

File No. 111016

Committee Item No. _____

Board Item No. 39

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date September 20, 2011

Cmte Board

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

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Andrea Ausberry Date September 15, 2011

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

1 [Accept and Expend Grant - Smoking Cessation Buprenorphine Treated Patients - \$48,000]

2 **Resolution authorizing the Department of Public Health to retroactively accept and**
3 **expend a grant from the University of California, San Francisco in the amount of**
4 **\$48,000 to fund the project entitled "Smoking Cessation Intervention in Buprenorphine**
5 **Treated Patients" for the period of June 1, 2011, through May 31, 2012, and waiving**
6 **indirect costs.**

7
8 WHEREAS, UCSF has agreed to fund DPH \$48,000 to fund Smoking Cessation
9 Intervention in Buprenorphine Treated Patients, for the period of June 1, 2011 through May
10 31, 2012; and,

11 WHEREAS, The full project period of the grant starts on June 1, 2011 and ends on
12 May 31, 2015, with years two, three, and four subject to availability of funds and satisfactory
13 progress of the project; and,

14 WHEREAS, Funds provided under this grant will be used for an innovative
15 motivational system, combined with extended behavioral and pharmacological treatment, to
16 produce sustained smoking abstinence in clients undergoing buprenorphine treatment for
17 opioid dependence; and,

18 WHEREAS, This grant does not require an ASO amendment because no staffing costs
19 are involved; and,

20 WHEREAS, UCSF does not allow for indirect costs to maximize use of grant funds on
21 direct services; and,

22 WHEREAS, As a condition of receiving the grant funds, UCSF requires the City to
23 enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk of the
24
25

FILE NO.

RESOLUTION NO.

1 Board of Supervisors in File No. 111016; which is hereby declared to be a part of
2 this resolution as if set forth fully herein; and,

3 WHEREAS, DPH is seeking retroactive approval because UCSF did not send the
4 executed agreement until July 2011; now therefore, be it


5 RESOLVED, That DPH is hereby authorized to accept and expend retroactively a grant
6 in the amount of \$48,000, for the period of June 1, 2011 through May 31, 2012; and, be it

7 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
8 indirect costs in the grant budget; and be it

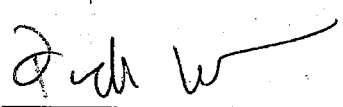
9 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
10 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
11 be it

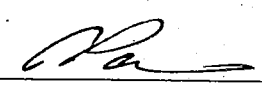
12 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
13 agreement on behalf of the City.

14
15 RECOMMENDED:

16
17 
18 _____
19 Barbara A. Garcia, MPA
20 Director of Health

APPROVED:

21 
22 _____
23 Office of the Mayor

24 
25 _____
Office of the Controller



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: August 24, 2011

SUBJECT: Grant Accept and Expend

GRANT TITLE: Smoking Cessation Intervention in Buprenorphine Treated Patients - \$48,000

Attached please find the original and 4 copies of each of the following:

- ☒ Proposed grant resolution, original signed by Department
- ☒ Grant information form, including disability checklist -
- ☒ Budget and Budget Justification
- ☐ Grant application: Not applicable, no application was submitted, they were asked to participate
- ☐ Award Letter: No applicable, no application was submitted
- ☒ Agreement/ Contract
- ☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Community Behavioral Health,
1380 Howard St.

Certified copy required Yes ☐

No ☒

File Number: 111016
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: Smoking Cessation Intervention in Buprenorphine Treated Patients
2. Department: Community Behavioral Health Services, Department of Public Health
3. Contact Person: Gloria Wilder Telephone: 255-3703
4. Grant Approval Status (check one):

☒ [X] Approved by funding agency

☐ [] Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$171,000
(Year 1 = \$48,000; Year 2 = \$48,000; Year 3 = \$42,000; Year 4 = \$33,000)

