

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

**First Amendment**

THIS AMENDMENT (this “Amendment”) is made as of July 1, 2019, in San Francisco, California, by and between **The Regents of the University of California, on behalf of its San Francisco campus, acting by and through its Office of Research**, a California Constitutional corporation, (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

**Recitals**

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

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

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Proposal (“RFP”), RFP 11-2017 issued on June 11, 2017, in which City selected Contractor as the highest qualified scorer pursuant to the RFP;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 40587-17/18 on November 20, 2017;

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number 281-19 on June 21, 2019;

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 between Contractor and City, as amended by this First Amendment.

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            Section 2.1 of the Agreement currently reads as follows:

2.1            The term of this Agreement shall commence on **July 1, 2018** and expire on **June 30, 2019**, unless earlier terminated as otherwise provided herein.

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

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

2.2 Section 3.3 Compensation of the Agreement currently reads as follows:

3.3.1 **Payment.** Compensation shall be made in monthly payments on or before the **30th** day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of Public Health**, concludes has been performed as of the **last** day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Six Hundred Sixteen Thousand, Five Hundred Eight Dollars (\$9,616,508)**. 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 **Forty-Nine Million Two Hundred Seventy-Five Thousand, Nine Hundred Fifty-One Dollars (\$49,275,951)**. 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 Appendix B, dated July 1, 2018, is hereby replaced in its entirety with Appendix B, dated July 1, 2019.**

**24. Appendices B-1 and B-2, dated July 1, 2018, are hereby replaced in their entirety with Appendices B-1 and B-2, dated July 1, 2019.**

### **Article 3 Effective Date**

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

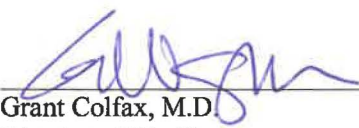
### **Article 4 Legal Effect**

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.

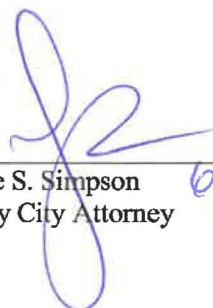
**CITY**

Recommended by:

  
Grant Colfax, M.D.  
Director of Health  
Department of Public Health

Approved as to Form:

Dennis J. Herrera  
City Attorney

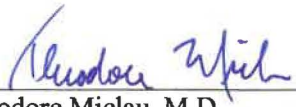
By:   
Louise S. Simpson  
Deputy City Attorney

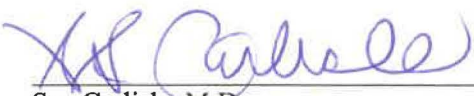
Approved:

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

**Contractor**

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

  
Theodore Miclau, M.D.  
Chair, Clinical Practice Group  
SFGH Dean's Office, Room 2A21  
San Francisco General Hospital  
1001 Potrero Ave  
San Francisco, California 94110

  
Sue Carlisle, M.D.  
Chair, Clinical Practice Group  
SFGH Dean's Office, Room 2A21  
San Francisco General Hospital  
1001 Potrero Ave  
San Francisco, California 94110

  
Neal Cohen, M.D.  
Vice Dean, UCSF School of Medicine

Supplier ID: 0000012358

## **Appendix B Calculation of Charges**

### **1. Method of Payment**

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

### **2. Program Budgets and Final Invoice**

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

Budget Summary

Appendix B-1 Citywide Focus

Appendix B-1b Citywide Forensics

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, \$4,249,226 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

