXCESS OF UNDERLYING SIR FOR GL, AUTO &amp; EL

\$5M per claim / \$5M Aggregate



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/18/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
MARSH RISK & INSURANCE SERVICES  
345 CALIFORNIA STREET, SUITE 1300  
CALIFORNIA LICENSE NO. 0437153  
SAN FRANCISCO, CA 94104

101837-Strnd-Cyber-18-19

**INSURED**  
REGENTS OF THE UNIVERSITY OF CALIFORNIA  
OFFICE OF RISK MANAGEMENT  
ATTN: CHERYL LLOYD  
1111 FRANKLIN STREET, 10TH FLOOR  
OAKLAND, CA 94607-5200

**CONTACT**

NAME:

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Lloyds Of London, Et Al

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

**COVERAGES**

**CERTIFICATE NUMBER:**

SEA-003610982-01

**REVISION NUMBER: 1**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	<b>AUTOMOBILE LIABILITY</b>					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y/N				PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Cyber		B0509FINPY1800198	07/01/2018	07/01/2019	Limit 15,000,000 SIR 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

City and County of San Francisco  
City Administrator, Risk Management Division  
25 Van Ness Avenue, Suite 750  
San Francisco, CA 94102

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh Risk & Insurance Services

Paul Burschinger

*Paul Burschinger*

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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/17/2019

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS San Francisco-Alliant Insurance Services, Inc. 100 Pine Street 11th Floor San Francisco, CA 94111		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Company	NAIC NO: 16535
FAX (A/C, No): 415-874-4812	E-MAIL ADDRESS: mschley@alliant.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Property	
AGENCY CUSTOMER ID #:			LOAN NUMBER	POLICY NUMBER TOP552485505
NAMED INSURED AND ADDRESS University of California Office of Risk Services 1111 Franklin St 10th Fl Oakland, CA 94607-5200		EFFECTIVE DATE 07/01/2017		EXPIRATION DATE 07/01/2020
ADDITIONAL NAMED INSURED(S)		CONTINUED UNTIL TERMINATED IF CHECKED		
		THIS REPLACES PRIOR EVIDENCE DATED:		

**PROPERTY INFORMATION** (ACORD 101 may be attached if more space is required) ☐ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION  
UCSF - Evidence of Business Interruption Coverage Loss of Income for up to twelve (12) months."


THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<b>COVERAGE INFORMATION</b>		PERILS INSURED	BASIC	BROAD	SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$2,000,000,000					DED: \$7,500,000
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES NO N/A			
		X			If YES, LIMIT: 100,000,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE			X		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X		
IS DOMESTIC TERRORISM EXCLUDED?			X		
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST		X			
AGREED VALUE			X		
COINSURANCE			X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 400,000,000 DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: DED:
- Demolition Costs		X			If YES, LIMIT: DED:
- Incr. Cost of Construction		X			If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)			X		If YES, LIMIT: DED:
FLOOD (If Applicable)		X			If YES, LIMIT: 20,000,000 DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X		

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**ADDITIONAL INTEREST**

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS City & County of San Francisco City Administrator, Risk Management Division 25 Van Ness Avenue, Suite 750 San Francisco, CA 94102 United States			AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/18/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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**PRODUCER**  
MARSH RISK & INSURANCE SERVICES  
345 CALIFORNIA STREET, SUITE 1300  
CALIFORNIA LICENSE NO. 0437153  
SAN FRANCISCO, CA 94104

**CONTACT**

NAME:

PHONE

(A/C, No, Ext):

E-MAIL

ADDRESS:

FAX  
(A/C, No):

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A : Fiat Lux Risk and Ins. Co. A DC Insurance Co.

INSURER B : N/A

N/A

INSURER C :

INSURER D :

INSURER E :

INSURER F :

101837-XS-UC-18-19

**INSURED**  
REGENTS OF THE UNIVERSITY OF CALIFORNIA  
OFFICE OF RISK MANAGEMENT  
ATTN: CHERYL LLOYD  
1111 FRANKLIN STREET, 10TH FLOOR  
OAKLAND, CA 94607-5200

**COVERAGES**

**CERTIFICATE NUMBER:**

SEA-003610981-01

**REVISION NUMBER: 5**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	<b>AUTOMOBILE LIABILITY</b>					
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	<b>MEDICAL PROFESSIONAL LIABILITY</b>		HPLRICEX2018001	07/01/2018	07/01/2019	EA OCC 10,000,000
	<b>EXCESS LIABILITY</b>		'CLAIMS MADE'			AGGREGATE 25,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

City and County of San Francisco  
City Administrator, Risk Management Division  
25 Van Ness Avenue, Suite 750  
San Francisco, CA 94102

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh Risk & Insurance Services

Linda M. Walker

*Linda M. Walker*

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AGENCY CUSTOMER ID: 101837

LOC #: San Francisco

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

<b>AGENCY</b> MARSH RISK & INSURANCE SERVICES		<b>NAMED INSURED</b> REGENTS OF THE UNIVERSITY OF CALIFORNIA OFFICE OF RISK MANAGEMENT ATTN: CHERYL LLOYD 1111 FRANKLIN STREET, 10TH FLOOR OAKLAND, CA 94607-5200	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

XS

INSURANCE COMPANY: FIAT LUX RISK AND INSURANCE COMPANY

POLICY NUMBER: B0509FINPH1700088

POLICY TERM: 7/1/2017 - 7/1/2018

LIMITS: 10M/10M EXCESS OF UNDERLYING SIR FOR GL, AUTO &amp; EL

\$5M per claim / \$5M Aggregate

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

**First Amendment**

THIS AMENDMENT (this “Amendment”) is made as of May 1, 2022, in San Francisco, California, by and between The Regents of the University of California, 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 continue services to provide mental health services for San Francisco children, youth and families by extending the performance period, increase the contract amount, and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFQ 13-2017, issued on September 28, 2017 and a Sole Source contract for the Department as authorized by San Francisco Administrative Code 21.5.b, and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 48652-16/17 on August 3, 2020;

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

**Article 1      Definitions**

The following definitions shall apply to this Amendment:

1.1      **Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018 (Contract ID# 1000011077), between Contractor and City.

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

**Article 2      Modifications to the Agreement**

The Agreement is hereby modified as follows:

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

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

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

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2023, unless earlier terminated as otherwise provided herein.

2.2 **Article 3, Section 3.3.1** Compensation of the *Original Agreement* currently reads as follows:

3.3.1 **Payment.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Six Million Four Hundred Seventy One Thousand Eight Hundred Sixty Two Dollars (\$6,471,862). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

3.3.1 **Payment.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Nine Million Eight Hundred Sixty Four Thousand Five Hundred Seventy Four Dollars (\$9,864,574). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Article 4, Services and Resources.** *The following is hereby added to Section 4.9*

4.9 **Contractor Vaccination Policy.** (Reserved – Department policy is more restrictive than the Mayor's directive.)

2.4                    **Article 5, Section 5.1.1 Insurance.** *The following is hereby added to Section 5.1.1*

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

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

2.5                    **Article 7, Withholding.** *The following is hereby added to as Section 7.3*

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

2.6                    **Article 10, Additional Requirements Incorporated by Reference.** *The following are hereby replaced in Section 10.4, 10.5, 10.11 and 10.17*

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.

10.11 **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.

#### 10.17 **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.

2.7 **Article 11, General Provisions.** *The following is hereby replaced in*  
*Section 11.4*

#### 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.

2.8                    **Article 13, Data and Security.** *The following is hereby added as Sections 13.5 and 13.6*

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

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

The Appendices listed below are Amended as follows:

- 2.8    Delete Appendix A, A-1 and A-2, and replace in its entirety with Appendix A, A-1 and A-2 to Agreement as amended. Dated: 2/15/2022.
- 2.9    Delete Appendix B and replace in its entirety with Appendix B, B-1 and B-2 to Agreement as amended. Dated: 2/15/2022.
- 2.10   Delete B-1 and B-2, and replace in its entirety with Appendix B-1 and B-2 to Agreement as amended. Dated: 03/02/2022
- 2.11   Delete Appendix F to Agreement as amended and replace in its entirety with Appendix F. Dated: 03/02/2022.

### **Article 3        Effective Date**

Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

### **Article 4        Legal Effect**

Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.



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

CITY

Recommended by:

CONTRACTOR

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

DocuSigned by:



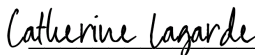
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28627524752949F  
Grant Colfax, MD

Director of Health

Department of Public Health

DocuSigned by:



4/14/2022 | 9:06 AM PDT

E4E935F8699B4AD  
Catherine Lagarde

Contracts and Grants Managed Contracts

3333 California Street, Suite 315

San Francisco, CA 94143-0962

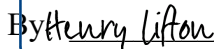
Approved as to Form:

David Chiu

City Attorney

Supplier ID number: 000012358

DocuSigned by:



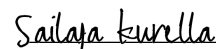
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Henry Eilton

Deputy City Attorney

Approved:

DocuSigned by:



4/25/2022 | 1:40 PM PDT

35A1A44B0KCUP  
Sailaja Kurella

Director, Office of Contract Administration,  
and Purchaser

## Appendix A Services to be provided by Contractor

### 1. Terms

#### A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Mario Hernandez Contract Administrator for the City, or his / her designee, and City will contact UC Principal Investigator or other appropriate UCSF staff person, Contractor's principal investigator for this Agreement, or his / her designee.

#### B. Reports:

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

#### C. Evaluation:

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

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

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

#### E. Adequate Resources:

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

#### F. Admission Policy:

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

#### G. San Francisco Residents Only:

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

#### H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and record keeping.

(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, the health and safety of their employees, and for all other persons who work at or visit the job site as per local and/or state regulations.

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Research Study Records:

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

M. Client Fees and Third Party Revenue:

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

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

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. 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.

P. Quality Assurance:

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

- (1) Staff evaluations.
- (2) Personnel policies and procedures.
- (3) Quality Improvement.
- (4) Staff education and training.

Q. Compliance with Grant Award Notices:

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

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

## 2. **Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1	Child and Adolescent Services
Appendix A-2	Fuerte

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

**1. Identifiers:**Program Name: **Child and Adolescent Service**Program Address: **ZSFG Division of Infant, Child & Adolescent Psychiatry (ICAP), 1001 Potrero Ave, 6B**City, State, Zip Code: **San Francisco, CA 94110**Telephone: **(628) 206-4444**Facsimile: **(628) 206-3142**

Contractor Address: 3333 California Street

City, State, Zip Code: San Francisco, CA

94143

Name of Person Completing this Narrative: William Martinez, Ph.D.

Telephone: **(628) 206-2306**Program Code(s): **38C72***(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)***2. Nature of Document** (check one):
☐ **New**     ☒ **Renewal**     ☐ **Modification**
**3. Goal Statement:**

- A. To provide assessment, treatment, advocacy, and referral services for San Francisco children, youth, and families who have experienced trauma and/or who present with serious emotional or behavioral problems by making available accessible, clinic, community and school-based mental health services that are linguistically and culturally appropriate and evidence informed.
- B. To provide evidence-based assessment through our Diagnostic Assessment Clinic and specialty Eating Disorder programs.
- C. To provide empirically-supported individual and family therapy services including:
  - Trauma-focused CBT
  - Cognitive behavioral therapy for depression and anxiety
  - Parent management training for behavioral problems
  - Dialectical behavior therapy for emotional dysregulation
  - Family Check Up for emotional problems
  - MATCH trans-diagnostic treatment for emotional problems
  - Family-based Treatment for eating disorders
- D. To provide empirically-supported group therapy treatment programs including:
  - Triple P parenting program
  - CBT for depression for adolescents
  - DBT skills groups for adolescents
  - KidPower group for school-age children needing safety, social and anger management skill development
- E. To provide medication management services including psychiatric evaluations to youth in our clinic as well as our partner clinic, Instituto Familiar de la Raza
- F. To provide Education-Related Mental Health Services in the San Francisco Unified

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

#### School District

- G. To provide comprehensive psychological evaluation services that are completed or supervised by licensed psychologists including:
- Pre-adoptive developmental evaluations for youth in foster
  - Comprehensive psychological evaluations for youth needing differential diagnosis and treatment planning for complicated psychiatric conditions
- H. To collaborate with Foster Care Mental Health to employ a social worker who will provide Triple P parenting groups at FCMH, as well as consultation and training to Spanish-speaking FCMH providers.
- I. To provide consultation services to SF Department of Public Health's (DPH) Trauma Informed Systems Initiative via the Mental Health Treatment Support and Training Services collaboration.
- J. To provide training and consultation to systems (e.g. San Francisco Unified School District, San Francisco Department of Public Health) that serve children, youth, and families who have experienced trauma. Healthy Environments and Response to Trauma in Schools (HEARTS) promotes school success for trauma-impacted children and youth by providing training, mental health consultation, and supports to create more trauma-informed, safe, supportive, and equitable school cultures and climates that foster resilience, wellness, and racial justice for everyone in the school community.
- K. To develop and implement the UCSF ZSFG Family Mental Health Navigator (FMHN) program that provides mental health (including substance use) treatment navigation services to publicly-insured children (6-18 years) and families who receive UCSF pediatric primary care (through the Children's Health Center) and/or specialty mental health treatment (through the UCSF ZSFG Child and Adolescent Services clinic) at Zuckerberg SF General Hospital. On an as-needed and as-available basis, the FMHN will also provide mental health navigation services to children and families (6-18 years) seen in other community-based pediatric primary care and/or specialty mental health treatment clinics. The FMHN will be responsible for the following:
1. Timely and efficient assessment of needs and appropriate, tailored provision of services (precision and personalization of care);
  2. Providing families with comprehensive guidance about which services and what combination of services would be most helpful;
  3. Awareness and knowledge of available evidence-based practices and sharing this information with youth, families and service providers, when needed;
  4. Tracking, qualitatively monitoring and evaluating youth patterns of service utilization and outcomes across multiple involved systems and providers; and,
  5. Asserting authority as navigator to facilitate access for youth and family to needed mental health care, to guarantee continuity of care and improve cross-provider and system care communication during service delivery and follow-up.

#### 4. Target Population:

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

- Children and youth referred through ZSFG Pediatrics or other Primary or Specialty Care Providers (i.e. within the Community Health Network), children/youth referred through the San Francisco Behavioral Health Services (SFBHS) central access, other child serving agencies, and the community.
- Children/youth/families with San Francisco Medi-Cal, Healthy Families and/or Healthy Kids insurance.
- Children and youth who have suffered psychological trauma due to witnessing severe domestic violence, community violence, homicide of a family member, surviving a physical assault, physical and/or emotional abuse, sexual abuse or neglect, catastrophic injury, debilitating chronic disease, traumatic loss or the illness of the child or a significant family member.
- Youth identified with eating disorders and referred by the UCSF Specialty Eating Disorders Clinic
- Children and adolescents with other socioemotional concerns meeting specialty mental health criteria.
- Children and youth referred by San Francisco Unified School District (SFUSD) staff or through the Department of Human Services (e.g. foster care).
- Infants and children who have or are at risk for having behavioral symptoms and problems due to a variety of conditions such as prenatal drug exposure and/or premature birth.
- San Francisco Department of Public Health Personnel and affiliates.
- San Francisco Unified School District Personnel and affiliates including student support services staff, teachers and administrators that work with traumatized students.

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

### Mental Health Services

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

### Assessment

“Assessment” means a service activity which may include a clinical analysis of the history and current status of a beneficiary’s mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

### Collateral

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

### Therapy

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

#### Psychological Assessment

“Psychological Assessment” means services performed by a licensed psychologist focused on evaluation, and include the use of psychological measures, tests, and instruments. These services may include, but are not limited to, assessment, scoring of instruments, tests, and measures, and report writing.

#### Targeted Case Management

“Targeted Case Management” means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communications, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; and plan development.

#### Medication Support Services

“Medication Support Services” means those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or metabolic labs or biological assessments, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, medication education, plan development related to the delivery of their service and/or assessment of the beneficiary and ongoing medication management visits. These services also include providing emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care) as well as responding to general pediatric requests for psychiatric and medication management consultation for youth in their practice.

#### Crisis Intervention

“Crisis Intervention” means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition, which requires more timely response than a regularly scheduled visit. Service activities may include, but are not limited to, assessment, collateral, and therapy.

#### Outreach Services/Mental Health Promotion-Consultation Services.

“Outreach Services” are activities and projects directed toward 1) strengthening individual’s and communities’ skills and abilities to cope with stressful life situations before the onset of such events, 2) enhancing and/or expanding agencies’ or organizations’ mental health knowledge and skills in relation to the community-at-large or special population groups, 3) strengthening individuals’ coping skills and abilities during a stressful life situation through short-term intervention and 4) enhancing or expanding knowledge and skills of human services agency staff to handle the mental



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health problems of particular clients.

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6. Please see Appendix B - CRDC Page.

## 7. Methodology:

*Describe how your program conducts outreach, recruitment, promotion, and advertisement.*

CAS receives referrals from several different sources:

1) **Pediatric Primary Care:** The majority of children and youth served by CAS (nearly 70%) are referred by the ZSFG Dept. of Pediatrics. CAS does comprehensive outreach to pediatricians in the Department, including placing psychology interns in pediatric continuity clinics to provide consultation and facilitate referral, participation in the Department of Pediatrics eReferral system, appearing and making presentations about CAS' services at Pediatrics Staff meetings, inviting Pediatrics staff and faculty to the ICAP/CAS grand rounds and offering a weekly ninety minute multidisciplinary psychiatry case consultation conference in order to deepen the relationship between CAS and the Department of Pediatrics. Family Mental Health Navigator services further facilitate and support referrals from pediatric primary care to CAS specialty mental health, as the FMHN program partners very closely with the Pediatric Primary Care Behavioral Health team to implement navigation services.

2) **Pediatric Eating Disorders:** CAS also receives referrals from pediatricians at Mt. Zion Hospital where an ICAP licensed clinician has been integrated into in the UCSF Specialty Eating Disorders Clinic team to provide services to children suffering from a variety of eating problems. Many of these children receive their primary care at ZSFG and there is significant coordination and linkage between Mt. Zion and ZSFG to accommodate San Francisco Medi-Cal children and their families.

3) **Schools:** Referrals also come from schools as a result of CAS' long history of collaboration with the San Francisco Unified School District. Due to the success of its relationship-based outreach efforts, CAS does not advertise and generally has more referrals than it can manage; it actively assesses children's needs at intake and refers children and youth to other providers in the city who can meet their clinical needs when CAS cannot. Once families are referred, CAS directly outreaches the family, calls them to explain the range of available services and offers an appointment or meeting with them during their ZSFG Pediatric Clinic appointments.

In addition, CAS is a certified site for Education Related Mental Health Services in the school district.

CAS conducts outreach for its full range of services, all of which are suitable for children who meet criteria for Medi-Cal, largely by engaging in active collaboration with other service systems. The full range of services to these children are supported by this contract, although additional support from other funding streams enables CAS to pay stipends to psychology interns and postdoctoral fellows and place them in ZSFG and community sites where they can offer accessible service to children and youth. CAS services include the following:

1) The CAS clinic at ZSFG provides assessment, therapy, medication management and case

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management to children and adolescents who meet medical necessity as a result of suffering traumatic experiences, or who have non-trauma related mental health impairments; as outlined above, most of these children are recruited through collaborations with ZSFG Pediatrics or the schools.

2) The Early Childhood Development Clinic provides pre-adoption evaluations of infants and children to identify behavioral symptoms/problems or risks that could require ongoing services or supports post adoption. This service is provided in collaboration with the Human Services Agency.

3) CAS staff coordinates services with several SFUSD schools, primary care and community providers as needed to facilitate the full and healthy development of each child and youth by offering assessment and therapeutic services in school and community sites that are readily accessible to children, youth, and families.

In all of its services, CAS is committed to providing high quality, evidence-based, and culturally competent services for ethnically diverse and economically disadvantaged families. All services are provided in English and Spanish, with access to ZSFG Interpreter Services for other languages as needed.

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*Describe your programs admission, enrollment and/or intake criteria and process where applicable.*

After a child or youth is referred, CAS administrative staff ensures that clients are not receiving services from another provider, contacts the referral source and the parents of the referred child to complete missing demographic information, and then passes the referral to a clinician who makes the initial call to the family. Through our intake process and the process of completing the initial CANS assessment by gathering information from the child or youth, the family, and teachers and other providers who work with the child or youth, CAS determines whether the child meets medical necessity for Medi-Cal treatment. Children who do not meet medical necessity are not seen at CAS.

All youth referred to CAS participate in a Diagnostic Assessment Clinic that functions as a centralized intake process. In the first year of the DAC (FY2018) impact on multiple areas of care were noted including improving the referral stream from pediatrics, reduced waitlist for specialty mental health care, increasing timely access, shortened time to care, expedited linkage to appropriate services and matching client preferences to service options such as group treatment and parent support services (which is associated with improved outcomes). The diagnostic assessment includes psychological instruments and measures, and last approximately 2-3 sessions. Youth will then be referred to group therapy programs if no individual/family therapist is available. For youth not meeting specialty mental health criteria, they will be referred to a relevant provider, such as the Golden Gate Regional Center, their primary care behavioral health team, and/or community supports. For youth who present with acute mental health concerns, we will make every effort to find an opening in our clinic to take on these youth immediately, and if not possible, we will work with CYF county officials to find an appropriate placement for outpatient therapy.

*Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc.*

The CAS staff is committed to providing treatment that is culturally appropriate and encourages the healthy, full development of each child and youth. Social workers, psychologists, and psychiatrists are all part of the treatment team. The team works with families to provide the best approach toward healing and wellness. Each child or youth referred receives an assessment that results in an individualized treatment plan, which is tailored to meet her/his needs. The treatment plan is developed in collaboration with the parent/guardian and the treatment team. Communication with schools, physicians and others involved with the family occurs, as needed, for clients in this program with the goal of enhancing collaboration between the array of institutions and organizations involved in the clients' life. Services are primarily delivered at ZSFG offices; however, CAS also serves clients in various community sites, such as schools and community-based organizations. CAS clinicians also travel to SFUSD schools, preschools and homes to observe children as part of our assessment (i.e. best practices for ADHD assessment) and treatment planning.

During COVID-19, most services at CAS are available over telehealth through the use of

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videoconferencing software. The one exception is comprehensive psychological evaluations, which are a hybrid of telehealth and in-person services.

Hours of operation are Mondays to Thursdays, 8:30am – 7pm and Fridays 8:30am – 5pm. CAS makes every effort to accommodate evening appointments when clinically indicated.

During the assessment phase, information is gathered using standard San Francisco Behavioral Health Services (SFBHS), Child Youth and Family System of Care (CYF-SOC) assessment tools (CANS). CAS also includes other psychological measures as clinically indicated in order to inform our assessment based treatment plans. Individual, group or family therapy is typically provided for one 45 to 60 minute session per week and length of treatment varies depending on the child and family meeting treatment goals as per the Plan of Care. Additionally, collateral contacts and case management are typically provided several times a week and as clinically indicated.

CAS has a Program Utilization Review Quality Committee (PURQC). This committee oversees initial and on-going services utilizing the SFBHS CYF SOC “Services Intensity Guidelines” and the procedures outlined in the Delegation Agreement for clinical reviews on ongoing authorizations. Strategies for service delivery include the following:

Crisis Intervention Services to children and families in crisis as a result of abuse or witnessing violence, often after school related incidents (i.e. lockdowns at school sites due to gun violence in the school’s vicinity)

Assessment based treatment that uses culturally appropriate, evidence-based psychological measures to inform treatment plan and assess progress toward treatment goals Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Trauma-focused treatment, when the assessment indicates that traumatic life experiences may be contributing factors in a child or youth’s social-emotional or behavioral challenges. To maximize the effectiveness of this strategy, CAS clinicians and supervisors have been trained in an evidence-based practices designed specifically for treating traumatized children and youth and their families from diverse cultural backgrounds:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT requires individual sessions for both the child and the parents, as well as parent-child joint sessions. The treatment approach has a high scientific rating by the California Evidence-Based Clearinghouse for Child Welfare, whose mission is to advance scientifically valid practices for children and families in the child welfare system.
- In addition, all our clinicians and trainees are trained on a second intervention for trauma in children developed by partners at Stanford University, called Cue Centered Therapy (CCT). CCT developed in recognition that parents may not be available for treatment and youth who experience recurrent traumatization within a context of ongoing adversity may derive limited benefit from processing an

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isolated traumatic event (as is the case in TF-CBT). CCT addresses the growing need for a manualized treatment aiming to increase youth insight into the connection between an individual's complex history of exposure to trauma and current emotional experiences and maladaptive behaviors.

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Whenever possible, CAS clinicians serve the family system rather than focusing exclusively on the individual child or youth. CAS clinicians also include other essential figures in the child or youth's life (e.g., primary care providers, teachers, extended family members, and spiritual leaders and other respected elders) in treatment conceptualization and service delivery where appropriate.

Medication services, which include initial psychiatric evaluation, evaluation of clinical effectiveness and side effects, obtaining consent, medication education, plan development related to the delivery of the service and/or assessment of the child/youth and ongoing medication management visits. Services may include prescribing and monitoring psychiatric medication(s) in order to alleviate the symptoms of mental illness, and ongoing collaboration with the therapist.

Psychological assessment services are provided specifically for youth and we are the only provider in the county we are aware of that is able to provide these services in Spanish. All services are performed by or supervised by a licensed psychologist. Referrals specifically for psychological assessment services come from primary care, other community-based agencies, self-referrals, and, for preadoptive developmental evaluations, through the Human Services Agency.

Consultation and coordination with pediatric primary care providers at ZSFG and Mt. Zion, community-based organizations, schools, day care centers, and the child protection and child foster care system (HSA). These services also include providing emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care) as well as responding to general pediatric requests for psychiatric and medication management consultation for youth in their practice.

*Describe your program's exit criteria and process, e.g. successful completion, a step-down process to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.*

Clients exit our program when their treatment goals, as per the Plan of Care, are met and they no longer meet criteria for medical necessity. The CAS clinicians are experienced and well trained in use of community resources to best serve families, with culturally sensitive, empirically supported interventions, returning children to the least restrictive and most supportive environments for their on-going needs. These resources include, for example, use of Family Support Programs, Boys and Girls Clubs of San Francisco, SFUSD Wellness Centers, after school tutorial programs, Good Samaritan Parenting Classes and the Talk Line. CAS may refer youth and families to these resources either as adjuncts to ongoing treatment or for continued support at the conclusion of treatment. CAS clinicians use resource guides, including San Francisco Behavioral Health Resource Guide and the SFUSD Community Based Organization list of School Support & Community Programs, to inform their recommendations for collateral services. If direct service terminates due to a client moving to another county, every effort is made to ensure appropriate linkage to mental health services in that county.

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*Describe your program's staffing:*

CAS administrative staff members are charged with the initial determination of Medi-Cal eligibility, and with determining that the referred child or youth is not receiving mental health services in another agency. After determining insurance eligibility, an intake clinician (Licensed Clinical Social Worker, psychologist or Marriage and Family Therapist) completes the initial intake and screening process to determine whether the referred child or youth meets criteria for medical necessity.

Licensed clinical psychologists, a board certified child psychiatrist, licensed social workers, and licensed marriage and family therapists provide direct service to families and clinical supervision to trainees who provide direct individual, family, and group service. Trainees include social work and psychology practicum students, predoctoral psychology interns, postdoctoral psychology fellows, psychiatry residents and fellows who are all part of service development and delivery.

*CAS provides direct client services. It will not purchase services from other providers.*

## **8. Objectives and Measurements:**

**All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY21-22.**

## **9. Continuous Quality Improvement:**

The CAS director and ICAP Compliance Analyst review Avatar reports monthly to determine that CAS is meeting its contract productivity goals. These goals are reviewed with the staff and trainees in weekly and monthly meetings so that the program service providers are continuously aware of their progress toward meeting productivity requirements.

Quality of service is monitored by reviewing progress in treatment as measured by the CANS and other instruments that are completed periodically, including the Behavior Assessment System for Children, the UCLA PTSD Index for Children, and the Trauma Symptom Checklist for Children. Every CAS supervisor reviews these measures periodically with each supervisee so that child clinical progress is being continuously reviewed in supervision. In addition, 30 minutes of our weekly CAS Staff/Admin meeting is reserved for quality management issues related to documentation, as well as to review treatment planning objectives for youth who have been in our clinic for one year or longer. Client satisfaction is surveyed at least annually, and the CAS Director reports the result of the CBHS data analysis of client satisfaction to the staff, identifying and highlighting areas where improvement is needed. Cultural competence among the staff and trainees is monitored in a weekly case conference in which cultural issues related to treatment are the focus of the discussion, and this year the staff is participating in a monthly meeting devoted solely to multicultural issues. Trainees participate in a weekly one hour multicultural seminar, and the monthly Grand Rounds are devoted to the multicultural focus of our clinical work.



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**10. Required Language (if applicable):** NA

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**1. Identifiers:**

Program Name: **UCSF Child and Adolescent Services - Fuerte**

Program Address: **ZSFG Division of Infant, Child & Adolescent Psychiatry (ICAP), 1001 Potrero Ave, 6B**

City, State, Zip Code: **San Francisco, CA 94110**

Telephone: **(628) 206-4444**

Facsimile: **(628) 206-3142**

Contractor Address: 3333 California Street

City, State, Zip Code: San Francisco, CA  
94143

Name of Person Completing this Narrative: William Martinez, Ph.D.

Telephone: **(628) 206-2306**

Program Code(s): **None, MHSA funded program**

(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)

**2. Nature of Document (check one):**
☐

**New.**

☒

**Renewal**

**Modification**

**3. Goal Statement:**

The current MHSA Innovations Grant funded program, *Fuerte*, has the following four goals:

a. A program evaluation to ascertain the efficacy and feasibility of *Fuerte* to increase screening and service access for the target population. Through the present proposal, we will gather data on how well *Fuerte* improves treatment access for the target population so that we can use this data as a measure of success when comparing future adaptations of *Fuerte* to other newcomer immigrant populations.

b. The *Fuerte* curriculum, available in English and Spanish, will be made broadly available to schools and providers across California for free use and adaptation. Materials will be made available once a point person in the county or jurisdiction that wants to use *Fuerte* is identified, and is properly trained to deliver the intervention.

c. A network of trained *Fuerte* facilitators will be available to lead “train the trainer” sessions for other providers that are interested in undertaking this model. Currently, the expectation to become a *Fuerte* trainer includes attending a one-day workshop led by current *Fuerte* trainers, and then leading two *Fuerte* groups as a provider. The current proposal will allow us to develop materials to ensure that the program is delivered to fidelity. For example, we will create a framework for coding program sessions to ensure materials were delivered, as well as provide a guidebook for counties to use when attempting to establish fidelity of the program in their own jurisdictions. A point person for counties or jurisdictions that want to use *Fuerte* will be identified and who will be trained to not only train others on the program, but also train others on how to insure that the program is delivered with fidelity to the model.

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d. In order to initiate the process of adapting *Fuerte* to be used with other immigrant groups, a framework on the adaptation and tailoring of *Fuerte* to different groups of newcomer immigrant populations will be innovatively developed based on examining how current clinicians make decisions on tailoring the *Fuerte* curricula. The framework will allow us to develop a “playbook” that will be used alongside the *Fuerte* manual to guide clinicians and community partners on how to adapt and tailor the main components of *Fuerte* to be used with different populations of newcomer immigrant youth. To date, we are not aware of any prevention program targeting newcomer immigrant youth that will not only allow the flexibility to tailor the program components to other populations, but provide a resource on how to do so. Based on feedback we received from our Community Planning Meetings, we would like to test whether or not the *Fuerte* model is efficacious for the Chinese and Arabic speaking populations, as well as other populations that may benefit.

#### **4. Target Population:**

- All ethnicities and populations in San Francisco with focused expertise to support the unique cultural needs of newcomer Latinx youth ages 12 to 18 enrolled in participating SFUSD schools will be considered eligible for inclusion in the *Fuerte* program evaluation
- Newcomer youth are youth who arrived in the United States within the last five years.

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

Outreach and engagement: The *Fuerte* program will include outreach and engagement of newcomer youth through the following program activities: Community events, 1:1 outreach, and marketing campaigns at the local, school level.

Screening and assessment: All youth participating in the *Fuerte* program are screened to see if they are at-risk for specialty mental health services. Youth found to be at-risk are referred to specialty mental health providers for further assessment.

Service linkage: *Fuerte* program staff will facilitate access to specialty mental health services for those youth found to be at-risk. All service linkages are tracked by the program.

Mental health consultation: *Fuerte* program staff will provide mental health consultation services to school staff regarding the specific mental health needs of newcomer youth.

Group therapeutic services: The *Fuerte* program includes a 7-8 week group prevention program that is delivered in schools and targets newcomer youth ages 12 – 18.

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## 6. Methodology:

### Participants

All newcomer youth ages 12 to 18 enrolled in participating SFUSD schools will be considered eligible for inclusion in the *Fuerte* program evaluation. At least eight SFUSD schools will participate in the cluster randomized control trial. Schools will be randomized into the *Fuerte* intervention or into a delayed waitlist control (DWC) group. Youth in schools randomized to the DWC group who are identified as exhibiting significant behavioral health symptoms on premeasures will be given referrals for specialty mental health services. Efforts will be made to have equal numbers of girls and boys represented across study conditions.

### Procedure

The evaluation will be carried out in participating SFUSD high schools and middle schools, with a goal of at least ten schools per year and at least 100 participants per year. Each group will be comprised of at least four and no more than eight newcomer adolescents. In schools randomized to the DWC group, a similar number of youths matched by gender and age will comprise the DWC group. In the Fall semester, youth in schools randomized to the *Fuerte* intervention will receive the intervention, while youth in schools randomized to the DWC group will receive the intervention in the Spring semester. The randomized control trial will last four years, and include at least 400 participants.

Schools with significant numbers of newcomer youth will be identified at the beginning of each academic year. Half the schools will be randomized to receive the intervention in the Fall semester. The other half of schools will be randomized to receive the intervention in the Spring semester, and serve as a control group for the study.

The program evaluation of *Fuerte* will last four years. Premeasures will be completed by youth in both groups by early October each year of the program evaluation. The *Fuerte* program will begin by late October each year and conclude late November/early December of each year. Post measures of intervention and DWC groups will conclude by mid-December of each year. Three-month follow-up measures will be collected in mid-March of each year.

In the Spring semester, youth in the DWC group will now participate in the *Fuerte* program. Premeasures will be completed by early April of each year. The *Fuerte* program will begin in mid April and conclude by late May of each project year. Post measures of intervention and DWC groups will conclude by early June of each project year. Three-month follow-up measures will be collected from both groups in early September of each project year.

The final year of the project will be devoted to analyzing, synthesizing, and disseminating the results of the program evaluation to key stakeholders. In addition, we will finalize all materials (e.g., adaptation playbook), develop online resources, and create infrastructure for technical assistance related to provide trainings to key point persons in counties and other jurisdictions interested in implementing *Fuerte*.

### Measures

Learning Objective #1. Does *Fuerte* increase the mental health literacy of newcomer immigrant youth?

*Knowledge of trauma-related symptoms.* A three-item measure will be created based on the *Fuerte* curricula that will examine youth's knowledge of trauma-related symptoms. One item will also assess whether youth are able to identify when there is a need for seeking specialty mental health services. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

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*Knowledge of coping mechanisms.* A three-item measure will be created based on the *Fuerte* curricula that will examine youth's knowledge of coping mechanisms for traumatic stress. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

*Knowledge of mental health system.* A three-item measure will be created based on the *Fuerte* curricula that will examine youth's knowledge of mental health service access. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

Learning Objective #2. Does *Fuerte* increase behavioral health access among the target population?

*Screening.* Youth will complete the Pediatric Symptom Checklist (PSC)<sup>18</sup>, which is a self-report symptom inventory of common behavioral health problems in youth. The PSC is available in both Spanish and English. The PSC will be administered to youth in the *Fuerte* and waitlist control conditions within the first week of the first *Fuerte* group meeting. The measure will also be administered to youth in the *Fuerte* condition and DWC group within one week of the last *Fuerte* group. In addition, a three-month follow-up measure will be given to youth in both conditions. At each of these timepoints (pre, post, 3-month follow-up) youth who display clinically significant mental health symptoms will be referred for specialty mental health services.

*Referrals.* Youth in both the *Fuerte* and control conditions will be given a referral for specialty mental health services if they display clinically significant behavioral health symptoms on pre, post, and/or 3-month follow-up measures. At post and 3-month follow-up, youth will be asked if they are currently connected to a mental health provider in the form of a yes/no question. The question will be available in both Spanish and English.

Learning Objective #3. Does *Fuerte* increase youth's social connectedness?

Two measures of social connectedness will be used in the present study. The first is the Social Connectedness scale<sup>19</sup> which is a 10-item scale that measure the degree of interpersonal closeness a youth experiences in their social world. The second measure will be comprised from items adapted from the Los Angeles Family and Neighborhood Survey<sup>20</sup> asking youth to indicate how many acquaintances they have in their neighborhood (*How many of the kids in your neighborhood do you know?*) and how many acquaintances they have in school (*How many of the kids in your school do you know?*). Measures will be administered to youth in both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up.

Learning Objective #4. In order to adapt to other populations, how are decisions made regarding tailoring the *Fuerte* curriculum?

To examine how the *Fuerte* curriculum is tailored to different groups of our target population, a mixed-methods approach will be used. At the end of each *Fuerte* group, clinicians will be asked to complete quantitative measures that assess how they delivered each of the components of the *Fuerte* intervention and their satisfaction with the intervention elements. In addition, qualitative interviews will be held to discuss implementation difficulties, difficulties with program content or activities, and suggestions for improvement. Furthermore, similar items will be completed by youth in the *Fuerte* condition, as well as input will be gathered from key stakeholders serving on community participatory boards. The framework developed by Barrera, Berkel, & Castro<sup>21</sup> for evaluation of cultural adaptations of prevention interventions will be used to help guide the development of quantitative and qualitative items. These items will be used to inform the development of a "playbook" that will be used to train and provide to support to clinicians leading future iterations of the *Fuerte* groups, particularly those doing so with other groups of newcomer youth with similar

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 2</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY Term : 07/01/2021 through 6/30/2022</b>
<b>CMS#: Contract ID 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

concerns.

Learning Objective #5. What are the requirements needed for interagency and partner collaborations in order to make implementation of *Fuerte* possible in other counties?

As interagency collaboration is a hallmark of successful implementation of *Fuerte*, the evaluation will measure the elements that lead to successful collaboration using qualitative approaches. A semi-structured interview guide will be used to collect information from key stakeholders involved in the implementation of *Fuerte* including SF Department of Public Health and Unified School District stakeholders, behavioral health providers in SF County community-based organizations, UCSF pediatricians and behavioral health staff, as well as other relevant key community stakeholders needed for interagency collaboration. The semi-structured interview will be developed based on the EPIS framework which provides a conceptual model of implementation of prevention and intervention program in public sector settings.

MHSA Vision Alignment

- The *Fuerte* school-based prevention program was built on a foundation of resilience by helping youth use their native cultural traditions, rituals, and practices.
- Participants of *Fuerte* are given educational material to understand how to navigate the local mental health system and be active consumers of county mental health services, as needed.
- All providers participating in the *Fuerte* program are trained in working with populations of newcomer youth, particularly those from Central American countries. All providers are bilingual (English/Spanish) and most are also of Latinx backgrounds.
- Focus groups are held regularly with youth and their parents to inform the development, implementation, and evaluation of the *Fuerte* program.

Program Costs and Budget

The following is a summary of program costs and supplies. For further details, please see attached approved MHSA INN proposal.

Materials and Supplies

- Office Supplies
  - Includes general office supplies needed for maintenance of program
  - Cell phones and data plans for *Fuerte* administrators
  - Costs of onboarding undergraduate student research assistants to help with data collection
- Program Supplies
  - Food for participants in order to increase engagement in group intervention
  - Publishing costs associated with program manuals and workgroups
  - Gift cards for participants for engagement in data collection activities
  - Arts/crafts for group intervention activities
  - Software for data analyses/research
  - Supplies for recruitment including design of recruitment materials, website, etc.
  - Supplies for assistance in designing and delivering the intervention including:
    - Books
    - Online trainings
  - Costs of translation of program materials into Spanish and other languages

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 2</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY Term : 07/01/2021 through 6/30/2022</b>
<b>CMS#: Contract ID 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

- Transcription costs for focus groups
- Fees for use of data collection measures
- Fees for design for our website
- Fees for design of our brochure
- Fees for HealthySMS text messaging reminder system

### Travel

- Local travel to support meetings and recruitment associated with the Fuerte program
- Out-of-town travel to support dissemination of findings including conference/meeting fees, lodging, airfare, and other travel costs

### Consultant/Subcontractor

- Independent contracts with group facilitators who lead the Fuerte groups at various SFUSD schools
- Fees associated with consultation costs for research and data analyses
- Fees associated with consultation costs for Middle Eastern North African adaptation of Fuerte
- Fees associated with independent contractor for delivering Fuerte trainings

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

All objectives and descriptions of how objectives will be measured will be in the MHSA PEI Program Report for FY2021-2022.

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

As this is a program evaluation, quality improvement will be dependent on the information collected as described in the Methodology section.

## **9. Required Language (if applicable)**

N/A

## Appendix B Calculation of Charges

### 1. Method of Payment

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

### 2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1 Child and Adolescent Services

Appendix B-2 Fuerte

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$274,352 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

<b>Term</b>	<b>Funding Source</b>	<b>Estimated Amount</b>
FY 2018-2019	Mixed (Grants, General fund, State, Federal, Medi-Cal) <i>(From FY 19-20; was one-time for TIS in FY 18-19)</i>	\$1,444,612
FY 2019-2020	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$1,616,933
FY 2020-2021	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$1,994,937
<i>FY 20-21 One Time CODB (Direct Voucher)</i>		<i>\$38,308</i>
FY 2021-2022	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$2,209,166
FY 2022-2023	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$2,286,266
	Subtotal	9,590,222
	Contingency	\$274,352
	<b>Total</b>	<b>\$9,864,574</b>



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

D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than 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. State or Federal Medi-Cal Revenues**

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

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

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

DHCS Legal Entity Number 00117							Appendix B, Page 1
Legal Entity Name/Contractor Name Regents of the University of CA							Fiscal Year 2021-2022
Contract ID Number 1000011077							Funding Notification Date 10/04/21
Appendix Number	B-1	B-2	B-#	B-#	B-#	B-#	
Provider Number	38C7	38C7					
Program Name	UC-CAS	FUERTE					
Program Code	38C72	38C72					
Funding Term	07/01/21-6/30/22	07/01/22-6/30/22					
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries	\$ 1,072,640	\$ 235,598					\$ 1,308,238
Employee Benefits	\$ 389,222	\$ 68,817					\$ 458,039
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 1,461,862</b>	<b>\$ 304,416</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,766,277</b>
Operating Expenses	\$ 60,100	\$ 80,977					\$ 141,077
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,521,962</b>	<b>\$ 385,393</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,907,355</b>
Indirect Expenses	\$ 182,636	\$ 46,247					\$ 228,883
Indirect %	<b>12.0%</b>	<b>12.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>12.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 1,704,598</b>	<b>\$ 431,640</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,136,238</b>
						Employee Benefits Rate	<b>35.0%</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH CYF Fed SDMC FFP (50%)	\$ 591,878						\$ 591,878
MH CYF State 2011 PSR-EPST	\$ 477,618						\$ 477,618
MH CYF County General Fund	\$ 566,254						\$ 566,254
MH CYF County GF WO CODB	\$ 2,178						\$ 2,178
MH WO DCYF Prop J Collaborative	\$ 17,921						\$ 17,921
MH WO HSA SPMP Foster Care	\$ 17,849						\$ 17,849
MH MHSA (WET)	\$ 30,900						\$ 30,900
MH MHSA (INN)		\$ 431,640					\$ 431,640
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,704,598</b>	<b>\$ 431,640</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,136,238</b>
<b>BHS SUD FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,704,598</b>	<b>\$ 431,640</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,136,238</b>
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,704,598</b>	<b>\$ 431,640</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,136,238</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 CAS										Page Number		Page 1
Provider Number 38C7										Fiscal Year		2021-2022
Contract ID Number 1000011077		DIRECT								Funding Notification Date		10/04/21
Program Name		UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	NAVIGATOR	HEARTS	FOSTER CARE	TIS	
Program Code		38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/20-29	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	OS-Cmmty Client Svcs	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	
Funding Term (mm/dd/yy-mm/dd/yy):		7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	
<b>FUNDING USES</b>												<b>TOTAL</b>
Salaries & Employee Benefits		\$ 2,919	\$ 1,056,779	\$ 152,671	\$ 2,402	\$ 9,923	\$ 46,509	\$ 138,654	\$ 15,413	\$ 12,111	\$ 24,481	\$ 1,461,862
Operating Expenses		\$ 104	\$ 37,680	\$ 2,621	\$ 85	\$ 320	\$ 1,503	\$ 8,321	\$ 588	\$ 5,770	\$ 3,108	\$ 60,100
Capital Expenses												\$ -
<b>Subtotal Direct Expenses</b>		<b>\$ 3,023</b>	<b>\$ 1,094,459</b>	<b>\$ 155,292</b>	<b>\$ 2,487</b>	<b>\$ 10,243</b>	<b>\$ 48,012</b>	<b>\$ 146,975</b>	<b>\$ 16,001</b>	<b>\$ 17,881</b>	<b>\$ 27,589</b>	<b>\$ 1,521,963</b>
Indirect Expenses		\$ 363	\$ 131,336	\$ 18,635	\$ 298	\$ 1,229	\$ 5,761	\$ 17,637	\$ 1,920	\$ 2,146	\$ 3,311	\$ 182,636
Indirect %		12%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
<b>TOTAL FUNDING USES</b>		<b>\$ 3,386</b>	<b>\$ 1,225,795</b>	<b>\$ 173,927</b>	<b>\$ 2,785</b>	<b>\$ 11,472</b>	<b>\$ 53,773</b>	<b>\$ 164,612</b>	<b>\$ 17,921</b>	<b>\$ 20,027</b>	<b>\$ 30,900</b>	<b>\$ 1,704,598</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>										
MH CYF Fed SDMC FFP (50%)		251962-10000-10001670-0001	1,693	\$ 546,158	\$ 42,635	\$ 1,392						\$ 591,878
MH CYF State 2011 PSR-EPSDT		251962-10000-10001670-0001	1,693	\$ 431,897	\$ 42,635	\$ 1,393						\$ 477,618
MH CYF County General Fund		251962-10000-10001670-0001		\$ 247,740	\$ 88,657		\$ 11,472	\$ 53,773	\$ 164,612			\$ 566,254
MH CYF County GF WO CODB		251962-10000-10001670-0001								\$ 2,178		\$ 2,178
MH WO DCYF Prop J Collaborative		251962-10002-10001799-0004							\$ 17,921			\$ 17,921
MH WO HSA SPMP Foster Care		251962-10002-10001803-0011								\$ 17,849		\$ 17,849
MH MHSA (WET)		251984-17156-10031199-0061									\$ 30,900	\$ 30,900
This row left blank for funding sources not in drop-down list												\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>			<b>3,386</b>	<b>1,225,795</b>	<b>173,927</b>	<b>2,785</b>	<b>11,472</b>	<b>53,773</b>	<b>164,612</b>	<b>17,921</b>	<b>20,027</b>	<b>30,900</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>										
												\$ -
												\$ -
												\$ -
This row left blank for funding sources not in drop-down list												\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>										
												\$ -
												\$ -
This row left blank for funding sources not in drop-down list												\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>			<b>3,386</b>	<b>1,225,795</b>	<b>173,927</b>	<b>2,785</b>	<b>\$ 11,472</b>	<b>\$ 53,774</b>	<b>\$ 164,612</b>	<b>\$ 17,921</b>	<b>\$ 20,027</b>	<b>\$ 30,900</b>
<b>NON-DPH FUNDING SOURCES</b>												
This row left blank for funding sources not in drop-down list												\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>3,386</b>	<b>1,225,795</b>	<b>173,927</b>	<b>2,785</b>	<b>11,472</b>	<b>53,774</b>	<b>164,612</b>	<b>17,921</b>	<b>20,027</b>	<b>30,900</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>												
Number of Beds Purchased												
SUD Only - Number of Outpatient Group Counseling Sessions												
SUD Only - Licensed Capacity for Narcotic Treatment Programs												
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service		1,473	318,388	27,498	636	64	300	918	100	112	172	
Unit Type		Staff Minutes	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		2.299	\$ 3.85	\$ 6.33	\$ 4.38	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		2.299	\$ 3.85	\$ 6.33	\$ 4.38	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	
Published Rate (Medi-Cal Providers Only)		2.299	\$ 3.85	\$ 6.33	\$ 4.38	\$ 179.25	\$ 197.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	
Unduplicated Clients (UDC)												105

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number1000011077

Program NameUC-CAS

Program Code38C72

Appendix NumberB-1

Page NumberPage 2

Fiscal Year2021-2022

Funding Notification Date10/04/21

	TOTAL		UC-CAS Mode 15 (251962-10000-10001670-0001)		UC-CAS Mode 45 (251962-10000-10001670-0001)		MH CYF COUNTY GEN FUND (251962- 10000-10001670-0001)		MH WO DCYF PROJ J COLLAB (251962- 10002-10001799-0004)		MH WO HSA CH CPMP FOSTER CARE (251962- 10002-10001803-0011) (251962-10000-10001670- 0001)		MH MHSA (WET) (251984- 17156-10031199-0061)	
Funding Term	(07/01/21-06/30/22):		(07/01/21-06/30/22):		(07/01/21-06/30/22):		(07/01/21-06/30/22):		(07/01/21-06/30/22):		(07/01/21-06/30/22):		(07/01/21-06/30/22):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Division Director	0.01	\$ 2,274	0.01	\$ 2,274										
Division Deputy Director	0.14	\$ 24,031	0.14	\$ 24,031										
Psychiatrist	0.10	\$ 29,500	0.10	\$ 29,500										
Psychologist	0.05	\$ 7,650	0.05	\$ 7,650										
Psychologist	0.20	\$ 27,810	0.20	\$ 27,810										
Clinic Director	0.71	\$ 95,251	0.71	\$ 95,251										
Non Physician Clinical Trainee/Asst Prof	0.50	\$ 46,051	0.00	\$ -			0.50	\$ 46,051						
Asst Research Professor	0.15	\$ 18,532	0.00	\$ -									0.15	\$ 18,532
Medical Director	1.00	\$ 205,747.49	1.00	\$ 205,748										
CAS Clinical Social Worker II/III	1.00	\$ 74,625	1.00	\$ 74,625										
Clinical Social Worker I/II	1.00	\$ 75,004	1.00	\$ 75,004										
Clinical Social Worker I/II	1.00	\$ 106,611	0.92	\$ 98,082							0.08	\$ 8,529		
Clinical Social Worker III	0.20	\$ 20,781	0.20	\$ 20,781										
HEARTS CSW II	0.13	\$ 10,854	0.00	\$ -					0.130	\$ 10,854				
Navigator - SWA	0.73	\$ 44,085	0.00	\$ -			0.73	\$ 44,085						
Psychologist	0.60	\$ 74,151.73	0.60	\$ 74,152										
Division Administrator	0.24	\$ 29,664.00	0.00	\$ -	0.240000	\$ 29,664								
FIN Analyst	0.38	\$ 32,490	0.26	\$ 22,413	0.12	\$ 10,077								
Compliance Analyst	0.07	\$ 5,284	0.07	\$ 5,284										
Data Analyst	0.95	\$ 61,908	0.95	\$ 61,908										
Program Assistant	0.75	\$ 50,158	0.75	\$ 50,158										
Non Physician Clinical Trainee	0.95	\$ 14,678	0.00	\$ -			0.95	\$ 14,678						
Intern-Clinical Psychology (GME)	0.50	\$ 15,500	0.50	\$ 15,500										
Totals:	11.36	\$ 1,072,639.69	8.46	\$ 890,170	0.36	\$ 39,741	2.18	\$ 104,813	0.13	\$ 10,854	0.08	\$ 8,529	0.15	\$ 18,532
Employee Benefits:	CBR-%	\$ 389,222	CBR-%	\$ 324,600	CBR-%	\$ 16,691	CBR-%	\$ 33,841	CBR-%	\$ 4,559	CBR-%	\$ 3,582	CBR-%	\$ 5,949
TOTAL SALARIES & BENEFITS		\$ 1,461,862		\$ 1,214,770		\$ 56,432		\$ 138,654		\$ 15,413		\$ 12,111		\$ 24,481

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000011077

Program Name UC-CAS

Program Code 38C72

Appendix Number B-1

Page Number Page 3

Fiscal Year 2021-2022

Funding Notification Date 10/04/21

Expense Categories & Line Items	TOTAL	UC-CAS Mode 15 (251962-10000- 10001670-0001)	UC CAS Mode 45 (251962-10000- 10001670-0001)	MH CYF COUNTY GEN FUND (251961-10000- 10001670-0001)	MH WO DCYF PROJ J COLLAB (251962-10002-10001799-0004)	MH WO HSA CH CPMP FOSTER CARE (251962-10002- 10001803-0011) (251962-10000-	MH MHSA (WET) (251984-17156- 10031199-0061)
<b>Funding Term</b>	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(07/01/21-06/30/22)
Rent	\$ -	\$ -					
Utilities (telephone, electricity, water, gas)	\$ -	\$ -					
Building Repair/Maintenance	\$ -	\$ -					
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 14,465	\$ 6,488	\$ 618	\$ 1,969	\$ 179	\$ 2,672	\$ 2,538
Photocopying	\$ -	\$ -					
Program Supplies	\$ 5,832	\$ 3,000				\$ 2,832	
Computer Hardware/Software	\$ -	\$ -					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 20,297</b>	<b>\$ 9,488</b>	<b>\$ 618</b>	<b>\$ 1,969</b>	<b>\$ 179</b>	<b>\$ 5,504</b>	<b>\$ 2,538</b>
Training/Staff Development	\$ -	\$ -					
Insurance	\$ -	\$ -					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ -	\$ -					
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 500	\$ 500					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 500</b>	<b>\$ 500</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -					
	\$ -	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 16,469	\$ 12,750	\$ 436	\$ 2,798	\$ 159	\$ 97	\$ 230
Gael: General Automobile and Employee Liability Charges	\$ 8,796	\$ 7,299	\$ 326	\$ 859	\$ 89	\$ 70	\$ 152
Data Network Recharge	\$ 5,997	\$ 4,465	\$ 189	\$ 1,151	\$ 69	\$ 42	\$ 80
CCDSS: Computing and Communication Device Support Services	\$ 8,041	\$ 5,988	\$ 253	\$ 1,543	\$ 92	\$ 57	\$ 108
<b>Other Total:</b>	<b>\$ 39,303</b>	<b>\$ 30,502</b>	<b>\$ 1,204</b>	<b>\$ 6,352</b>	<b>\$ 409</b>	<b>\$ 266</b>	<b>\$ 570</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 60,099</b>	<b>\$ 40,490</b>	<b>\$ 1,822</b>	<b>\$ 8,321</b>	<b>\$ 588</b>	<b>\$ 5,770</b>	<b>\$ 3,108</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 CAS						Page Number Page 1	
Provider Number 38C7						Fiscal Year 2021-2022	
Contract ID Number 1000011077						Funding Notification Date 10/04/21	
Program Name		FUERTE					
Program Code		38C72					
Mode/SFC (MH) or Modality (SUD)		45/10-19					
Service Description		OS-MH Promotion					
Funding Term (mm/dd/yy-mm/dd/yy):		(07/01/21-06/30/22)					
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits		\$	304,416				\$ 304,416
Operating Expenses		\$	80,977				\$ 80,977
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>		<b>\$</b>	<b>385,393</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 385,393</b>
Indirect Expenses		\$	46,247				\$ 46,247
<b>Indirect %</b>		<b>12.0%</b>		<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>12.0%</b>
<b>TOTAL FUNDING USES</b>		<b>\$</b>	<b>431,640</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 431,640</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001						\$ -
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001						
MH CYF County General Fund	251962-10000-10001670-0001						
MH CYF County GF WO CODB	251962-10000-10001670-0001						\$ -
MH WO HSA SPMP Foster Care	251962-10002-10001803-0011						\$ -
MH MHSA (INN)	251984-17156-10031199-0037						\$ -
MH MHSA (INN)	251984-17156-10031199-0065	\$	431,640				\$ 431,640
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$</b>	<b>431,640</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 431,640</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$</b>	<b>431,640</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 431,640</b>
<b>NON-DPH FUNDING SOURCES</b>							
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>431,640</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>431,640</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Cost Reimbursement (CR)					
DPH Units of Service		1,841					
Unit Type		Staff Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$	234.46	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$	234.46	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)							<b>Total UDC</b>
Unduplicated Clients (UDC)							

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000011077  
Program Name UC-CAS  
Program Code 38C72

Appendix Number B-2  
Page Number Page 2  
Fiscal Year 2021-2022  
Funding Notification Date 10/04/21

	TOTAL		MH MHSa (INN) 251984-17156- 10031199-0065		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	(07/01/21-06/30/22):		(07/01/21-06/30/22):		(07/01/21-06/30/22):		(07/01/21-06/30/22):		(07/01/21-06/30/22):		(07/01/21-06/30/22):		(07/01/21-06/30/22):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinic Director	0.23	\$ 30,856	0.23	\$ 30,856										
Division Administrator	0.03	\$ 3,453	0.03	\$ 3,453										
Clin Research Coordinator	1.00	\$ 88,871	1.00	\$ 88,871										
Clin Research Coordinator	0.50	\$ 35,119	0.50	\$ 35,119										
Intern-Clinical Psychology (GME)	0.50	\$ 15,500	0.50	\$ 15,500										
Non Physician Clinical Trainee	1.00	\$ 61,800	1.00	\$ 61,800										
Totals:	3.26	\$ 235,598	3.26	\$ 235,598	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	CBR-%	\$ 68,817	CBR-%	\$ 68,817	CBR-%		CBR-%		CBR-%		CBR-%		CBR-%	
TOTAL SALARIES & BENEFITS		\$ 304,416		\$ 304,416		\$ -		\$ -		\$ -		\$ -		\$ -

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000011077

Program Name UC-CAS

Program Code 38C72

Appendix Number B-2

Page Number Page 3

Fiscal Year 2021-2022

Funding Notification Date 10/04/21

Expense Categories & Line Items	TOTAL	MH MHA (INN) 251984-17156- 10031199-0065	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
<b>Funding Term</b>	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 694	\$ 694					
Photocopying	\$ -						
Program Supplies	\$ 51,911	\$ 51,911					
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ 52,605</b>	<b>\$ 52,605</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ 18,300	\$ 18,300					
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 18,300</b>	<b>\$ 18,300</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 4,113	\$ 4,113					
Liability Charges	\$ 1,932	\$ 1,932					
Data Network Recharge	\$ 1,720	\$ 1,720					
Device Support Services	\$ 2,307	\$ 2,307					
<b>Other Total:</b>	<b>\$ 10,072</b>	<b>\$ 10,072</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 80,977</b>	<b>\$ 80,977</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>



**Appendix B - DPH 5: Capital Expenses Detail**

Contract ID Number 1000011077  
 Program Name UC-CAS  
 Program Code 38C72

Appendix Number B-1 & B-2  
 Page Number Page 4  
 Fiscal Year 2021-2022  
 Funding Notification Date: 10/04/21

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Dept-Auth-Proj-Activity	Unit Cost	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					<b>\$ -</b>

**2. Remodeling**

Description	Total Cost
Total Remodeling Cost	\$ -

**Total Capital Expenditure**  
 (Equipment plus Remodeling Cost)

**\$ -**



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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900  
Child & Adolescent Svcs Program**

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

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

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER:	M02JL21
Template Version	Amend1
Ct. PO No.: POHM	SFGOV-0000551036
Fund Source:	MH CYF County General Fund
Invoice Period :	July 2021
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		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 UC-CAS PC# - 38C72 251962-10000-10001670-0001</b>													
45/ 10 - 19 OS - MH Promotion		64				\$ 179.25	\$ -	0.000		0.00%		64.000	
45/ 20 - 29 OS - Cmmty Client Svcs		300				\$ 179.25	\$ -	0.000		0.00%		300.000	
<b>TOTAL</b>		364		0.000				0.000		0.00%		364.000	
<b>Budget Amount</b>						\$ 65,245.00		<b>Expenses To Date</b>		<b>% of Budget</b>		<b>Remaining Budget</b>	
								\$ -		0.00%		\$ 65,245.00	
<b>SUBTOTAL AMOUNT DUE</b>							\$ -	NOTES:					
<b>Less: Initial Payment Recovery</b>													
<b>(For DPH Use) Other Adjustments</b>													
<b>NET 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: \_\_\_\_\_

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

Prepared: 3/2/2022

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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

**BHS**

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M07JL21

Template Version: Amend1  
User Cd

Ct. PO No.: POHM SFGOV-0000551036

Fund Source: MH WO DCYF Prop J Collaborative

Invoice Period: July 2021

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 HEARTS PC# - 38C72 - 251962-10002-10001799-0004</b>												
45/ 10 - 19 OS - MH Promotion	100				-		0%		100		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 10,854.00		\$ -	0.00%	\$ 10,854.00
Fringe Benefits	\$ 4,559.00	\$ -	\$ -	0.00%	\$ 4,559.00
<b>Total Personnel Expenses</b>	\$ 15,413.00	\$ -	\$ -	0.00%	\$ 15,413.00
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 179.00	\$ -	\$ -	0.00%	\$ 179.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 159.00	\$ -	\$ -	0.00%	\$ 159.00
GAEL	\$ 89.00	\$ -	\$ -	0.00%	\$ 89.00
Data Network Recharge	\$ 69.00	\$ -	\$ -	0.00%	\$ 69.00
CCDSS	\$ 92.00	\$ -	\$ -	0.00%	\$ 92.00
<b>Total Operating Expenses</b>	\$ 588.00	\$ -	\$ -	0.00%	\$ 588.00
<b>Capital Expenditures</b>	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 16,001.00	\$ -	\$ -	0.00%	\$ 16,001.00
<b>Indirect Expenses</b>	\$ 1,920.00	\$ -	\$ -	0.00%	\$ 1,920.00
<b>TOTAL EXPENSES</b>	\$ 17,921.00	\$ -	\$ -	0.00%	\$ 17,921.00
<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: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date



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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

**BHS**

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M09JL21

Template Version: Amend1

User Cd

Ct. PO No.: POHM SFGOV-0000551036

Fund Source: MH CYF County General Fund

Invoice Period: July 2021

Final Invoice: (Check if Yes)

ACE Control Number:

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-1 NAVIGATOR PC# - 38C72 251962-10000-10001670-0001												
45/ 10 - 19 OS - MH Promotion	918				-		0%		918		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 104,813.00	\$ -	\$ -	0.00%	\$ 104,813.00
Fringe Benefits	\$ 33,841.00	\$ -	\$ -	0.00%	\$ 33,841.00
<b>Total Personnel Expenses</b>	\$ 138,654.00	\$ -	\$ -	0.00%	\$ 138,654.00
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,969.00	\$ -	\$ -	0.00%	\$ 1,969.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 2,798.00	\$ -	\$ -	0.00%	\$ 2,798.00
Gael	\$ 859.00	\$ -	\$ -	0.00%	\$ 859.00
Data Network Recharge	\$ 1,151.00	\$ -	\$ -	0.00%	\$ 1,151.00
CCDSS	\$ 1,544.00	\$ -	\$ -	0.00%	\$ 1,544.00
	\$ -				
<b>Total Operating Expenses</b>	\$ 8,321.00	\$ -	\$ -	0.00%	\$ 8,321.00
<b>Capital Expenditures</b>	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 146,975.00	\$ -	\$ -	0.00%	\$ 146,975.00
<b>Indirect Expenses</b>	\$ 17,637.00	\$ -	\$ -	0.00%	\$ 17,637.00
<b>TOTAL EXPENSES</b>	\$ 164,612.00	\$ -	\$ -	0.00%	\$ 164,612.00
<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: \_\_\_\_\_

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

DPH Authorization for Payment

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

\_\_\_\_\_  
Date



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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
**Child & Adolescent Svcs Program**

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

**BHS**

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M13JL21

Template Version

MYE

User Cd

Ct. PO No.: POHM

SFGOV-0000551036

Fund Source:

MH WO HSA SPMP Foster Care / CODB

Invoice Period:

July 2021

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 FOSTERCARE PC# - 38C72</b>												
45/ 10 - 19 OS - MH Promotion	112				-		0%		112		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 8,529.00	\$ -	\$ -	0.00%	\$ 8,529.00
Fringe Benefits	\$ 3,582.00	\$ -	\$ -	0.00%	\$ 3,582.00
<b>Total Personnel Expenses</b>	<b>\$ 12,111.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 12,111.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 5,504.00	\$ -	\$ -	0.00%	\$ 5,504.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 97.00	\$ -	\$ -	0.00%	\$ 97.00
Gael	\$ 70.00	\$ -	\$ -	0.00%	\$ 70.00
Data Network Recharge	\$ 42.00	\$ -	\$ -	0.00%	\$ 42.00
CCDSS	\$ 57.00	\$ -	\$ -	0.00%	\$ 57.00
<b>Total Operating Expenses</b>	<b>\$ 5,770.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 5,770.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 17,881.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 17,881.00</b>
<b>Indirect Expenses</b>	<b>\$ 2,146.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,146.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 20,027.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 20,027.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

MH WO HSA SPMP Foster Care 251962-10002-10001803-0011: \$17,849  
MH CYF Cty GF WO CODB 251962-10000-10001670-0001: \$2,178

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 3-2

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 3/2/2022





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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
**Child & Adolescent Svcs Program**

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

**BHS**

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M15JL21

Template Version: Amend1

User Cd

Ct. PO No.: POHM SFGOV-0000551036

Fund Source: MH MHSA (WET)

Invoice Period: July 2021

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 TIS PC# - 38C72 251984-17156-10031199-0061</b>												
45/ 10 - 19 OS - MH Promotion	172				-		0%		172		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 18,532.00	\$ -	\$ -	0.00%	\$ 18,532.00
Fringe Benefits	\$ 5,949.00	\$ -	\$ -	0.00%	\$ 5,949.00
<b>Total Personnel Expenses</b>	<b>\$ 24,481.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 24,481.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 2,538.00	\$ -	\$ -	0.00%	\$ 2,538.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 230.00	\$ -	\$ -	0.00%	\$ 230.00
GAEI	\$ 152.00	\$ -	\$ -	0.00%	\$ 152.00
Data Network Recharge	\$ 80.00	\$ -	\$ -	0.00%	\$ 80.00
CCDSS	\$ 108.00	\$ -	\$ -	0.00%	\$ 108.00
<b>Total Operating Expenses</b>	<b>\$ 3,108.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 3,108.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 27,589.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 27,589.00</b>
<b>Indirect Expenses</b>	<b>\$ 3,311.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 3,311.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 30,900.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 30,900.00</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 3-2

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 3/2/2022

Tel. No.:

## DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Asst Research Professor	0.15	\$ 18,532.00	\$ -	\$ -	0.00%	\$ 18,532.00
TOTAL SALARIES	0.15	\$ 18,532.00	\$ -	\$ -	0.00%	\$ 18,532.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement 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: \_\_\_\_\_

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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
**Child & Adolescent Svcs Program**

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

**BHS**

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M16JL21

Template Version: Amend1

Ct. PO No.: POHM SFGOV-0000551036

Fund Source: MH MSA (INN)

Invoice Period: July 2021

Final Invoice: (Check if Yes)

ACE Control Number:

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-2 FUERTE PC# - 38C72 251984-17156-10031199-0065</b>												
45/ 10 - 19 OS - MH Promotion	1,841				-		0%		1,841		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 235,599.00	\$ -	\$ -	0.00%	\$ 235,599.00
Fringe Benefits	\$ 68,817.00	\$ -	\$ -	0.00%	\$ 68,817.00
<b>Total Personnel Expenses</b>	<b>\$ 304,416.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 304,416.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 52,605.00	\$ -	\$ -	0.00%	\$ 52,605.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 18,300.00	\$ -	\$ -	0.00%	\$ 18,300.00
Other: UCSF Faculty and Staff Recharge	\$ 4,113.00	\$ -	\$ -	0.00%	\$ 4,113.00
Liability Charges	\$ 1,932.00	\$ -	\$ -	0.00%	\$ 1,932.00
Data Network Recharge	\$ 1,720.00	\$ -	\$ -	0.00%	\$ 1,720.00
Device Support Services	\$ 2,307.00	\$ -	\$ -	0.00%	\$ 2,307.00
<b>Total Operating Expenses</b>	<b>\$ 80,977.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 80,977.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 385,393.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 385,393.00</b>
<b>Indirect Expenses</b>	<b>\$ 46,247.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 46,247.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 431,640.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 431,640.00</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

DPH Authorization for Payment

Authorized Signatory

Date

## DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F  
PAGE B

Contract ID#

1000011077

Invoice Number

M16JL21

User Cd

CT PO No.

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
**Child & Adolescent Svcs Program**

Tel. No.:

### DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Clinic Director	0.23	\$ 30,856.00	\$ -	\$ -	0.00%	\$ 30,856.00
Division Administrator	0.03	\$ 3,453.00	\$ -	\$ -	0.00%	\$ 3,453.00
Clin Research Coordinator	1.00	\$ 88,871.00	\$ -	\$ -	0.00%	\$ 88,871.00
Clin Research Coordinator	0.50	\$ 35,119.00	\$ -	\$ -	0.00%	\$ 35,119.00
Intern-Clinical Psychology (GME)	0.50	\$ 15,500.00	\$ -	\$ -	0.00%	\$ 15,500.00
Non Physician Clinical Trainee	1.00	\$ 61,800.00	\$ -	\$ -	0.00%	\$ 61,800.00
TOTAL SALARIES	3.26	\$ 235,599.00	\$ -	\$ -	0.00%	\$ 235,599.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement 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: \_\_\_\_\_



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230597

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Kelly Hiramoto	415-255-3492
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	kelly.hiramoto@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> The Regents of the University of California	<b>TELEPHONE NUMBER</b> 415-476-9692
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3333 California St, Suite 315, San Francisco, CA 94143	<b>EMAIL</b> catherine.lagarde@ucsf.edu

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230597
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> Not to exceed \$19,820,764		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide linguistically and culturally responsive clinic, community, and school-based behavioral health services to children, youth and families who have suffered psychological trauma, eating disorders or other socioemotional concerns.		

7. COMMENTS
Description of Amount reflects amendment made in Committee - 6/9/2023

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Fortuna	Lisa	Other Principal Officer
2	Mitsubishi	Fumi	Other Principal Officer
3	Revore	Constance	Other Principal Officer
4	Hawgood	Sam	Other Principal Officer
5	Lowenstein	Daniel	CEO
6	King	Talmadge	Other Principal Officer
7	O'Brien	Theresa	Other Principal Officer
8	Clune	Michael	CFO
9	Schnetzler	Greta	Other Principal Officer
10	Ha	Won	Other Principal Officer
11	Hickey	Erin	Other Principal Officer
12	Navarro	Renee	Other Principal Officer
13	Drake	Michael	Other Principal Officer
14	Anguiano	Maria	Board of Directors
15	Blum	Richard	Board of Directors
16	Cohen	Michael	Board of Directors
17	Elliott	Gareth	Board of Directors
18	Estolano	Cecelia	Board of Directors
19	Guber	Howard "Peter"	Board of Directors



**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Hernandez	Jose M.	Board of Directors
21	Lansing	Sherry L.	Board of Directors
22	Leib	Richard	Board of Directors
23	Makarechian	Hadi	Board of Directors
24	Ortiz Oakley	Eloy	Board of Directors
25	Park	Lark	Board of Directors
26	Perez	John A.	Board of Directors
27	Reilly	Janet	Board of Directors
28	Sherman	Richard	Board of Directors
29	Sures	Jonathan "Jay"	Board of Directors
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	

President, District 3  
BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

Tel. No. 554-7450  
Fax No. 554-7454  
TDD/TTY No. 544-6546

Aaron Peskin

## PRESIDENTIAL ACTION

Date: 5/30/23

To: Angela Calvillo, Clerk of the Board of Supervisors

Madam Clerk,  
Pursuant to Board Rules, I am hereby:

☐ Waiving 30-Day Rule (Board Rule No. 3.23)

File No. \_\_\_\_\_

(Primary Sponsor)

Title. \_\_\_\_\_

☒ Transferring (Board Rule No 3.3)

File No. 230597

Mayor

(Primary Sponsor)

Title. Contract Amendment – Regents of the University of California -  
Behavioral Health Services for Children, Youth and Families

From: Homelessness & Behavioral Health Committee

To: Budget & Appropriations Committee

☐ Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor: \_\_\_\_\_ Replacing Supervisor: \_\_\_\_\_

For: \_\_\_\_\_ Meeting  
(Date) (Committee)

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Temporary Assignment: ☒ Partial ☐ Full Meeting

Aaron Peskin, President  
Board of Supervisors

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2023 MAY 30 PM 3:45  
BY: JAB

Member, Board of Supervisors  
District 1




City and County of San Francisco

**CONNIE CHAN**

**陳詩敏**

第一區市參事

DATE: June 5, 2023  
TO: Angela Calvillo  
Clerk of the Board of Supervisors  
  
FROM: Supervisor Chan   
Chairperson  
  
RE: Budget and Appropriations Committee  
COMMITTEE REPORT

---

Pursuant to Board Rule 4.20, as Chair of the Budget and Finance Committee, I have deemed the following matters to be of an urgent nature and request that each be considered by the full Board on June 13, 2023, as Committee Reports:

**230597 [Contract Amendment – Regents of the University of California - Behavioral Health Services for Children, Youth and Families - - Not to Exceed \$20,098,073]**

**230598 [Contract Amendment – Retroactive - The Regents of the University of California - Mental Health Services for Infant Parent Program - Not to Exceed \$14,647,481]**

**230599 [Accept and Expend Grant - Retroactive - Centers for Disease Control and Prevention - San Francisco Project INVEST - \$9,818,147]**

**230600 [Accept and Expend Grant - Retroactive - California Department of Public Health - Physicians for a Healthy California - COVID-19 Test to Treat Equity Grant - \$500,000]**

**230601 [Accept and Expend Grant - Retroactive - California Department of Public Health - Syphilis Outbreak Strategy (SOS) Grant - \$2,668,251]**

These matters will be heard at a special Budget and Finance meeting on June 9, 2023, at 9:30 am.

**From:** [Conine-Nakano, Susanna \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Paulino, Tom \(MYR\)](#); [Validzic, Ana \(DPH\)](#); [Altman, Claire \(DPH\)](#)  
**Subject:** Mayor -- Resolution -- Behavioral Health Services for Children, Youth and Families Amendment No. 2  
**Date:** Tuesday, May 23, 2023 4:39:53 PM  
**Attachments:** [Mayor -- Resolution -- Behavioral Health Services for Children, Youth.zip](#)

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Hello Clerks,

Attached for introduction to the Board of Supervisors is a Resolution approving Amendment No. 2 to the agreement between The Regents of the University of California and the Department of Public Health, for behavioral health services for children, youth and families, to increase the agreement by \$10,233,499 for an amount not to exceed \$20,098,073; to extend the term by four years, from June 30, 2023, for a total agreement term of July 1, 2018, through June 30, 2027; and to authorize the Department of Public Health to enter into amendments or modifications to the contract prior to its final execution by all parties that do not materially increase the obligations or liabilities to the City and are necessary to effectuate the purposes of the contract or this Resolution.

Best,  
Susanna

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