6a. Matching Funds Required: N/A

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: University of California, San Francisco, Department of Psychiatry and Langley Porter Psychiatric Institute

b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: This is a purchasing agreement for buprenorphine treatment medication for study clients. The proposed study is an attempt to use an innovative motivational system, combined with extended behavioral and pharmacological treatment, to produce sustained smoking abstinence in clients undergoing buprenorphine treatment for opioid dependence. Buprenorphine treatment systems, with a strong link to physicians and especially to pharmacists, may provide an excellent context for both pharmacological and psychological treatments. The research will evaluate the efficacy of repeated contacts with clinical pharmacists to facilitate buprenorphine maintenance and tobacco abstinence.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Approved Year One Project: Start-Date: June 1, 2011

End-Date: May 31, 2012

Full Project Period: Start-Date: June 1, 2011

End-Date: May 31, 2015

10a. Amount budgeted for contractual services: N/A

b. Will contractual services be put out to bid?

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements?

d. Is this likely to be a one-time or ongoing request for contracting out?

11a. Does the budget include indirect costs? ☐ Yes ☒ No

b1. If yes, how much? \$

b2. How was the amount calculated?

c. If no, why are indirect costs not included?

☐ Not allowed by granting agency

☒ To maximize use of grant funds on direct services

☐ Other (please explain):

12. Any other significant grant requirements or comments:

Grant index code: HMHSRCGRANTS

Grant code: HCSA08-12 (with details 1200 and 12AA)

DPH are requesting to accept and expend retroactively a grant in the amount of \$171,000 from University of California, San Francisco, Department of Psychiatry and Langley Porter Psychiatric Institute for the period June 1, 2011 through May 31, 2015 because DPH received the executed agreement in July 2011.

****Disability Access Checklist****

13. This Grant is intended for activities at (check all that apply):

☒ Existing Site(s)

☒ Existing Structure(s)

☒ Existing Program(s) or Service(s)

☐ Rehabilitated Site(s)

☐ Rehabilitated Structure(s)

☐ New Program(s) or Service(s)

☐ New Site(s)

☐ New Structure(s)

14. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: _____

Jason Hashimoto

Date Reviewed: _____

8/20/11

Department Approval: _____

Barbara A. Garcia, MPA
(Signature)

Director of Public Health

Buprenorphine Purchase budget.	
Time Period	Total
6/1/2011 to 5/31/2012	48,000
6/1/2012 to 5/31/2013	48,000
6/1/2013 to 5/31/2014	42,000
6/1/2014 to 5/31/2015	33,000
Grant Total	171,000

This is a purchasing agreement for buprenorphine treatment medication for study clients. The proposed study is an attempt to use an innovative motivational system, combined with extended behavioral and pharmacological treatment, to produce sustained smoking abstinence in clients undergoing buprenorphine treatment for opioid dependence. Buprenorphine treatment systems, with a strong link to physicians and especially to pharmacists, may provide an excellent context for both pharmacological and psychological treatments. The research will evaluate the efficacy of repeated contacts with clinical pharmacists to facilitate buprenorphine maintenance and tobacco abstinence.

Purchase Order-0000348749

University of California SF

1855 Folsom Street, Suite 304
San Francisco CA 94103
United States

Vendor: 0030003683
CITY & COUNTY OF SAN FRANCISCO
1380 HOWARD ST, RM 437 (CBH SVCS)
SF CA 94103

Dispatch via Fax

Purchase Order	Date	Revision	Page
0000348749	05/19/2011		1
Payment Terms	Freight Terms	Ship Via	
Pay now	DESTINATION - SELLER PAYS	GROUND	
Buyer Name	Palma, Daisy L.	Phone	415 5023045

Ship To: 28001380
1380 Howard
2nd Floor
San Francisco CA 94103
United States
Attn: Stella Koo, TRC-0984

Bill To: University of Calif SF
Accounts Payable - Box 0812
1855 Folsom St., Rm. 425
San Francisco CA 94143-0812
United States

For Billing Questions, contact 415/476-2126

Please send order confirmation and delivery date to the following emails:

Buyer: daisy.palma@ucsf.edu
Requester: James.Shu@ucsf.edu

NOTICE: Acceptance of this Purchase Order by Vendor binds vendor to performance in accordance with Appendix A - University of California Terms and Conditions of Purchase Version 8/99 UCSF rev.3-10. Copies are available at http://cpbc.ucsf.edu/Appendix_A_Terms_and_Conditions_of_Purchase or by calling 415-476-5761. No other terms will take precedence unless explicitly stated below. Note: That the revision date is likely to change periodically and will add a new version to the landing page. ACCURATE INVOICING REQUIRES BILLING TO MATCH PO LINES IN THE ORDER THEY ARE LISTED.