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

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

DHCS Legal Entity Number (MH) 00117			Appendix B, page 2					
DHCS Legal Entity Name (MH)/Contractor Name (SA) Regents of University of California / San Francisco			Fiscal Year 2018-2019					
FSP Contract #: 100010331			Funding Notification Date 07/12/18					
Contract Appendix Number	B-1a	B-1b						
Provider Number	8911	8911						
Program Name(s)	Citywide Focus	Citywide Forensics						
Program Code(s)	89113	89119	YEAR 1 07/01/18-06/30/19	YEAR 2 07/01/19-06/30/20	YEAR 3 07/01/20-06/30/21	YEAR 4 07/01/21-06/30/22	YEAR 5 07/01/22-12/31/22	TOTAL: 4.5 YEARS 07/01/18-12/31/22
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18 - 06/30/19	07/01/18 - 06/30/19						
FUNDING USES								
Salaries	\$ 4,306,855	\$ 1,620,543	\$ 5,927,399	\$ 6,059,807	\$ 6,195,172	\$ 6,333,561	\$ 3,237,521	\$ 27,753,460
Employee Benefits	\$ 1,715,250	\$ 641,894	\$ 2,357,144	\$ 2,409,798	\$ 2,463,629	\$ 2,518,662	\$ 1,287,462	\$ 11,036,695
Subtotal Salaries & Employee Benefits	\$ 6,022,105	\$ 2,262,437	\$ 8,284,543	\$ 8,469,605	\$ 8,658,801	\$ 8,852,223	\$ 4,524,983	\$ 38,790,155
Operating Expenses	\$ 1,093,422	\$ 238,544	\$ 1,331,966	\$ 1,361,720	\$ 1,392,138	\$ 1,423,236	\$ 727,514.50	\$ 6,236,575
Capital Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Direct Expenses	\$ 7,115,527	\$ 2,500,981	\$ 9,616,508	\$ 9,831,324	\$ 10,050,938	\$ 10,275,458	\$ 5,252,497	\$ 45,026,725
Indirect Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL FUNDING USES	\$ 7,115,527	\$ 2,500,981	\$ 9,616,508	\$ 9,831,324	\$ 10,050,938	\$ 10,275,458	\$ 5,252,497	\$ 45,026,725
	Employee Fringe Benefits %		39.8%	39.8%	39.8%	39.8%	39.8%	39.8%
BHS MENTAL HEALTH FUNDING SOURCES								
MH FED SDMC FFP (50%) Adult	\$ 3,250,888	\$ 1,202,632	\$ 4,453,520	\$ 4,553,004	\$ 4,654,710	\$ 4,758,688	\$ 2,432,494.50	\$ 20,852,417
MH STATE Adult 1991 MH Realignment (match)	\$ 2,075,564	\$ 201,116	\$ 2,276,680	\$ 2,327,537	\$ 2,379,530	\$ 2,432,684	\$ 1,243,513	\$ 10,659,944
MH COUNTY Adult - General Fund	\$ 613,751	\$ 95,717	\$ 709,468	\$ 725,316	\$ 741,518	\$ 758,082	\$ 387,508	\$ 3,321,892
MH COUNTY Adult - General Fund (match)	\$ 1,175,324	\$ -	\$ 1,175,324	\$ 1,201,579	\$ 1,228,420	\$ 1,255,861	\$ 641,957.50	\$ 5,503,142
MH MHSA (CSS) (match)		\$ 1,001,516	\$ 1,001,516	\$ 1,023,888	\$ 1,046,760	\$ 1,070,143	\$ 547,024	\$ 4,689,331
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 7,115,527	\$ 2,500,981	\$ 9,616,508	\$ 9,831,324	\$ 10,050,938	\$ 10,275,458	\$ 5,252,497	\$ 45,026,725
BHS SUBSTANCE ABUSE FUNDING SOURCES								
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES								
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 7,115,527	\$ 2,500,981	\$ 9,616,508	\$ 9,831,324	\$ 10,050,938	\$ 10,275,458	\$ 10,504,994	\$ 50,279,222
NON-DPH FUNDING SOURCES								
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 7,115,527	\$ 2,500,981	\$ 9,616,508	\$ 9,831,324	\$ 10,050,938	\$ 10,275,458	\$ 10,504,994	\$ 50,279,222
Prepared By: Constance Revore Phone Number: 415-597-8047								

Prepared By: Constance Revore

Phone Number: 415-597-8047

Contractor Name: <u>Regents of University of California / San Francisco</u>	<u>Appendix B, page 3</u>
Contract CMS #: <u>100010331</u>	Fiscal Year: <u>2018-2019</u>
	Funding Notification Date: <u>7/12/18</u>

[illegible]

## 2. OPERATING COSTS

Expense line item:	Amount
There is no indirect costs on this contract: CPG contract	
<b>Total Operating Costs</b>	<b>\$ -</b>

<b>Total Indirect Costs (Salaries &amp; Benefits + Operating Costs)</b>	<b>\$</b>	<b>-</b>
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**Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00117					Appendix #	B-1a
Provider Name Citywide Focus					Page #	1
Provider Number 89113					Fiscal Year	2018-2019
					Funding Notification Date	07/12/18
Program Name	Citywide Focus	Citywide Focus	Citywide Focus	Citywide Focus		
Program Code	89113	89113	89113	89113		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18 - 06/30/19	07/01/18 - 06/30/19	07/01/18 - 06/30/19	07/01/18 - 06/30/19		<b>TOTAL</b>
<b>FUNDING USES</b>						
Salaries & Employee Benefits	713,601	3,275,606	1,990,582	42,317		6,022,105
Operating Expenses	129,567	594,746	361,426	7,683		1,093,422
Capital Expenses	-					-
<b>Subtotal Direct Expenses</b>	<b>843,168</b>	<b>3,870,351</b>	<b>2,352,008</b>	<b>50,000</b>		<b>7,115,527</b>
Indirect Expenses						-
<b>TOTAL FUNDING USES</b>	<b>843,168</b>	<b>3,870,351</b>	<b>2,352,008</b>	<b>50,000</b>		<b>7,115,527</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>					
MH FED SDMC FFP (50%) Adult	251984-10000-10001792-0001	385,220	1,768,257	1,074,567	22,844	3,250,888
MH STATE Adult 1991 MH Realignment	251984-10000-10001792-0001	245,948	1,128,962	686,069	14,585	2,075,564
MH COUNTY Adult - General Fund	251984-10000-10001792-0001	72,728	333,838	202,872	4,313	613,751
MH COUNTY Adult - General Fund (match)	251984-10000-10001792-0001	139,272	639,294	388,499	8,259	1,175,324
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>843,168</b>	<b>3,870,351</b>	<b>2,352,008</b>	<b>50,000</b>	<b>7,115,527</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>					
						-
						-
						-
This row left blank for funding sources not in drop-down list						-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>					
						-
						-
This row left blank for funding sources not in drop-down list						-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>843,168</b>	<b>3,870,351</b>	<b>2,352,008</b>	<b>50,000</b>	<b>7,115,527</b>
<b>NON-DPH FUNDING SOURCES</b>						
This row left blank for funding sources not in drop-down list						-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>843,168</b>	<b>3,870,351</b>	<b>2,352,008</b>	<b>50,000</b>	<b>7,115,527</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
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)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	329,363	1,115,375	443,775	12,500		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.56	\$ 3.47	\$ 5.30	\$ 4.00	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.56	\$ 3.47	\$ 5.30	\$ 4.00	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 3.45	\$ 4.30	\$ 6.10	\$ 5.05		<b>Total UDC</b>
Unduplicated Clients (UDC)	480	480	360	144		480

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

Program Name: Citywide Focus  
 Program Code: 89113

Appendix #: B-1a

Page # 2

Fiscal Year: 2018-2019

Funding Notification Date: 07/12/18

	TOTAL		MH Adult County General Fund 251984-10000-10001792-0001		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	07/01/18 - 06/30/19		07/01/18 - 06/30/19											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
UCSF, PRINCIPAL INVESTIGATOR (PI)	0.05	\$ 13,536	0.05	\$ 13,536										
RES/CLIN INSTR/ASST./ASSOC./PROFESSOR	3.30	\$ 724,574	3.30	\$ 724,574										
ASSISTANT II & III	2.70	\$ 143,629	2.70	\$ 143,629										
ADMIN MGR 1	1.00	\$ 135,054	1.00	\$ 135,054										
EHS SUPV 1	1.00	\$ 71,079	1.00	\$ 71,079										
ADMIN SUPV 2	0.50	\$ 50,000	0.50	\$ 50,000										
FINANCIAL ANL MGR 1	0.17	\$ 27,572	0.17	\$ 27,572										
ADMIN MGR 2	0.15	\$ 30,325	0.15	\$ 30,325										
RSCH ADM 3	1.00	\$ 73,268	1.00	\$ 73,268										
VOC REHAB SUPV 1 & 2	1.15	\$ 92,270	1.15	\$ 92,270										
PATIENT NAVIGATOR 2	1.88	\$ 73,909	1.88	\$ 73,909										
VOC REHAB SPEC 2	3.00	\$ 182,147	3.00	\$ 182,147										
BEH HEALTH PSYCHIATRIC MGR 1	1.00	\$ 124,449	1.00	\$ 124,449										
BEH HEALTH PSYCHIATRIC SUPV 1 & 2	3.00	\$ 314,521	3.00	\$ 314,521										
SOCIAL WORKER. CLINICAL I & II	20.00	\$ 1,523,939	20.00	\$ 1,523,939										
SOCIAL WORK ASSOCIATE	3.15	\$ 201,986	3.15	\$ 201,986										
NURSES (VOC/CLIN/PRACTITIONER)	3.70	\$ 453,015	3.70	\$ 453,015										
HOSPITAL ASSISTANT I	1.00	\$ 55,680	1.00	\$ 55,680										
REHAB SVC MGR 1	0.15	\$ 15,902	0.15	\$ 15,902										
<b>Totals:</b>	47.90	\$ 4,306,855	47.90	\$ 4,306,855	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -

<b>Employee Fringe Benefits:</b>	39.83%	\$ 1,715,250	39.83%	\$ 1,715,250	0.00%	\$ -	0.00%		0.00%		0.00%		0.00%	
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<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 6,022,105</b>		<b>\$ 6,022,105</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>
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**Appendix B - DPH 4: Operating Expenses Detail**

Program Name: Citywide Focus  
 Program Code: 89113

Appendix #: B-1a  
 Page #: 3  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 07/12/18

Expense Categories & Line Items	TOTAL	MH Adult County General Fund 251984-10000- 10001792-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
<b>Term (mm/dd/yy-mm/dd/yy):</b>	<b>07/01/18 - 06/30/19</b>	<b>07/01/18 - 06/30/19</b>					
Rent	\$ 536,668	\$ 536,668					
Utilities(landlines)	\$ 71,000	\$ 71,000					
Building Repair/Maintenance	\$ 6,500	\$ 6,500					
<b>Occupancy Total:</b>	<b>\$ 614,168</b>	<b>\$ 614,168</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
General Supplies	\$ 50,000	\$ 50,000					
Medical Supplies - gloves, suture kit, gauze, pregnancy test, tox screen, band-aids, alcohol pads, glucometer, gluco-strips etc.	\$ 2,500	\$ 2,500					
Photocopying	\$ -	\$ -					
Program Supplies	\$ -	\$ -					
Computer Hardware/Software	\$ 5,500	\$ 5,500					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 58,000</b>	<b>\$ 58,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 2,300	\$ 2,300					
Clinic van costs: repairs, parking etc.	\$ 5,000	\$ 5,000					
Insurance (Auto)	\$ 8,500	\$ 8,500					
Professional License	\$ -	\$ -					
Printing & Reproduction	\$ 500	\$ 500					
Equipment Lease & Maintenance	\$ 13,000	\$ 13,000					
<b>General Operating Total:</b>	<b>\$ 29,300</b>	<b>\$ 29,300</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 15,000	\$ 15,000					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 15,000</b>	<b>\$ 15,000</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	\$ -						
(add more Consultant/Subcontractor lines as necessary)	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Temporary Agency - Temp Nurse/Security	\$ 142,263	\$ 142,263					
Resident Health Insurance - separate from salary	\$ 5,000	\$ 5,000					
Data Network Services Recharge	\$ 25,291	\$ 25,291					
IT Field Service Support (ITFs)	\$ 33,913	\$ 33,913					
GAEL - General Automobile and Employee Liability charges	\$ 35,316	\$ 35,316					
UCSF Faculty and Staff HR Recharge	\$ 55,171	\$ 55,171					
Vocational Services: gift cards, incentives for clients treatment plan compliance	\$ 12,000	\$ 12,000					
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 68,000	\$ 68,000					
<b>Other Total:</b>	<b>\$ 376,954</b>	<b>\$ 376,954</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 1,093,422</b>	<b>\$ 1,093,422</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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-1b
Provider Name Citywide Forensics					Page #	1
Provider Number 8911					Fiscal Year	2018-2019
					Funding Notification Date	07/12/18

Program Name	Citywide Forensic	Citywide Forensic	Citywide Forensic	Citywide Forensic		
Program Code	89119	89119	89119	89119		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18 - 06/30/19	07/01/18 - 06/30/19	07/01/18 - 06/30/19	07/01/18 - 06/30/19		<b>TOTAL</b>
<b>FUNDING USES</b>						
Salaries & Employee Benefits	329,536	1,318,226	599,311	15,364		2,262,437
Operating Expenses	34,745	138,990	63,189	1,620		238,544
Capital Expenses	-					-
<b>Subtotal Direct Expenses</b>	<b>364,281</b>	<b>1,457,216</b>	<b>662,500</b>	<b>16,984</b>		<b>2,500,981</b>
Indirect Expenses						-
<b>TOTAL FUNDING USES</b>	<b>364,281</b>	<b>1,457,216</b>	<b>662,500</b>	<b>16,984</b>		<b>2,500,981</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>					
MH FED SDMC FFP (50%) Adult	251984-10000-10001792-0001	175,170	700,723	318,572	8,167	1,202,632
MH STATE Adult 1991 MH Realignment	251984-10000-10001792-0001	29,293	117,182	53,275	1,366	201,116
MH COUNTY Adult - General Fund	251984-10000-10001792-0001	13,942	55,770	25,355	650	95,717
MH MHSA (CSS) (match)	251984-17156-10031199-0015	145,876	583,541	265,298	6,801	1,001,516
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>364,281</b>	<b>1,457,216</b>	<b>662,500</b>	<b>16,984</b>	<b>2,500,981</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>					
						-
						-
						-
This row left blank for funding sources not in drop-down list						-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>					
						-
						-
This row left blank for funding sources not in drop-down list						-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>364,281</b>	<b>1,457,216</b>	<b>662,500</b>	<b>16,984</b>	<b>-</b>
<b>NON-DPH FUNDING SOURCES</b>						
This row left blank for funding sources not in drop-down list						-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>364,281</b>	<b>1,457,216</b>	<b>662,500</b>	<b>16,984</b>	<b>2,500,981</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	153,016	426,579	172,074	8,461		
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	142,297	419,947	125,000	4,246		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.56	\$ 3.47	\$ 5.30	\$ 4.00	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.56	\$ 3.47	\$ 5.30	\$ 4.00	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 3.45	\$ 4.30	\$ 6.10	\$ 5.05		<b>Total UDC</b>
Unduplicated Clients (UDC)	210	210	150	63		210

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

Program Name: Citywide Forensics  
 Program Code: 89119

Appendix #: B-1b

Page # 2

Fiscal Year: 2018-2019

Funding Notification Date: 07/12/18

	TOTAL		MH Adult County General Fund 251984-10000-10001792-0001	MH MESA (Adult) Match 251984-17156-10031199-0015	Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	07/01/18 - 06/30/19		07/01/18 - 06/30/19		07/01/18 - 06/30/19							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
RES/CLIN INSTR/ASST./ASSOC./PROFESSOR	1.50	\$ 328,888	0.90	\$ 197,185	0.60	\$ 131,703						
ASSISTANT II & III	1.30	\$ 66,898	0.78	\$ 40,109	0.52	\$ 26,789						
VOC REHAB SUPV 1 & 2	0.10	\$ 7,536	0.06	\$ 4,518	0.04	\$ 3,018						
BEH HEALTH PSYCHIATRIC MGR 1	0.80	\$ 106,214	0.48	\$ 63,681	0.32	\$ 42,533						
BEH HEALTH PSYCHIATRIC SUPV 1 & 2	1.80	\$ 188,630	1.08	\$ 113,093	0.72	\$ 75,537						
SOCIAL WORKER, CLINICAL I & II	9.60	\$ 664,875	5.76	\$ 398,626	3.84	\$ 266,249						
ASSO PHYSICIAN DIPLOMATE	0.50	\$ 106,761	0.30	\$ 64,009	0.20	\$ 42,752						
NURSES (VOC/CLIN/PRACTITIONER)	1.00	\$ 91,660	0.60	\$ 54,955	0.40	\$ 36,705						
HOSPITAL ASSISTANT I	0.30	\$ 17,736	0.18	\$ 10,634	0.12	\$ 7,102						
REHAB SVC MGR 1	0.39	\$ 41,345	0.23	\$ 24,788	0.16	\$ 16,557						
<b>Totals:</b>	17.29	\$ 1,620,543	10.37	\$ 971,598	6.92	\$ 648,945	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Fringe Benefits:</b>	39.61%	\$ 641,894	39.61%	\$ 384,848	39.61%	\$ 257,046	0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 2,262,437</b>		<b>\$ 1,356,446</b>		<b>\$ 905,991</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

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

Program Name: Citywide Forensics  
 Program Code: 89119

Appendix #: B-1b  
 Page #: 3  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 07/12/18

Expense Categories & Line Items	TOTAL	MH Adult County General Fund 251984-10000- 10001792-0001	MH MHSa (Adult) Match 251984-17156- 10031199-0015	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
<b>Term (mm/dd/yy-mm/dd/yy):</b>	07/01/18 - 06/30/19	07/01/18 - 06/30/19	07/01/18 - 06/30/19				
Rent	\$ 178,887	\$ 107,252	\$ 71,635				
Utilities(landlines)	\$ -	\$ -	\$ -				
Building Repair/Maintenance	\$ -	\$ -	\$ -				
<b>Occupancy Total:</b>	<b>\$ 178,887</b>	<b>\$ 107,252</b>	<b>\$ 71,635</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
General Supplies	\$ 5,000	\$ 2,998	\$ 2,002				
Photocopying	\$ -	\$ -					
Program Supplies	\$ -	\$ -					
Computer Hardware/Software		\$ -	\$ -				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 5,000</b>	<b>\$ 2,998</b>	<b>\$ 2,002</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -	\$ -	\$ -				
Clinic van costs: repairs, parking etc.	\$ -	\$ -	\$ -				
Insurance (Auto)	\$ -	\$ -	\$ -				
Professional License	\$ -	\$ -	\$ -				
Printing & Reproduction	\$ -	\$ -	\$ -				
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 (add more Consultant/Subcontractor lines as necessary)	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Data Network Services Recharge	\$ 9,129	\$ 5,473	\$ 3,656				
CCDSS - Computing and Communication Device Support Services	\$ 12,241	\$ 7,339	\$ 4,902				
GAEL - General Automobile and Employee Liability charges	\$ 13,288	\$ 7,967	\$ 5,321				
UCSF Faculty and Staff HR Recharge	\$ 19,997	\$ 11,989	\$ 8,008				
	\$ -	\$ -	\$ -				
<b>Other Total:</b>	<b>\$ 54,657</b>	<b>\$ 32,769</b>	<b>\$ 21,888</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 238,544</b>	<b>\$ 143,019</b>	<b>\$ 95,525</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix F**  
**Invoice**

Appendix F  
PAGE A

INVOICE NUMBER: M02 JL 18

Ct. Blanket No.: 8PHM	TBD
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Ct. PQ No.: POHM TBD

Fund Source:	State Adult 1991 MH Realignment, MH County Adult GF and GF (match) and MH MHSA (CSS) (Match)
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Invoice Period : July 2018

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

\*Unduplicated Counts for AIDS Use Only.

9,616,430.00

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

NOTES:

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

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

DPH Authorization for Payment

**Authorized Signatory**

Date \_\_\_\_\_