Tax Exempt? N		Tax Exempt ID:		Replenishment Option: Standard				
Line-Sch	Item/Description	Mfg ID/Mfg Item ID	Quantity	UOM	PO Price	Extended Amt	Due Date	
1- 1	period ending 5/31/2012: Budget for the purchase of buprenorphine for TRC Hall component		1.00	EA	48,000.00	48,000.00	06/01/2011	
Schedule Total						<u>48,000.00</u>		
Item Total						<u>48,000.00</u>		
2- 1	period ending 5/31/2013: Budget for the purchase of buprenorphine for TRC Hall component		1.00	EA	48,000.00	48,000.00	06/01/2012	
Schedule Total						<u>48,000.00</u>		
Item Total						<u>48,000.00</u>		
3- 1	period ending 5/31/2014: Budget for the purchase of buprenorphine for TRC Hall component		1.00	EA	42,000.00	42,000.00	06/01/2013	
Schedule Total						<u>42,000.00</u>		
Item Total						<u>42,000.00</u>		
4- 1	period ending 5/31/2015: Budget for the purchase of buprenorphine for TRC Hall component		1.00	EA	33,000.00	33,000.00	06/01/2014	
Schedule Total						<u>33,000.00</u>		
Item Total						<u>33,000.00</u>		

INTRODUCTION

This purchase order transmitted by e-mail to gloria.wilder@sfdph on 05/24/2011, Attention: Gloria Wilder. No additional copy will be furnished, unless requested.

GENERAL DESCRIPTION

This order is made by and between the Regents of the University of California, herein referred to as the Buyer, UCSF or University. Buyer and Vendor denoted on the header of this PO. Vendor hereinafter referred to as the Seller.

CONTRACT PERIOD

June 1, 2011 - May 31, 2015

Purchase Order-0000348749

University of California SF

1855 Folsom Street, Suite 304
San Francisco CA 94103
United States

Vendor: 0030003683
CITY & COUNTY OF SAN FRANCISCO
1380 HOWARD ST, RM 437 (CBH SVCS)
SF CA 94103

Please send order confirmation and delivery date to the following emails:

Buyer: daisy.palma@ucsf.edu
Requester: James.Shu@ucsf.edu

Dispatch via Fax

Purchase Order	Date	Revision	Page
0000348749	05/19/2011		2
Payment Terms	Freight Terms	Ship Via	
Pay now	DESTINATION - SELLER PAYS	GROUND	
Buyer Name	Palma, Daisy L.	Phone	415-5023045

Ship To: 28001380
1380 Howard
2nd Floor
San Francisco CA 94103
United States
Attn: Stella Koo, TRC-0984

Bill To: University of Calif SF
Accounts Payable - Box 0812
1855 Folsom St., Rm. 425
San Francisco CA 94143-0812
United States

For Billing Questions, contact 415/476-2126

NOTICE: Acceptance of this Purchase Order by Vendor binds vendor to performance in accordance with Appendix A - University of California Terms and Conditions of Purchase Version 8/99 UCSF rev.3-10. Copies are available at http://cpbc.ucsf.edu/Appendix_A_Terms_and_Conditions_of_Purchase or by calling 415-476-5761. No other terms will take precedence unless explicitly stated below. Note: That the revision date is likely to change periodically and will add a new version to the landing page. ACCURATE INVOICING REQUIRES BILLING TO MATCH PO LINES IN THE ORDER THEY ARE LISTED.

Tax Exempt? N		Tax Exempt ID:		Replenishment Option: Standard		
Line-Sch	Item/Description	Mfg ID/Mfg Item ID	Quantity UOM	PO Price	Extended Amt	Due Date

PRICING
As per agreement.

Cost estimate of this order year 1 not to exceed: \$48,000.00 USD
Cost estimate of this order year 2 not to exceed: \$48,000.00 USD
Cost estimate of this order year 3 not to exceed: \$42,000.00 USD
Cost estimate of this order year 4 not to exceed: \$33,000.00 USD

Taxable: Yes

Total Cost not to Exceed: \$171,000.00 USD

Prices as stated herein are equal to or lowest offered to any federal, state, municipal similar institutional account or Seller's most favored customer.

Seller will furnish all services in accordance with agreement PO0000330262.

SCOPE OF WORK/SERVICES:

UCSF to purchase Suboxone at San Francisco Department of Public Health/Community Behavioral Health Services (CBHS) for UCSF based research project. CBHS Pharmacy will purchase the Suboxone for the study and UCSF is setting up this order to reimburse CBHS.

INVOICING

In order for payment to be issued PROMPTLY after receipt of the product/material/service and or deliverables by the University; Seller's invoice shall match the purchase order/contract description exactly.

Invoices must show purchase order number 0000348749, plainly identify all applicable discounts, be itemized and submitted in duplicate, in arrears and only if services have been furnished.

DELIVERY REQUIREMENTS: Ship by Best Method, Prepay and add shipping charges to invoice.

Questions regarding this order should be directed to: Stella Koo, at 415-476-9604.

All deliveries made against this order should be made to the ship to address as indicated.

GENERAL CONDITIONS

WARRANTY

Seller agrees that the supplies or services furnished under this order shall be covered by the most favorable commercial warranties the Seller gives to any customer for the same or substantially similar supplies or services, or such other more favorable warranties as specified in this order. The rights and remedies so provided are in addition to and do not limit any rights afforded to University by any other article of this order. Such warranties will be effective notwithstanding prior inspection and/or acceptance of the services or supplies by the University.

Purchase Order-0000348749

University of California SF

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San Francisco CA 94103
United States

Vendor: 0030003683
CITY & COUNTY OF SAN FRANCISCO
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Tax Exempt? N		Tax Exempt ID:	Replenishment Option: Standard				
Line-Sch	Item/Description	Mfg ID/Mfg Item ID	Quantity	UOM	PO Price	Extended Amt	Due Date

TERMINATION OF ORDER

This contract may be terminated by University for convenience in whole or in part or any time in accordance with the terms of Article 4 of the appendix A. In the event of such termination, University agrees to provide Seller at least 30 days written notice of the effective date of termination and the extent thereof.

TERMS AND CONDITIONS

The terms and conditions applicable to the contract are those contained hereon and those contained in Appendix A only. Any different or additional terms contained in Seller's purchase order acknowledgment, or other document, are unacceptable to the University and are hereby rejected.

Total PO Amount

171,000.00

Authorized Buyer's Signature

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

Time Stamp or
Meeting Date

I hereby submit the following item for introduction:

- ☐ 1. For reference to Committee: _____
An ordinance, resolution, motion, or charter amendment
- ☒ 2. Request for next printed agenda without reference to Committee
- ☐ 3. Request for Committee hearing on a subject matter
- ☐ 4. Request for letter beginning "Supervisor _____ inquires..."
- ☐ 5. City Attorney request
- ☐ 6. Call file from Committee
- ☐ 7. Budget Analyst request (attach written motion).
- ☐ 8. Substitute Legislation File Nos. _____
- ☐ 9. Request for Closed Session
- ☐ 10. Board to Sit as A Committee of the Whole
- ☐ 11. Question(s) submitted for Mayoral Appearance before the BOS on _____

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- | | |
|---|--|
| <input type="checkbox"/> Small Business Commission | <input type="checkbox"/> Youth Commission |
| <input type="checkbox"/> Ethics Commission | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Building Inspection Commission | |

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.]

Sponsor(s): Supervisor Eric Mar

Subject: Accept & expend State grant-Smoking Cessation Buprenorphine Treated Patients- \$48,000

The text is listed below or attached:

Signature of Sponsoring Supervisor: _____

For Clerk's Use Only:

