

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2014, in San Francisco, California, by and between San Francisco Study Center ("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 amend the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses";

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

1. Definitions. The following definitions shall apply to this Amendment:

1a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 between Contractor and City, as amended by this first amendment.

1b. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. Modifications to the Agreement. The Agreement is hereby amended as follows:

2a. Section 2. Term of the Agreement is shown for reference only.

2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to December 31, 2015.

2b. Section 5. Compensation of the Agreement currently reads as follows:

5. Compensation. Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Eleven Million Sixteen Thousand Five Hundred Ninety Three Dollars (\$11,016,593)**. 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. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. 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:

5. Compensation. Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Fifteen Million Ninety Nine Thousand Seven Hundred One Dollars (\$15,099,701)**. 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. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

2c. Section 8. Submitting False Claims; Monetary Penalties is hereby replaced in its entirety to read as follows:

8. Submitting False Claims; Monetary Penalties. Pursuant to San Francisco Administrative Code §21.35, 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, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (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.

2d. Section 15. Insurance is hereby replaced in its entirety to read as follows:

15. Insurance

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

(2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence, \$2,000,000 aggregate for bodily injury, property damage, contractual liability, personal injury, products and completed operations.

(3) 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.

(4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors, or omissions in connection with professional services to be provided under this Agreement.

(5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

(1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents, and subcontractors.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section.

e. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

f. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

g. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

2e. Replacing “Earned Income Credit (EIC) Forms” Section with “Consideration of Criminal History in Hiring and Employment Decisions” Section. Section 32 “Earned Income Credit (EIC) Forms,” is hereby replaced in its entirety to read as follows:

32. Consideration of Criminal History in Hiring and Employment Decisions.

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T “City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions,” of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at www.sfgov.org/olse/fco. A partial listing of some of Contractor’s obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. The requirements of Chapter 12T shall only apply to a Contractor’s or Subcontractor’s operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor’s failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant’s or potential applicant for employment’s, or employee’s: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32 (d), above. Contractor or

Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

2f. Section 58. is hereby replaced in its entirety to read as follows:

58. Not Used.

2g. Section 63. is hereby replaced in its entirety to read as follows:

63. 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 private health information 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 protected health information 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. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

2h. Section 64 is hereby added.

64. Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

2i. Appendices A and A-1 through A-5 dated 7/1/14 (i.e., July 1, 2014) are hereby added.

2j. Appendices B and B-1 through B-5 dated 7/1/14 (i.e., July 1, 2014) are hereby added.

2k. Appendix E to the Original Agreement dated July 1, 2010 is hereby deleted in its entirety and replaced with Appendix E dated July 1, 2014.

2l. Appendix F Invoices dated 2/12/15 (i.e., February 12, 2015) is hereby added.

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

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.

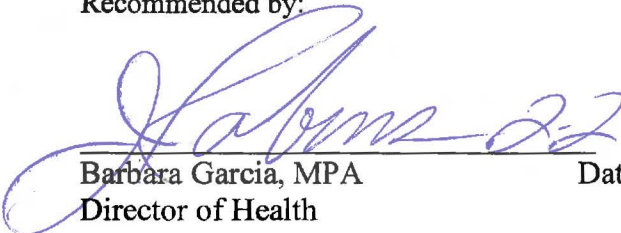
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

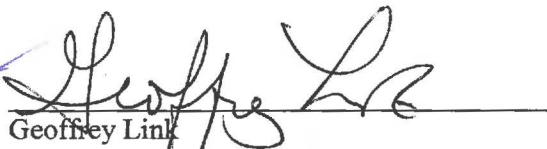
CONTRACTOR

Recommended by:

San Francisco Study Center


Barbara Garcia, MPA
Director of Health

Date



Geoffrey Link
Executive Director
944 Market Street, 7th Floor
San Francisco, CA 94103

Approved as to Form:

City vendor number: 16386

Dennis J. Herrera
City Attorney

By:


Kathy Murphy
Deputy City Attorney

Date

Approved:

Jaci Fong
Director of the Office of Contract Administration,
and Purchaser

Appendices:

| | |
|------------|-------------------------------|
| Appendix A | Description of Services |
| Appendix B | Calculation of Charges/Budget |
| Appendix E | Business Associate Addendum |
| Appendix F | Invoice |

Appendix A
Community Behavioral Health Services
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

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

B. Reports:

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

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. 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. 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:

Only San Francisco residents shall be treated under the terms of this Agreement. 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 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 site conditions, equipment, 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.

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. 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, Medicare 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, but will be settled during the provider's settlement process.

M. CBHS Electronic Health Records System

Treatment Service Providers use the CBHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), CBHS Quality Management and CBHS Program Administration.

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 Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

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

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Community Behavioral Health Services Policies and Procedures

In the provision of SERVICES under CBHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by CBHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health providers, including satellite sites, and used by CLIENTS or STAFF shall meet local fire codes. Providers shall undergo of fire safety

inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. 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.

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 – Office of Self Help

Appendix A-2 – San Francisco Mental Health Clients' Rights Advocates

Appendix A-3 – Peer and Intern Employment

Appendix A-4 – Mental Health Services Act Innovations

Appendix A-5 - TAYSF

1. **Program Name:** Office of Self Help (OSH)
Program Address: 1663 Mission Street, Suite 310
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 575-1400
Facsimile: (415) 575-1401
Program Code: 38AA

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

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

The primary goal of the Office of Self Help, (OSH) is to provide a range of services that enhance the perceived quality of life of consumers of Behavioral Health services.

4. **Target Population**

The Office of Self Help, (OSH) target population for these services are adult behavioral health consumers with mental health and co-occurring issues and their families and loved ones; including consumers who live in residential care facilities throughout San Francisco. Specifically targeted are consumers who are living in and around the Central City and the Tenderloin, with ZIP codes, 94102, 94103, 94110, and 94114. No client is turned away.

5. **Modality(ies)/Interventions:**

| Service Description | UOS | Number of Clients | Unduplicated Client (UDC) |
|--|-------------|-------------------|---------------------------|
| Wellness Promotion, Mode 45, MHSA | | | |
| Meditation Hour .05FTE X 40hrs X 48wks X 90% level of effort Half hour weekly groups facilitated by a Nurse Practitioner | 86 | 20 | |
| Amistad Project Hour .25 FTE X 40hrs X 48wks X 90% level of effort Two trips a month to out-of-county locked facilities in Vallejo and Novato hospitals with Peer Support Specialist driving the van or supporting the families. | 432 | 10 | |
| Outreach and Engagement, Mode 45, MHSA | | | |
| Warm Line Peer Counseling Hour .75 FTE X 40hrs X 48wks X 90% level of effort | 1296 | 541 | |
| Computer Lab Hour .10 FTE X 40hrs X 48wks X 90% level of effort | 173 | 40 | |
| MHSA Sub Total | 1987 | 611 | |
| Mode 45 | UOS | Number | Unduplicated |

| Mental Health Promotion, Outreach Services | | of Clients | Client (UDC) |
|---|--------|-------------------|---------------------|
| Mental Health Promotion, Outreach Services Hour 5.30 X 40hrs X 48wks X 90% level of effort These services are inclusive of the following: Self-Care, Wellness and Recovery Planning Peer Counseling Peer Facilitated Support Groups Computer Lab Alma Project, (Psychiatric Nurse Practitioner Consultation, Acupuncture, Reiki) Amistad Project, family visits to locked psychiatric facilities out-of-county of SF. | 9,158 | 4877 | 120 |
| Individual Peer Counseling Hour .35FTE X 40hrs X 48wks X 90% level of effort Individual Peer Counseling is defined as face-to-face counseling sessions | 605 | 100 | |
| Peer Support Group Hour .5 FTE X 40hrs X 48wks X 90% level of effort Support groups facilitated by Peer Support Self Help Specialist | 864 | 500 | |
| CBHS Sub Total | 10,627 | 5477 | 120 |
| Grand Total | 12,614 | 6088 | |
| Unduplicated Total | | | 120 |
| | | | |
| | | | |

6. Methodology

A. Outreach, Recruitment, Promotion, and Advertisement

The OSH hosts students and interns from various local programs and schools to share the self help experience such as: including residential care facilities, Hyde Street Services, Mission and Sunset Mental Health and colleges: SFSU School of Social Welfare, UCSF School of Nursing, & City College of SF. The Self-Help consumer staff has a level of life experience and, through training, enhances cultural competence. Most students and interns come to the program as observers to learn more about self-help and are referred by educators and professionals in the field of Behavioral Health.

The OSH Director makes presentations at events held by consumer and family member organizations, such as the Tenderloin Clinic, the Client Council and other facilities as requested. The OSH staff attends these events to provide valuable culturally appropriate information on the OSH services and how to access them for potential clients, their families and loved ones. The OSH is listed in the BHS Provider Manual, the San Francisco Mental Health Guide, and local publications.

OSH hosts students and interns from various local programs and schools to share the self help experience and services.

While engaged in field work, Patients' Rights, in collaboration with OSH distributes our fliers and project description, to various agencies and board and care facilities.

The OSH Administrative Assistant e-mails flyers upon request with program information and a schedule of support groups to all Department of Public Health Behavioral Health Services (BHS) sites. Included is an advertisement for OSH that was published in the Central City Extra, produced by Study Center, a monthly newspaper covering the Tenderloin downtown area.

OSH's strongest recruitment strategy is word-of-mouth. Office of Self Help, with its 22 years of experience in community service, has a reputation among consumers as a safe place.

B. Program admission, enrollment and/or intake criteria and process

The OSH is an early engagement center for consumers seeking behavioral health services. It provides resources for adults who have achieved some measure of psychiatric stability, completed structured programs in the behavioral health system, and are looking for ongoing support on a drop-in basis. Past or current involvement in the behavioral health system is not a requirement for participation.

Clients are accepted by referrals from behavioral health service providers, central intake and OSH members. Clients can self-refer if they meet the basic program criteria. Intakes are conducted by peer self-help specialists and cover the client's employment history, housing situation, use of behavioral and medical services, health issues, substance use history, and the need for identity documents (such as driver's license or Social Security card) that are crucial for obtaining and maintaining public benefits. After intake, clients are given a membership card with their membership number. This provides clients access to the full complement of OSH services. Accept persons from S.F. Pretrial Diversion Project Inc., Project 20 and Community Service Project. Membership recommended/NT. required.

C. Program Service Delivery Model

All services provided by the Office of Self-Help, unless otherwise noted below, are located on the 3rd floor of 1663 Mission Street, Suite 310. OSH is open from 9 am-5 pm, Monday through Friday. All activities are designed to promote a sense of community and camaraderie. The center is staffed by a minimum of two peer counselors at all times. It serves as a reception area, a Community Interactive Space, and a space where clients may come and rest, utilize computers that build social skills and peer networks, watch a movie, or participate in daily morning warm-up exercises and meditation sessions. Coffee and cereal are served daily, and lunch is provided at least twice a week. Snacks are served to group participants after group when snacks are available. Some clients come for a quiet place to be and wish to be undisturbed, this behavior is acceptable when necessary or requested.

- 1. Self-Care and Wellness and Recovery Planning:** Once enrolled, members are offered a range of services tailored to meet their level of need, from basic

information and referrals to development of a Wellness Recovery Action Plan (WRAP) if requested.

2. **Individual Peer Counseling:** OSH uses empathy and empowerment to help support and inspire recovery; peer counseling is a cornerstone of this approach. One-on-one peer counseling services are offered in English, Spanish and Cantonese by peer self-help specialists daily from 10 a.m. to 4 p.m. A warm line phone service operates from 10 a.m. to 11 p.m. on Mondays thru Fridays. Peer counseling covers a broad range of needs, including care planning, referrals for housing assistance, substance abuse treatment, primary medical care and vocational services. Peer counselors also provide practical assistance, such as helping a client clear clutter from their apartment.

Through collaboration with the UCSF Citywide Case Management Program and the Department of Rehabilitation consumers are trained for possible employment as peer counselors or Self-Help Specialists.

3. **Peer-Facilitated Support Groups:** A key feature of the OSH services is its peer-facilitated support groups. OSH trains peers to lead groups for women and men covering a range of topics dealing with psychosocial and physical issues. Participants determine which issues will be discussed each day. The OSH groups are usually attended by 10 or more persons. Groups offered are:

- **Community Interaction** — a client check-in group (Daily)
- **Movie Groups** — (Daily)
- **General Support Group** — (Tues.) **
- **Current Events** — a weekly group where clients discuss current events they have heard about in newspapers, magazines or on television (Mon.)
- **Psych Nurse Practitioner group** — weekly groups in which clients can ask a Psych Nurse Practitioner questions related to physical and mental health. (Wed.)
- **Women's Group** — a weekly group for women only (Thurs.) **
- **Men's Group** — a weekly group just for men (Thurs.) **
(Women's and men's groups are broken down by gender only per request of the participants.)
- **Art Group** — a weekly two-hour art group based on traditional art is a vehicle for clients' nonverbal self-expression. Also daily sessions. Individual sessions per request.
- **Self-Advocacy**, participants discuss individual experiences of navigating the mental health system, lessons learned in self promotion. This is in collaboration with CA State Disability RTS (Fri.)
- **Co-Existing Issues** support available for clients who have more than one diagnosis. Following the harm reduction model, these services do not require that participants be clean and sober to participate. (Available per request)

**Groups and their topics shift depending on consumer need and topic requests.

4. **Computer Lab:** OSH offers clients the opportunity to learn basic computer skills, such as how to use the Internet and set up e-mail accounts to stay connected to friends and family. OSH's computer lab is open five days (M-F) daily until 4:30 p.m. hours a day. A Self-Help Specialist will offer individualized assistance with tasks such as learning to access the Internet, how to conduct a search, how to set up an e-mail account, etc. Clients can also use the computers during lab hours for their own projects.
5. **Alma Project:** A holistic clinic provides opportunities for consumers to explore both medical modes and alternatives to traditional medically based mental health treatments. The goal of the Alma Project is to encourage clients to explore the full range of options available to them, including alternative and complimentary therapies to promote wellness and recovery. The clinic provides the following client-centered services:
 - **Psychiatric Nurse Practitioner Consultation:** Available every Wednesday from 9 a.m. to 5 p.m. with a psychiatric nurse practitioner versed in both traditional and nontraditional approaches to mental health and substance abuse services. No medications are prescribed nor are clients diagnosed. The psychiatric nurse practitioner role is to help them understand their diagnoses and provide them with resources to advocate for themselves with their clinicians and make informed choices about their mental health and substance abuse services. Although medications play a significant role in recovery for many who are diagnosed with mental issues, some are over or under-medicated or lack the support or information to explore options to traditional treatment approaches. The psychiatric nurse practitioner helps clients explore the full range of possibilities, from pharmaceuticals to complimentary therapies. She also ensures that clients address other health care needs, provides links to primary care providers, and helps them understand the importance of regular primary medical care in their overall recovery.
 - **Acupuncture:** OSH offers an acupuncture clinic from 11 a.m. to 5 p.m. on Tuesdays. The acupuncturist treats clients from a perspective of bringing their whole bodies back into balance, addressing overall wellness, including psychiatric symptoms and addiction issues. The goal of the program is to build bridges between Eastern and Western medical philosophies and to help clients engage in self-care. If clients have other health issues, the OSH director is alerted so they can be linked with their primary care provider for immediate medical attention.
 - **Reiki:** Reiki is an energy-based relaxation and healing source. The OSH has a Reiki Master and a clinical provider who is a practitioner. At minimum, clients enjoy a relaxed, meditative experience

6. Amistad Project

This project is a major means of serving consumers' family members. Recognizing that connections with loved ones are essential to the wellness and recovery of behavioral health consumers, the OSH's Amistad Project provides transportation for family members and significant others of BHS clients in long-term mental health treatment facilities outside San Francisco. Many family members and significant others have no other way to get to these facilities. These trips are provided one Saturday each month to Napa and Novato and twice a month to Vallejo. The Amistad Project primarily serves family members regularly referred from the San Francisco Public Conservator's Office and other riders. Transportation is provided in vans owned by OSH.

D. Exit criteria and process

The Office of Self Help is available for the lifetime use by the Clients and Family members. Discharge does not apply to this program. However, OSH closes out clients after six months of nonattendance and requires a new intake after six months of absence.

86 Policy: We have the right to maintain control of our environment and refuse or end service to any person who refuses to comply with OSH membership rules, as agreed upon during intake.

E. Trans woman group

In May 2013 we were introduced to the trans woman group. As a courtesy we allow them to use space in our offices. Two days a week. As we engage in no formal contract with this group they continue reside as our guests.

It was always our intention, (when clarity regarding their contract and funding became apparent) to extend OSH membership to all of their membership.

It should be noted here that while only few have become OSH members, most have been assigned OSH numbers.

As they exist as a "stand alone" program we can only count them in our statistics if they participate in OSH groups.

It is also our objective to come to a reasonable fee for the use of our space for trans women's meetings (to be negotiated.)

7. Objectives and Measurements

A. Required Objectives

During the final quarter of the fiscal year (April, May, and June) 10% of active OSH clients each month will receive referrals to other community programs, including for vocational, mental health and other services as requested.

Performance/Outcome Objective

80% of clients will report increased quality of life as a result of participating in the OSH programs,

Increased quality of life: Three times annually, the OSH will conduct a sample survey developed by the OSH Director in collaboration with the Staff. The consumer survey will be administered to participating clients to determine their perception of their quality of life. OSH Self Help Specialists will administer the survey. The survey will be available in writing (English) and orally (English, Spanish, and Cantonese). Likert scale responses will be used to determine whether clients perceive their quality of life has increased as a result of participating in OSH's programs. The OSH Director with assistance from the Executive Assistant is responsible for data collection, analysis and evaluation.

B. Individualized Program Objectives

By June 30, 2014, 50% of the consumer members who participate in peer support groups as recorded in client statistics gleaned from sign-in sheets will report an increase in quality of life as measured by the quality of life survey.

During Fiscal Year 2014-2015, participants enrolled in peer support groups will participate in exercise sessions as recorded in client statistics gleaned from sign-in sheets and report increased well-being as measured by the annual quality of life survey and consumer files.

Computer Lab:

During Fiscal Year 2013-2014, 10% of consumers utilizing the computer lab will enhance their computer skills as measured by computer lab sign-in sheets, setup of email, and social networking accounts as reported through annual quality of life survey.

Alma Project:

During Fiscal Year 2013-2014, 60% of 100 consumers enrolled in program will have increased knowledge of their diagnoses and medications as reported through the annual quality of life survey.

Increased knowledge about available community resources related to enhancing one's health and well-being.

Individualized Performance Objective – By June 30, 2015, all participants of consumers enrolled in OSH programs will have increased knowledge of community resources and experience enhanced health and well-being, as evidenced by self report through the quality of life survey, and through the confirmation of receipt of a Community Resources listing for Peers developed by OSH peers and staff. The quality of life survey will be administered by the OSH Director who will evaluate the results.

Improved social norms, attitudes and policies that promote the respect and dignity of people experiencing mental health challenges.

Individualized Performance Objective — By June 30, 2015, 70% of participants enrolled in the OSH programs will have improved social norms, attitudes, as evidenced by

continued attendance of program activities and services, and in self-reporting in the annual quality of life survey.

Increased problem-solving capacity and responsibility and accountability for one's wellness.

Individualized Performance Objective — By June 30, 2015, 80% of participants enrolled in OSH programs will have enhanced problem-solving skills, and responsibility and accountability for their wellness, as evidenced by continued attendance of program activities and services, and in self-reporting in the annual quality of life survey.

8. Continuous Quality Improvement

Office of Self Help staff, after suffering two displacements in two years, uprooting clients and losing some as a result, will undertake a process to increase client load. Staff will make a presentation on OSH services to other providers to solicit referrals.

A new brochure portraying OSH's services and self-help approach will be produced by OSH staff. The brochure will show its quarters and describe the spectrum of services.

To promote Office of Self Help to recruit new members Central City Extra, the 8,000-circulation monthly newspaper of the Tenderloin published by the Study Center, will publish in each issue an advertisement depicting aspects of OSH to widely disseminate information of its offerings.

The OSH Director and Assistant Director will meet weekly with the SFSC Executive Director and other compliance staff to monitor progress and help guide the process of increasing members and better serving clients' needs. OSH will comply with S.F. Health Commission, local, state, federal and/or funding source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

In weekly meetings staff engage in discussions to evaluate the effectiveness of services. Input from consumers and their family members are reviewed at this time along with discussion of results from the annual quality of life survey.

The OSH CQI will be reflected in the questions within the annually administered OSH Quality of Life Survey, the results of which will be analyzed and presented to staff for discussion purposes to guide programmatic activities.

Evidence of CQI activities will be maintained in the OSH Administrative Binder maintained by the OSH Executive Assistant and Program Director for review by the Business Office of Contract Compliance

The OSH Staff will monitor quarterly reports for achievement of objectives and adjust services to stay on target. Quarterly reports will be kept in the Administrative Binder along with staff plans of action regarding achievements.

The OSH Administrative Binder will demonstrate compliance with CBHS Cultural Competence requirements including the Staff Cultural Competency Demographic Questionnaire.

The OSH weekly staff meetings and quarterly client membership meetings are to discuss aspects of services that are successful and identify areas of improvement.

Each activity has a sign-in sheet that is placed in a locked file cabinet until it is entered monthly into the database. These forms are available for review, however, the data are reported quarterly.

Staff have been trained to secure data sign-in sheets immediately after group so there is no mixing of sign-in sheets or other documents.

Client Satisfaction

The Office of Self Help will utilize the Quality of Life Survey to measure the impact of services in clients' lives. The OSH peer support staff will review results to make appropriate modifications to services as well as to determine other consumer needs as revealed in survey. A report generated from the survey will be included in the Administrative Binder for review and sent to the DPH-CBHS Program Managers/Directors, with comments from the peer support staff review.

9. Required Language: N/A

1. **Program Name:** San Francisco Mental Health Clients' Rights Advocates (MHCRA)
Program Address: 1663 Mission Street, Suite 504
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 552-8100
Facsimile: (415) 552-8109
Program Code: 38AA

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

☐ New ☒ **Renewal** ☐ **Modification**

3. **Goal Statement**

San Francisco Mental Health Clients' Rights Advocates (MHCRA) will advocate for the rights of mental health consumers throughout the Behavioral Health system and their families, and advocate for mental health consumers and family members in resolving complaints.

4. **Target Population**

1. MHCRA's target population is mental health consumers in the behavioral health system citywide and in out-of-county facilities and their families.
2. ZIP codes where citywide services will be delivered include but are not limited to: 94102, 94103, 94109 and 94110.

5. **Modality(ies)/Interventions**

Outreach and Engagement

The modality is Mental Health Clients' Rights Advocacy. MHCRA will provide 9,173 units of service to resolve a minimum of 516 cases from approximately 500 eligible clients, family members, or concerned third parties. A unit of service is equal to one hour of staff time. Each case is considered closed with the resolution of the client's formal request for advocacy.

6. **Service Delivery Methodology**

- A. Primary to MHCRA's outreach to and engagement with clients is through its (800) 729-7727 telephone number, which is posted on all MHCRA materials, including its Patient's Rights Advocates poster. These posters are mandated by law to be prominently posted at all program locations. MHCRA's priority is to address the issues of clients in the most acute situations. Additionally, MHCRA provides trainings and advocacy throughout the year for providers and clients on hospital units and in other facilities, including but not limited to:
 - Adult residential care homes. MHCRA collaborates with the Long Term Care Ombudsman to visit various board and care homes and provide trainings for the consumers and the providers.
 - Adolescent psychiatric unit. MHCRA visits and conducts trainings on the unit.

- Residential hotels. MHCRA currently collaborates with the Ombudsman to visit various residential hotels and provide trainings for clients and providers.
 - Behavioral Health Facilities. MHCRA conducts monthly trainings for clients and visits the inpatient facility regularly throughout the month.
- B. MHCRA will respond to complaints and queries about mental health services from clients, clients' family members, or concerned third parties. Clients can contact MHCRA by telephone, fax, e-mail, or in person. All complaints will be investigated and, if possible, resolved.
- C. MHCRA is open 9 a.m. to 5 p.m., Monday-Friday. If resolution is not possible, clients will be referred to BHS's grievance procedures, and to appropriate legal counsel when necessary. All cases will be documented by date of initial contact, follow-up telephone and site visit contacts, and case resolution. A case is a client contact that results in information, advice, short-term assistance, referral, or an investigation by an advocate.

In addition to responding to direct requests from clients and their family members, MHCRA will conduct investigations of possible patients' rights violations when it receives a request from the director of San Francisco Department of Public Health's Behavioral Health Services (BHS). Investigation status will be reported to BHS within 60 days of initiation of the investigation. If an investigation cannot be completed in this timeframe, a report on the status of the investigation will be submitted every 30 days until completion. This report will then be submitted to the director of the program involved. A list of investigation reports will be included in each quarterly statistical report submitted to the director of San Francisco Department of Public Health's Behavioral Health Services (BHS).

MHCRA will close 43 cases per month on average, approximately 516 cases during the contract year. A case consists of a client intake and resolution of complaint or request. A case can range from advisement of rights to short-term assistance or a full-scale investigation.

- D. The advocate assists the client, within the scope of the office's practice, until the client is satisfied with the resolution or the issue has been addressed as far as it can be within the advocate's scope of authority.
- E. Program Staffing: MHCRA is staffed by a director, one senior advocate, and three advocates. All staff members participate in engaging and addressing the rights issues brought forth by the clients, family members, friends, and facility staff within the mental health system.

7. Objectives and Measurements

A. CBHS Standard Objectives

All objectives, and description of how objectives will be measured are contained in the BHS document entitled Performance Objectives FY 14-15"

B. Individualized Program Objectives

Performance/Outcome Objective 1

During Fiscal Year 2014-2015, 516 MHCRA cases will be resolved by MHCRA staff, as measured by the client database "Apricot Techknowledge."

Methodology: All staff will provide intake of clients. Client intakes will be documented within the online database. Data will be collected as intakes occur and cases are closed. Data will be reviewed by senior staff and the San Francisco Study Center executive director and MHCRA's Community Advisory Committee on a quarterly basis.

Performance/Outcome Objective 2

During Fiscal Year 2014-2015, MHCRA staff will have reviewed four (4) behavioral health facilities for compliance.

Methodology: Advocates will plan and conduct four (4) reviews at MH facilities for compliance with patients' rights by providers of mental health services. Advocates will present the reviewing tool to the provider with a 14-day notice prior to the review. Advocates will evaluate records, inspect the facility, and interview staff and clients. The findings and corrective actions will be reported to the facility and to the director of San Francisco Department of Public Health's Behavioral Health Services (BHS) in a review report within 60 days of the conclusion of the review. Oversight of the review will be carried out by the MHCRA program director and senior advocate.

Performance/Outcome Objective 3

During Fiscal Year 2014-2015, MHCRA will conduct six (6) patients' rights checklist reviews for CCR Title 9 and W & I Code 5235 et. Seq. for compliance as required by BHS.

Methodology: Advocates will notify facilities of the review 14 days prior to the checklist review. Advocates will inspect the facility, interview staff and clients, and inspect records as needed. Reports of the findings and corrective actions will be submitted to the facility and to the director of San Francisco Department of Public Health's Behavioral Health Services (BHS). Oversight of the review will be carried out by the program director and senior advocate.

Performance/Outcome Objective 4

During Fiscal Year 2014-2015, MHCRA staff will have conducted 48 outreaches to clients in facilities and discuss patients' rights with consumers in licensed facilities. Advocates also conduct trainings for staff members within the mental health system.

Methodology: Advocates will contact facilities or programs and present to patients and staff members at the program. Advocates will schedule and plan presentations during team meetings. All advocates will conduct outreach presentations and report results in the client database.

Performance/Outcome Objective 5

MHCRA will continue to collect denial of rights data on behalf of BHS and maintain reporting duties to the State.

Methodology: Data will continue to be collected and reported to the State's Office of Patients Right. The director of San Francisco Department of Public Health's Behavioral Health Services (BHS) will be notified if any providers are non-compliant or late in the reporting.

8. Continuous Quality Improvement

The program has noticeably lost drop-in clients after being displaced from its offices on Market Street. To address the issue MHCRA shifted its primary practice for engaging clients by increasing outreach efforts.

The shift to contacting clients and disseminating information on involuntary psychiatric units has resulted in two weekly scheduled patient's rights meetings at Langley Porter and St. Francis hospitals in addition to twice-weekly visits to the acute units at San Francisco General Hospital to discuss patient's rights with clients on hearing days. MHCRA also has patients' rights meeting at the Fort Miley VA involuntary unit two to four times a month and once a month at California Pacific Medical Center. MHCRA seeks other opportunities to increase its presence and availability and has recently connected with the transgender mental health community by participating in training events.

To gain visibility in the community, MHCRA will be featured in a promotional advertisement in each monthly issue of the Central City Extra published by San Francisco Study Center. This will regularly put MHCRA in front of an estimated 16,000 residents of inner-city neighborhoods.

"Quality Assurance and the Continuous Quality Improvement requirements will be addressed in the CBHS Declaration of Compliance."

9. Required Language: N/A

1. Program Name: **Peer and Intern Employment**

Program Address:

1663 Mission Street, Suite 504

San Francisco, CA 94103

Telephone: (415) 626-1650

Facsimile: (415) 626-7276

Program Code : 38AA

2. Nature of Document (check one)

☐ New

☒ Renewal

☐ Modification

3. Goal Statement

To provide Fiscal Intermediary and Human Resources functions

4. Target Population

Consumers of Mental and Behavioral Health Services and Family members recruited by BHS staff for employment through S.F. Study Center.

5. Modality(ies)/Interventions

Fiscal intermediary services, including administrative support, and employment and personnel services

MHSA Goals

WORKFORCE DEVELOPMENT — includes activities intended to develop a diverse and competent workforce; develop work readiness skills; and increase the number of consumers and family members in the behavioral health workforce.

This program is a collaborative effort between the Study Center and BHS. San Francisco Study Center's role in meeting this MHSA goal is to serve as fiscal intermediary, managing all BHS funding for this program, including personnel and benefits costs, bookkeeping and accounting, invoicing and budget reconciliation and administrative support including HR functions and program insurance needs from general liability through workers' comp.

Study Center also will handle a range of human resources functions from employing peers and interns to conducting HR trainings and meetings with site supervisors. Study Center will also work with BHS staff and site supervisors to resolve program-related personnel issues.

6. Methodology

Collaborative employment administration:

- New hire processing: Study Center handles the paperwork, explains employee policies and procedures, sets up direct deposit, and arranges for Livescan as needed.
- Employee changes: BHS specifies salary adjustments, promotions/changes, leaves of absence, etc.

- BHS-designated separation processing: cause of termination review (BHS-SFSC collaboration, final pay arrangements by SFSC).
- SFSC benefits administration: benefits enrollment (new hire, annual open enrollment, and qualifying events), 403(b) plan administration, COBRA administration.

Risk management and compliance:

- Maintenance of employee personnel records and documentation
- Regulatory compliance (ERISA, FLSA, EEO, and other federal and state regulations)
- Compliance with local San Francisco ordinances, including MCO, HCAO, HCSO, HRC 12B AND C
- Collaborative compliance-related training for managers (EEO, sexual harassment, OSHA, etc.)

Human resources policies:

- Comprehensive Employee Handbook
- Grievance procedures and conflict resolution
- Workers' compensation, unemployment claims, personnel records, training (EEO, sexual harassment) and termination assistance

A. Recruitment and placement:

Recruitment and placement of peers and interns will be carried out by BHS staff.

B. Hiring:

Hiring decisions are made by BHS Peer-to-Peer and Vocational Services staff using BHS hiring guidelines. Clients approved for hire then are hired by Study Center. Study Center serves as the employer of record for all peer and intern staff, and the employment of these staff members is governed by Study Center's personnel policies. San Francisco Study Center will handle the orientation for all new hires and provide the hiring forms including: Personnel Handbook and Receipt Form, Employee Livescan Application, Employment Application, I-9, W-4, HCSO Form, Paycheck Instructions Form, Direct Deposit for the candidate to fill out and Job Description Template and New Hire Personnel Action Form that the BHS Peer-to-Peer Hiring Manager must complete. The Hiring Manager assists the candidate in completing hiring forms. After completing and submitting the Job Description, and New Hire Personnel Action Form and forms completed candidate, the Hiring Manager contacts the Study Center to schedule a welcome meeting and orientation. Study Center staff will review documents and schedule an orientation prior to the employment start date. After the orientation, the candidate is hired by the Study Center and given a Letter of Hire and formalized job description, which have been prepared by the Peer-to-Peer program. Hiring forms and required documents (e.g. expired identification) must be in order to conduct an orientation. All peer Interns will be required to undergo a livescan background check, state law requires background checks for staff employed on school sites.

C. Orientation:

Study Center staff will conduct an individual or small group orientation for all new hires. Many peers and interns have limited employment experience. They need to know, up front, their rights as an employee and Study Center's role and expectations as their employer.

- At the Employee Orientation, the candidate is given a copy of the Employee Handbook and a folder containing all the necessary legal forms and notices required by state and federal laws and a set of forms customarily used by the Study Center.
- Peer employees' hours and schedules will be determined by the on-site supervisor in consultation with BHS Peer-to-Peer and Vocational Services staff. The pay rate will be determined by Peer-to-Peer staff in compliance with federal, state and city laws including San Francisco's Minimum Compensation Ordinance, which requires nonprofit agencies that contract with the city to pay employees a minimum of \$11.03 per hour.

D. Supervision:

The Peer & Intern Employment Program is highly collaborative in its structure, and nowhere more so than in the supervision of the peers. All peers are employees of the Study Center and their employment is governed by Study Center's personnel policies. However, day-to-day supervision of employees is provided by a designated staff member at the site to which the employee has been assigned. These on-site staff members know the program policies and procedures of their agency, and are in the best position to direct the peers in their daily work. The work of the on-site supervisors is, in turn, coordinated by BHS's Peer-to-Peer and Vocational Services staff, Hiring Managers, who are responsible for placing peers with sites around the city, re-assigning peers if their initial assignment proves unsuitable, and mediating conflict between peers and their on-site supervisors. Disciplinary actions and termination can be recommended to Study Center by Peer-to-Peer staff, provided such recommended actions comply with Study Center personnel policies and state and federal law. Study Center will conduct an annual meeting with site supervisors to go over grievance procedure paperwork.

Placement:

Peer employees will be engaged in a variety of duties to gain work experience and develop new job skills. BHS Hiring Managers are tasked with matching peers with jobs that suit their interests and temperaments to ensure they will stay employed.

Employee Performance Reviews:

Employee Performance Reviews are a vital tool for peer supervision. Peer employees' job performance is reviewed annually by the on-site supervisor, using a performance evaluation model supplied by Peer-to-Peer staff. This evaluation model will be collaborative and non-punitive, with a focus on the employee's strengths and opportunities for growth, including methods (such as additional training) to address potential performance issues. Study Center will prompt the site supervisor one month in advance, then follow up with the site supervisor to complete the evaluation in a timely manner. The performance reviews will be conducted each May. The site supervisor will complete the review. Completed evaluations are signed by the peer, the site supervisor, and delivered to the Study Center.

E. Training:

All peer employees will be trained on HR-related issues such as anti-harassment, anti-discrimination, anti-substance abuse in the workplace, etc. Peers will be required to attend

two trainings each year. Study Center staff will conduct these trainings. Hiring Managers will forward records of each employee's training completion to the Study Center to keep in the personnel files.

Training topics include:

- Workplace safety that will cover general workplace safety issues such as injury prevention, illness prevention and disaster preparedness.
- Sexual harassment prevention and a discussion of how to identify and report sexual harassment in the workplace;
- Cultural competency trainings touching on San Francisco's many different communities served by BHS's behavioral health services providers

F. Termination:

Employment may be terminated for three reasons: 1) resignation; 2) cause; 3) program completion. Study Center takes the following steps in response to terminations:

- ***Resignation:*** The site supervisor immediately notifies Study Center by phone of the peer's resignation and provides Study Center with the resignation letter, if the peer wrote one. And as soon as possible submits a Termination Personnel Action form and Final timesheet in order to comply with Federal and State Labor Laws final paycheck timelines,
- ***Termination for cause:*** Termination of employment for performance issues is a serious step, particularly for peers who are in recovery and for whom employment is a vital step in their recovery process. Prior to termination for cause, Study Center and BHS will make all reasonable efforts to identify a method to correct the problem including additional training, mediation of disagreements between peers and their site supervisors, and re-assignment of the peer to a different site. When termination is the only option, the site supervisor provides written documentation of the performance issues leading to the termination, a Termination Personnel Action form and a final timesheet. These documents are reviewed by Study Center and BHS staff and must be approved by Study Center for the termination to take effect. Peers are notified of the termination in writing and receive their final paycheck (including unused time off) on the same day as their termination.
- ***Program completion:*** One month prior to project completion, peers are notified in writing by BHS Staff that they will soon complete the program and that their employment will be terminated. Study Center will have a final check ready for the peer's last day based on approved timesheets.

G. Other Program Components and Procedures:

Regular Meetings:

Regular meetings will be scheduled at least every six months to review program activities with Peer-to-Peer and Vocational Services and Hiring Managers

Changes in Status:

BHS staff will provide instruction and follow-up regarding any changes to an employee's status. Changes to an employee's status will be noted and pay adjusted after Study Center receives a Personnel Action Change Form from the BHS hiring manager.

Timesheets:

- a) Study Center will provide the Timesheet and Pay Schedule quarterly and in advance of the next quarter to the BHS hiring manager and site supervisors for distribution to employees.
- b) Study Center will administer payroll and issue paychecks for employees.

Site Supervisor Meetings:

Study Center will work with BHS Hiring Managers to convene one annual site supervisor meeting to review procedures and communicate programmatic changes and discuss ongoing issues affecting the program. Among the topics will be office procedures and the importance of using forms such as timesheets and absence requests.

Client Satisfaction Surveys:

Study Center will develop in conjunction with Peer-to-Peer and Vocational Services staff a Client Satisfaction Survey and administer to all employees annually. The survey will ask consumer staff about their experience of working with Study Center on HR and fiscal intermediary functions.

Performance Evaluation Assistance:

Study Center will assist BHS hiring managers and site supervisors in Peer and Intern Performance appraisals, especially with reminders of the need for compliance.

Benefits Administration:

Study Center will administer appropriate benefits to employees dependent upon classification, including HCSO Payments, and Medical and ancillary coverage benefits when appropriate. And will meet individually to explain and enroll eligible employees in employee benefit programs. Study Center will provide COBRA Notification in cases where benefits are terminated due to change in status or termination of employment.

7. Objectives and Measurements

1. The San Francisco Study Center will administer annual performance reviews in May and provide instructions and documents to each site supervisor in April. The San Francisco Study Center will follow-up and track that each performance appraisal was completed by the end of the fiscal year. Performance appraisals will be kept in the employee's file at The San Francisco Study Center.
2. The San Francisco Study Center will conduct two trainings per year, as noted above, in agreement with BHS management staff.
3. The San Francisco Study Center will provide a comprehensive orientation to all new hires as described above.
4. The San Francisco Study Center will provide annual site supervisor meetings to review procedures and communicate programmatic changes and discuss ongoing issues affecting the program.

5. The San Francisco Study Center will administer annual peer staff satisfaction surveys. The survey will evaluate the experience of consumer staff working with Study Center on HR and fiscal intermediary functions.

8. Continuous Quality Improvement

The Peer and Intern Employment program in 2014 conducted a peer performance review of all peer employees with site supervisors providing the evaluations.

Of the 34 performance reviews completed and entered into peer employee personnel files, Study Center staff identified all employees who received a rating in any performance category of Needs to Improve (2 on a 5-point scale) or lower and will meet with each employee's site supervisor to plan how to help that employee improve in that aspect of their job.

SFSC also in 2014 administered an Employee Satisfaction Survey to all peer employees to learn whether we were satisfactorily meeting their front-office needs in terms of pay, benefits, leaves and grievances. Of the 33 peer employees who completed a survey, 90% rated SFSC as 4.5 on a 5-point scale.

SFSC staff will work with BHS staff to plan needed modifications to the service delivery.

9. Required Language: N/A.

San Francisco Study Center
MHSA Innovations

Address: 1663 Mission Street, Suite 504 San Francisco, CA 94103

Telephone: (415) 626-1650 Fax: (415) 626-7276

Contact Name: Geoff Link, Executive Director

Program Code: 38AA

Nature of Document (check one)

☐ New ☒ **Renewal** ☐ Modification

1. Goal Statement

This Fiscal Intermediary contract provides funding for the administrative activities of SF-DPH Peer and Intern Employment Program. In concert with CBHS personnel, Study Center will work to ensure the success of the program.

2. Target Population

As a Fiscal Intermediary administrative contractor, Study Center has no target population.

3. Modality and Program Description

Study Center oversees contract implementation from a corporate standpoint and ensures the program is in compliance with SF-DPH contract standards and protocols and completes all city contracting activities. Study Center provides all fiscal management of contract funds including audits, invoicing, purchasing and budget reconciliation; and oversees and ensures payroll meets standard accounting practices. Study Center provides insurance for contract staff.

Study Center oversees the program facility and technical services (such as the phone, Internet and computer systems). Working closely with CBHS Peer-to-Peer and Vocational Services staff, Study Center provides contract staff personnel management such as hiring, employee development, disciplinary action and firing. Study Center maintains all contract staff personnel records.

4. Methodology

As this is a Fiscal Intermediary administrative contract, policies of both Study Center and SF-DPH apply.

5. Objectives

As a Fiscal Intermediary administrative contractor, objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements,
- 2) To maintain personnel files and provide appropriate personnel management oversight.

6. Continuous Quality Improvement

Contract evaluation is the joint responsibility of Study Center and SF-DPH administration.

7. Required Language

No required language at this time.

Program Name: TAYSF

Address: 1663 Mission Street, Suite 504 San Francisco, CA 94103

Telephone: (415) 626-1650 Fax: (415) 626-7276

Contact Name: Geoff Link, Executive Director

Nature of Document (check one)

☐ New ☒ **Renewal** ☐ Modification

1. Goal Statement

This Fiscal Intermediary contract provides funding for the administrative activities of TAYSF. In concert with TAYSF personnel, Study Center will work to ensure the success of the program.

2. Target Population

As a Fiscal Intermediary administrative contractor, Study Center has no target population.

3. Modality and Program Description

Study Center oversees contract implementation from a corporate standpoint and ensures the program is in compliance with SF-DPH contract standards and protocols and completes all city contracting activities. Study Center provides all fiscal management of contract funds including audits, invoicing, purchasing and budget reconciliation; and oversees and ensures payroll meets standard accounting practices. Study Center provides insurance for contract staff.

Working closely with TAYSF staff, Study Center provides contract staff personnel management such as hiring, employee development, disciplinary action and firing. Study Center maintains all contract staff personnel records. Working closely with TAYSF to ensure payment and fulfillment of advertising contract to provide outreach to transitional age youth through Muni bus advertisements, as well as processing invoices and payments related to presentations at conferences on work of TAYSF and San Francisco's Policy Priorities for Transitional Age Youth.

4. Methodology

As this is a Fiscal Intermediary administrative contract, policies of both Study Center and SF-DPH apply.

5. Objectives

As a Fiscal Intermediary administrative contractor, objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements,
- 2) To maintain personnel files and provide appropriate personnel management oversight.

6. Continuous Quality Improvement

Contract evaluation is the joint responsibility of Study Center and SF-DPH administration.

7. Required Language

No required language at this time.

Appendix B
Calculation of Charges
Term: 7/1/2014-6/30/2015

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges 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) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the 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.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year 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 Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year 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.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each

fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA funds portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1 Office of Self Help (OSH)

Appendix B-2 San Francisco Mental Health Clients Rights Advocates (SFMHCRA)

Appendix B-3(a,b,c) Peer Intern Employment (PIE)

Appendix B-4 Fiscal Intermediary for Innovation (MHSA)

Appendix B-5 Fiscal Intermediary - Transitional Aged Youth

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Fifteen Million Ninety Nine Thousand Seven Hundred One Dollars (\$15,099,701) for the period of July 1, 2010 through December 31, 2015.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$409,874** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. 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 the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget

and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

| | |
|--|---------------------|
| July 1, 2010 through June 30, 2011 | \$1,819,615 |
| July 1, 2011 through June 30, 2012 | \$2,291,736 |
| July 1, 2012 through June 30, 2013 | \$2,414,791 |
| July 1, 2013 through June 30, 2014 | \$3,040,262 |
| July 1, 2014 through June 30, 2015 | \$3,415,615 |
| July 1, 2015 through December 31, 2015 | \$1,717,808 |
| Sub-Total July 1, 2010 through December 31, 2015 | <u>\$14,689,827</u> |
| Contingency | \$409,874 |
| Total – July 1, 2010 through December 31, 2015 | <u>\$15,099,701</u> |

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, \$50,000 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM04000090 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM04000090 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in 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. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation 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.

DPH 1: Department of Public Health Contract Budget Summary

| | | | | | | |
|---|---------------------|---|---------------------|---------------------|---------------------|---------------------|
| DHCS Legal Entity Number (MH): 00363 | | Prepared By/Phone #: Kevin Walsh/415.857.9204 FY14-15 | | | | |
| S Legal Entity Name (MH)/Contractor Name (SA): San Francisco Study Center | | 7/1/2014 | | | | |
| Contract CMS # (CDTA use only): 7004 | | Appendix B page 4 | | | | |
| Contract Appendix Number: | B-1 | B-2 | B-3 | B-4 | B-5 | |
| Appendix A/Program Name: | OSH | SFMHCRA | PIE | FII | TAY SF | |
| Provider Number | 38AA | 38AA | 38AA | 38AA | 38AA | |
| Program Code(s) | N/A | N/A | N/A | N/A | N/A | |
| FUNDING TERM: | 07/01/14 - 06/30/15 | 07/01/14 - 06/30/15 | 07/01/14 - 06/30/15 | 07/01/14 - 06/30/15 | 07/01/14 - 06/30/15 | TOTAL |
| FUNDING USES | | | | | | |
| Salaries & Employee Benefits: | 403,260 | 294,948 | 1,588,968 | 424,620 | 20,000 | \$ 2,731,796 |
| Operating Expenses: | 144,260 | 55,632 | 88,370 | 50,180 | 2,500 | \$ 340,942 |
| Capital Expenses: | 0 | 0 | 0 | 0 | 0 | |
| Subtotal Direct Expenses: | 547,520 | 350,580 | 1,677,338 | 474,800 | 22,500 | \$ 3,072,738 |
| Indirect Expenses: | 60,836 | 38,953 | 187,852 | 52,736 | 2,500 | \$ 342,877 |
| Indirect %: | 11% | 11% | 11% | 11% | 11% | 11% |
| TOTAL FUNDING USES | 608,356 | 389,533 | 1,865,190 | 527,536 | 25,000 | \$ 3,415,615 |
| Employee Fringe Benefits %: | | | | | | 26.29% |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| MH STATE - MH Realignment | 221,871 | 221,871 | 0 | 0 | | \$ 443,742 |
| MH COUNTY - General Fund | 245,780 | 167,662 | 54,917 | 0 | | \$ 468,359 |
| MH STATE - MHSA | 0 | 0 | 50,000 | 0 | | \$ 50,000 |
| MH STATE - MHSA | 140,705 | 0 | 1,227,162 | 0 | | \$ 1,367,867 |
| MH STATE - MHSA | 0 | 0 | 208,075 | 0 | | \$ 208,075 |
| MH STATE - MHSA | 0 | 0 | 0 | 462,536 | | \$ 462,536 |
| MH STATE - MHSA | 0 | 0 | 0 | 65,000 | | \$ 65,000 |
| MH STATE - SAMHSA | 0 | 0 | 150,266 | 0 | | \$ 150,266 |
| MH STATE - SAMHSA | 0 | 0 | 174,770 | 0 | | \$ 174,770 |
| MH WORK ORDER - Human Services Agency | 0 | 0 | 0 | 0 | 25,000 | \$ 25,000 |
| CBHS MENTAL HEALTH FUNDING SOURCES | 608,356 | 389,533 | 1,865,190 | 527,536 | 25,000 | \$ 3,415,615 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| | | | | | | - |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - | - | | - |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | |
| | | | | | | - |
| COMMUNITY PROGRAMS FUNDING SOURCES | - | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | 608,356 | 389,533 | 1,865,190 | 527,536 | 25,000 | \$ 3,415,615 |
| NON-DPH FUNDING SOURCES | | | | | | |
| | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL FUNDING SOURCES (DPH AND NON-D) | \$ 608,356 | \$ 389,533 | \$ 1,865,190 | \$ 527,536 | \$ 25,000 | \$ 3,415,615 |

DPH 7: Contract-Wide Indirect Detail

Contractor Name: San Francisco Study Center

Document Date: 07/01/14

Fiscal Year: FY14-15 page 5

1. SALARIES & BENEFITS

| Position Title | FTE | Salaries |
|--------------------------------------|--------|-------------------|
| Executive Director | 0.6793 | \$ 47,548 |
| Finance Director | 0.6793 | \$ 38,430 |
| Accountant | 0.6793 | \$ 40,755 |
| Contracts Administrator | 0.6793 | \$ 33,964 |
| Administrative Assistant | 0.6793 | \$ 24,453 |
| EMPLOYEE FRINGE BENEFITS | | \$ 50,025 |
| TOTAL SALARIES & BENEFITS | | \$ 235,175 |

2. OPERATING COSTS

| Expenditure Category | Amount |
|---------------------------------------|-------------------|
| Audit | \$ 27,170 |
| Bank Fees and Payroll Services | \$ 8,830 |
| Consultant - Balance Sheet Accountant | \$ 11,209 |
| Consultant - IT | \$ 5,095 |
| Equipment Rental & Maintenance | \$ 5,095 |
| Liability Insurance | \$ 8,151 |
| Office Supplies | \$ 5,434 |
| Postage | \$ 1,358 |
| Rent | \$ 27,208 |
| Staff Training | \$ 6,793 |
| Telephone | \$ 1,359 |
| | |
| TOTAL OPERATING COSTS | \$ 107,702 |

TOTAL INDIRECT COSTS **\$ 342,877**

(Salaries & Benefits + Operating Costs)

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

| | | | | | |
|--|--|----------------------------|--|-----------------------------|--|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): | | San Francisco Study Center | | Appendix/Page #: B-1 page 1 | |
| Provider Name: | | San Francisco Study Center | | Document Date: 7/1/2014 | |
| Provider Number: | | 38AA | | Fiscal Year: FY14-15 | |
| Program Name: | | Office of Self-Help | | | |
| Program Code (formerly Reporting Unit): | | N/A | | | |
| Mode/SFC (MH) or Modality (SA): | | 45/10-19 | | | |
| Service Description: | | MH Promotion | | | |
| | | MH Promotion | | | |
| | | 0 | | 0 | |
| | | | | TOTAL | |
| FUNDING TERM: | | 07/01/13-06/30/14 | | 07/01/13-06/30/14 | |
| | | - | | - | |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits: | | 304,018 | | 99,242 | |
| | | | | | |
| Operating Expenses: | | 116,868 | | 27,392 | |
| | | | | | |
| Capital Expenses (greater than \$5,000): | | 0 | | 0 | |
| | | | | | |
| Subtotal Direct Expenses: | | 420,886 | | 126,634 | |
| | | | | 0 | |
| Indirect Expenses: | | 46,765 | | 14,071 | |
| | | | | | |
| TOTAL FUNDING USES: | | 467,651 | | 140,705 | |
| | | | | 0 | |
| | | | | 0 | |
| | | | | 547,520 | |
| | | | | | |
| | | | | 60,836 | |
| | | | | | |
| | | | | 608,356 | |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | |
| Index Code/Project Detail/CFDA#: | | | | | |
| MH STATE - MH Realignment | | HMHMCC730515 | | 221,871 | |
| | | | | | |
| MH COUNTY - General Fund | | HMHMCC730515 | | 245,780 | |
| | | | | | |
| MH STATE - MHSA | | HMHMPROP63-PMHS63-1405 | | 0 | |
| | | | | 140,705 | |
| | | | | | |
| | | | | 0 | |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 467,651 | | 140,705 | |
| | | | | - | |
| | | | | - | |
| | | | | 608,356 | |
| TOTAL DPH FUNDING SOURCES | | 467,651 | | 140,705 | |
| | | | | - | |
| | | | | - | |
| | | | | 608,356 | |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 467,651 | | 140,705 | |
| | | | | - | |
| | | | | - | |
| | | | | 608,356 | |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | | CR | |
| DPH Units of Service: | | 10,627 | | 1,987 | |
| | | | | | |
| Unit Type: | | Staff Hour | | Staff Hour | |
| | | | | 0 | |
| | | | | 0 | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | 44.01 | | 70.81 | |
| | | | | 0.00 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 44.01 | | 70.81 | |
| | | | | 0.00 | |
| | | | | 0.00 | |
| Published Rate (Medi-Cal Providers Only): | | n/a | | n/a | |
| | | | | | |
| Unduplicated Clients (UDC): | | n/a | | n/a | |
| | | | | | |
| | | | | Total UDC: | |
| | | | | 120 | |

DPH 3: Salaries & Benefits Detail

Program Code: N/A
 Program Name: Office of Self-Help
 Document Date: 7/1/14

Appendix/Page #: B-1 page 2

| | TOTAL | | MH STATE - MH Realignment and MH COUNTY - General Fund | | MH STATE - MHSA | | Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#) | |
|--------------------------|-------------------|-------------------|--|-------------------|------------------------|------------------|---|-----------------|
| Index Code: | | | HMHMCC730515 | | HMHMPROP63-PMHS63-1405 | | | |
| Term: | 07/01/14-06/30/15 | | 07/01/14-06/30/15 | | 07/01/14-06/30/15 | | | |
| Position Title | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Program Director | 1.00 | \$ 71,820 | 0.95 | 68,232 | 0.05 | 3,588 | | |
| Self-Help Specialists | 4.89 | \$ 162,781 | 2.77 | 92,084 | 2.12 | 70,697 | | |
| Driver | 0.40 | \$ 12,230 | 0.40 | 12,230 | | | | |
| Administrative Assistant | 0.80 | \$ 27,555 | 0.64 | 22,044 | 0.16 | 5,511 | | |
| Peers | 0.09 | \$ 2,172 | 0.09 | 2,172 | | | | |
| Acupuncturist | 0.15 | \$ 17,784 | 0.15 | 17,784 | | | | |
| Nurse Practitioner | 0.20 | \$ 18,986 | 0.20 | 18,986 | | | | |
| | | | | | | | | |
| Totals: | 7.53 | \$ 313,328 | 5.20 | \$ 233,532 | 2.33 | \$ 79,796 | 0.00 | \$0 |

| | | | | | | | | |
|----------------------------------|-----|-----------|-----|-----------|-----|-----------|---------|--|
| Employee Fringe Benefits: | 29% | \$ 89,932 | 30% | \$ 70,486 | 24% | \$ 19,446 | #DIV/0! | |
|----------------------------------|-----|-----------|-----|-----------|-----|-----------|---------|--|

| | | | | |
|--------------------------------------|-------------------|-------------------|------------------|------------|
| TOTAL SALARIES & BENEFITS | \$ 403,260 | \$ 304,018 | \$ 99,242 | \$0 |
|--------------------------------------|-------------------|-------------------|------------------|------------|

DPH 4: Operating Expenses Detail

Program Code: N/A

Appendix/Page #: B-1 page 3

Program Name: Office of Self-Help

Document Date: 7/1/14

| Expenditure Category | TOTAL | MH STATE - MH Realignment and MH COUNTY - General Fund | MH STATE - MHSA | Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#) |
|---|-------------------|---|----------------------------|--|
| Index Code: | | HMHMCC730515 | HMHMPROP63- PMHS63-1405 | |
| Term: | 07/01/14-06/30/15 | 07/01/14-06/30/15 | 07/01/14-06/30/15 | |
| Occupancy: | | | | |
| Rent | \$ 85,260 | 71,618 | 13,642 | |
| Utilities(telephone, electricity, water, gas) | \$ 7,000 | 6,000 | 1,000 | |
| Building Repair/Maintenance | \$ 500 | 250 | 250 | |
| Materials & Supplies: | | | | |
| Office Supplies | \$ 4,500 | 3,000 | 1,500 | |
| Photocopying | \$ - | | | |
| Printing | \$ - | | | |
| Program Supplies | \$ 19,000 | 14,000 | 5,000 | |
| Computer hardware/software | \$ - | | | |
| General Operating: | | | | |
| Training/Staff Development | \$ 1,000 | 1,000 | | |
| Insurance | \$ 3,000 | 3,000 | | |
| Professional License | \$ - | | | |
| Permits | \$ - | | | |
| Equipment Lease & Maintenance | \$ - | | | |
| Staff Travel: | | | | |
| Local Travel | \$ - | | | |
| Out-of-Town Travel | \$ 6,000 | 5,000 | 1,000 | |
| Field Expenses | \$ - | | | |
| Consultant/Subcontractor: | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | | | |
| (add more Consultant lines as necessary) | | | | |
| Other: | | | | |
| Van Expenses (gas, supplies, registration fees, tires, tolls, and other expenses associated with the legal and safe operation of the client services van) | \$ 18,000 | 13,000 | 5,000 | |
| | \$ - | | | |
| | \$ - | | | |

TOTAL OPERATING EXPENSE \$ 144,260 116,868 27,392 \$0

Indirect \$ 60,836 46,765 14,071

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

| | | | |
|--|---|-----------------------------|-------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): San Francisco Study Center | | Appendix/Page #: B-2 page 1 | |
| Provider Name: San Francisco Study Center | | Document Date: 7/1/2014 | |
| Provider Number: 38AA | | Fiscal Year: FY14-15 | |
| Program Name: San Francisco Mental Health Clients Rights Advocates | | | |
| Program Code (formerly Reporting Unit): N/A | | | |
| Mode/SFC (MH) or Modality (SA): 45/10-19 | | | |
| Service Description: MH Promotion | | 0 | 0 |
| | | TOTAL | |
| FUNDING TERM: 07/01/14-06/30/15 | | - | - |
| FUNDING USES | | | |
| Salaries & Employee Benefits: | 294,948 | | 294,948 |
| Operating Expenses: | 55,632 | | 55,632 |
| Capital Expenses (greater than \$5,000): | 0 | | 0 |
| Subtotal Direct Expenses: | 350,580 | 0 | 0 |
| Indirect Expenses: | 38,953 | | 38,953 |
| TOTAL FUNDING USES: | 389,533 | 0 | 0 |
| CBHS MENTAL HEALTH FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | |
| MH STATE - MH Realignment | HMHMCC730515 | 221,871 | 221,871 |
| MH COUNTY - General Fund | HMHMCC730515 | 167,662 | 167,662 |
| | | | 0 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 389,533 | - |
| TOTAL DPH FUNDING SOURCES | | 389,533 | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 389,533 | - |
| CBHS UNITS OF SERVICE AND UNIT COST | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | | |
| DPH Units of Service: | 9,173 | - | - |
| Unit Type: | Staff Hour | 0 | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 42.47 | 0.00 | 0.00 |
| Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 42.47 | 0.00 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | | | Total UDC: |
| Unduplicated Clients (UDC): | | | 500 |

DPH 3: Salaries & Benefits Detail

Program Code: N/A

Appendix/Page #: B-2 page 2

Program Name: San Francisco Mental Health Clients Rights Advocates

Document Date: 7/1/14

| | TOTAL | | MH STATE - MH Realignment and MH COUNTY - General Fund | | Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#) | | Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#) | |
|--------------------|-------------------|-------------------|--|----------------|---|------------|---|------------|
| Index Code: | | | HMHMCC730515 | | | | | |
| Term: | 07/01/14-06/30/15 | | 07/01/14-06/30/15 | | | | | |
| Position Title | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Executive Director | 0.10 | 9,333 | 0.10 | 9,333 | | | | |
| Program Director | 1.00 | 60,100 | 1.00 | 60,100 | | | | |
| Senior Advocate | 1.00 | 49,100 | 1.00 | 49,100 | | | | |
| Advocates | 2.80 | 132,100 | 2.80 | 132,100 | | | | |
| | 0.00 | \$ - | | | | | | |
| Totals: | 4.90 | \$ 250,633 | 4.90 | 250,633 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | |
|----------------------------------|-----|-----------|-----|--------|---------|--|---------|--|
| Employee Fringe Benefits: | 18% | \$ 44,315 | 18% | 44,315 | #DIV/0! | | #DIV/0! | |
|----------------------------------|-----|-----------|-----|--------|---------|--|---------|--|

TOTAL SALARIES & BENEFITS

\$ 294,948

294,948

\$0

\$0

DPH 4: Operating Expenses Detail

Program Code: N/A Appendix/Page #: B-2 page 3
 Program Name: San Francisco Mental Health Clients Rights Advocates
 Document Date: 7/1/14

| Expenditure Category | TOTAL | MH STATE - MH Realignment and MH COUNTY - General Fund | Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#) | Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#) |
|---|-------------------|---|--|--|
| Index Code: | | HMHMCC730515 | | |
| Term: | 07/01/14-06/30/15 | 07/01/14-06/30/15 | | |
| Occupancy: | | | | |
| Rent | \$ 35,484 | 35,484 | | |
| Utilities(telephone, electricity, water, gas) | \$ 4,200 | 4,200 | | |
| Building Repair/Maintenance | \$ - | | | |
| Materials & Supplies: | | | | |
| Office Supplies | \$ 10,000 | 10,000 | | |
| Photocopying | \$ - | | | |
| Printing | \$ - | | | |
| Program Supplies | \$ - | | | |
| Computer hardware/software | \$ - | | | |
| General Operating: | | | | |
| Training/Staff Development | \$ 1,948 | 1948 | | |
| Insurance | \$ 1,500 | 1500 | | |
| Professional License | \$ - | | | |
| Permits | \$ - | | | |
| Equipment Lease & Maintenance | \$ - | | | |
| Staff Travel: | | | | |
| Local Travel | \$ 2,500 | 2500 | | |
| Out-of-Town Travel | \$ - | | | |
| Field Expenses | \$ - | | | |
| Consultant/Subcontractor: | | | | |
| CONSULTANT/SUBCONTRACTOR (Consultant to be selected, IT and web consulting, hourly rate to be determined) (add more Consultant lines as necessary) | \$ - | | | |
| Other: | | | | |
| | \$ - | | | |
| | \$ - | | | |
| | \$ - | | | |
| TOTAL OPERATING EXPENSE | \$ 55,632 | 55,632 | \$0 | \$0 |
| Indirect | 38,953 | 38,953 | | |

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

| | | | | | | | |
|--|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): San Francisco Study Center | | | | | | | Appendix/Page #: B-3 page 1 |
| Provider Name: San Francisco Study Center | | | | | | | Document Date: 7/1/2014 |
| Provider Number: 38AA | | | | | | | Fiscal Year: FY14-15 |
| Program Name: | Peer & Intern Employment (PIE) | | | | | | |
| Program Code (formerly Reporting Unit): | N/A | N/A | N/A | N/A | N/A | N/A | |
| Mode/SFC (MH) or Modality (SA) | 60/78 | 60/78 | 60/78 | 60/78 | 60/78 | 60/78 | |
| Service Description: | Other Non-MediCal Client Support Exp | Other Non-MediCal Client Support Exp | Other Non-MediCal Client Support Exp | Other Non-MediCal Client Support Exp | Other Non-MediCal Client Support Exp | Other Non-MediCal Client Support Exp | TOTAL |
| FUNDING TERM: | 07/01/14-06/30/15 | 07/01/14-06/30/15 | 07/01/14-06/30/15 | 07/01/14-06/30/15 | 07/01/14-06/30/15 | 07/01/14-06/30/15 | |
| FUNDING USES | | | | | | | |
| Salaries & Employee Benefits: | 47,655 | 45,000 | 1,027,114 | 182,267 | 132,039 | 154,893 | \$ 1,588,968 |
| Operating Expenses: | 1,770 | 0 | 76,000 | 5,000 | 3,200 | 2,400 | \$ 88,370 |
| Capital Expenses (greater than \$5,000): | 0 | 0 | 0 | 0 | 0 | 0 | \$ - |
| Subtotal Direct Expenses: | 49,425 | 45,000 | 1,103,114 | 187,267 | 135,239 | 157,293 | \$ 1,677,338 |
| Indirect Expenses: | 5,492 | 5,000 | 124,048 | 20,808 | 15,027 | 17,477 | \$ 187,852 |
| TOTAL FUNDING USES: | 54,917 | 50,000 | 1,227,162 | 208,075 | 150,266 | 174,770 | \$ 1,865,190 |
| CBHS MENTAL HEALTH FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | | | | | |
| MH COUNTY - General Fund | HMHMCC730515 | 54,917 | | | | | \$ 54,917 |
| MH STATE - MHSA | HMHMPPROP63-PMHS63-1508 | | 50,000 | | | | \$ 50,000 |
| MH STATE - MHSA | HMHMPPROP63-PMHS63-1505 | | | 1,227,162 | | | \$ 1,227,162 |
| MH STATE - MHSA | HMHMPPROP63-PMHS63-1512 | | | | 208,075 | | \$ 208,075 |
| MH STATE - SAMHSA | HMHMRCGRANTS-HMM007-1505 | | | | | 150,266 | \$ 150,266 |
| MH STATE - SAMHSA | HMHMRCGRANTS-HMM007-1501 | | | | | 174,770 | \$ 174,770 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 54,917 | 50,000 | 1,227,162 | 208,075 | 150,266 | \$ 1,865,190 |
| TOTAL DPH FUNDING SOURCES | | 54,917 | 50,000 | 1,227,162 | 208,075 | 150,266 | \$ 1,865,190 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 54,917 | 50,000 | 1,227,162 | 208,075 | 150,266 | # \$ 1,865,190 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | CR | CR | CR | CR | CR | CR | |
| DPH Units of Service: | 3,388 | 1,872 | 42,010 | 6,065 | 7,469 | 8,162 | |
| Unit Type: | Staff Hour | Staff Hour | Staff Hour | Staff Hour | Staff Hour | Staff Hour | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 16.21 | 26.71 | 29.21 | 34.31 | 20.12 | 21.41 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 16.21 | 26.71 | 29.21 | 34.31 | 20.12 | 21.41 | |
| Published Rate (Medi-Cal Providers Only): | | | | | | | |
| Unduplicated Clients (UDC): | n/a | n/a | n/a | n/a | n/a | n/a | Total UDC: |

DPH 3: Salaries & Benefits Detail

Program Code: N/A
 Program Name: Peer & Intern Employment (PIE)
 Document Date: 7/1/14

Appendix/Page #: B-3 page 2

| | TOTAL | | MH COUNTY - General Fund | | MH STATE - MHSA | | MH STATE - MHSA | | MH STATE - MHSA | | MH STATE - SAMHSA | | MH STATE - SAMHSA | |
|----------------|-------------------|---------------------|-----------------------------|-----------------|----------------------------|-----------------|----------------------------|------------------|----------------------------|------------------|------------------------------|------------------|------------------------------|------------------|
| Index Code: | | | HMHMCC730515 | | HMHMPROP63- PMHS63-1508 | | HMHMPROP63- PMHS63-1505 | | HMHMPROP63- PMHS63-1512 | | HMHMRCGRANTS- HMM007-1505 | | HMHMRCGRANTS- HMM007-1501 | |
| Term: | 07/01/14-06/30/15 | | 07/01/14-06/30/15 | | 07/01/14-06/30/15 | | 07/01/14-06/30/15 | | 07/01/14-06/30/15 | | 07/01/14-06/30/15 | | 07/01/14-06/30/15 | |
| Position Title | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Peers | 36.65 | \$ 1,256,569 | 1.81 | 41,426 | 1.00 | 37,500 | 22.25 | 807,919 | 3.24 | 141,344 | 3.99 | 103,786 | 4.36 | 124,594 |
| | 0.00 | \$ - | | | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | | | |
| Totals: | 36.65 | \$ 1,256,569 | 1.81 | \$41,426 | 1.00 | \$37,500 | 22.25 | \$807,919 | 3.24 | \$141,344 | 3.99 | \$103,786 | 4.36 | \$124,594 |

| | | | | | | | | | | | | | | |
|----------------------------------|-----|-----------|-----|---------|-----|---------|-----|-----------|-----|----------|-----|----------|-----|----------|
| Employee Fringe Benefits: | 26% | \$332,399 | 15% | \$6,229 | 20% | \$7,500 | 27% | \$219,195 | 29% | \$40,923 | 27% | \$28,253 | 24% | \$30,299 |
|----------------------------------|-----|-----------|-----|---------|-----|---------|-----|-----------|-----|----------|-----|----------|-----|----------|

**TOTAL SALARIES &
BENEFITS**

\$ 1,588,968

\$47,655

\$45,000

\$1,027,114

\$182,267

\$132,039

\$154,893

DPH 4: Operating Expenses Detail

Program Code: N/A

Appendix/Page #: B-3 page 3

Program Name: Peer & Intern Employment (PIE)

Document Date: 7/1/14

| Expenditure Category | TOTAL | MH COUNTY - General Fund | MH STATE - MHSA | MH STATE - MHSA | MH STATE - SAMHSA | MH STATE - SAMHSA | MH STATE - MHSA |
|--|-------------------|-----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|------------------------------|
| Index Code: | | HMHMCC730515 | HMHMPROP63- PMHS63-1508 | HMHMPROP63- PMHS63-1505 | HMHMPROP63- PMHS63-1512 | HMHMRCGRANTS- HMM007-1505 | HMHMRCGRANTS- HMM007-1501 |
| Term: | 07/01/14-06/30/15 | 07/01/14-06/30/15 | 07/01/14-06/30/15 | 07/01/14-06/30/15 | 07/01/14-06/30/15 | 07/01/14-06/30/15 | 07/01/14-06/30/15 |
| Occupancy: | | | | | | | |
| Rent | \$ - | 0 | | | | | |
| Utilities(telephone, electricity, water, gas) | \$ - | 0 | | | | | |
| Building Repair/Maintenance | \$ - | 0 | | | | | |
| Materials & Supplies: | | | | | | | |
| Office Supplies | \$ 1,400 | 0 | | | | 1,000 | 400 |
| Photocopying | \$ - | | | | | | |
| Printing | \$ - | | | | | | |
| Program Supplies | \$ 3,700 | 0 | | 2,500 | | 1,200 | |
| Computer hardware/software | \$ - | | | | | | |
| General Operating: | | | | | | | |
| Training/Staff Development | \$ 9,000 | 0 | | 8,000 | | | 1000 |
| Insurance | \$ - | 0 | | | | | |
| Professional License | \$ - | | | | | | |
| Permits | \$ - | | | | | | |
| Equipment Lease & Maintenance | \$ - | | | | | | |
| Staff Travel: | | | | | | | |
| Local Travel | \$ 1,770 | 1,770 | | | | | |
| Out-of-Town Travel | \$ 2,500 | | | 2,500 | | | |
| Field Expenses | \$ - | | | | | | |
| Consultant/Subcontractor: | | | | | | | |
| Program Consultants TBD | \$ 1,000 | | | | | 1,000 | |
| Asian Neighborhood Design, Dates: 10/1/14-6/30/15, Hourly Rate and Amounts: various hourly rates and amounts for staff (\$85-\$150 based on need but not to exceed \$3800 Total), and the purchase of furniture for the Behavioral Health Wellness Center: \$14,200) - see copy of MOU | \$ 18,000 | | | 18,000 | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | | | | | | |
| Other: | | | | | | | |
| Program Expenses (meals for consumers to encourage participation in groups and events, incentives for consumer participation in community planning activities, and miscellaneous items such as fliers, buttons, pens, books, etc. for use at community-based wellness activities/events) | \$ 21,000 | | | 15,000 | 5,000 | | 1000 |
| Peer Stipends | \$ 30,000 | | | 30,000 | | | |
| | \$ - | | | | | | |
| TOTAL OPERATING EXPENSE | \$ 88,370 | 1,770 | 0 | 76,000 | 5,000 | 3,200 | 2,400 |
| Indirect | \$ 187,852 | 5,492 | 5,000 | 124,048 | 20,808 | 15,027 | 17,477 |

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

| | | | |
|--|---|--------------------------------------|----------------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): San Francisco Study Center | | Appendix/Page #: B-4 page 1 | |
| Provider Name: San Francisco Study Center | | Document Date: 7/1/2014 | |
| Provider Number: 38AA | | Fiscal Year: FY14-15 | |
| Program Name: | Fiscal Intermediary for Innovation | Fiscal Intermediary for Innovation | |
| Program Code (formerly Reporting Unit): | N/A | N/A | |
| Mode/SFC (MH) or Modality (SA) | 60/78 | 60/78 | |
| Service Description: | Other Non-MediCal Client Support Exp | Other Non-MediCal Client Support Exp | 0 |
| FUNDING TERM: | | 07/01/14-06/30/15 | 07/01/14-06/30/15 |
| FUNDING USES | | | |
| Salaries & Employee Benefits: | 394,620 | 30,000 | \$ 424,620 |
| Operating Expenses: | 21,680 | 28,500 | \$ 50,180 |
| Capital Expenses (greater than \$5,000): | 0 | | |
| Subtotal Direct Expenses: | 416,300 | 58,500 | 0 \$ 474,800 |
| Indirect Expenses: | 46,236 | 6,500 | \$ 52,736 |
| TOTAL FUNDING USES: | 462,536 | 65,000 | 0 \$ 527,536 |
| CBHS MENTAL HEALTH FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | |
| MH STATE - MHSA | HMHMPROP63-PMHS63-1513 | 462,536 | \$ 462,536 |
| MH STATE - MHSA | HMHMPROP63-PMHS63-1510 | | \$ 65,000 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 462,536 | 65,000 - \$ 527,536 |
| TOTAL DPH FUNDING SOURCES | | 462,536 | 65,000 - \$ 527,536 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 462,536 | 65,000 - \$ 527,536 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | CR | | |
| DPH Units of Service: | 12,318 | 936 | - |
| Unit Type: | Staff Hour | Staff Hour | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 37.55 | 69.44 | 0.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 37.55 | 69.44 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | n/a | | |
| Unduplicated Clients (UDC): | n/a | | Total UDC: |

DPH 3: Salaries & Benefits Detail

Program Code: N/A

Program Name: Fiscal Intermediary for Innovations

Document Date: 7/1/14

Appendix/Page #: B-4 page 2

| | TOTAL | | General Fund (Include all Funding Sources with this Index Code) | | MH STATE - MHSA | | MH STATE - MHSA | | Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#) | |
|----------------|-------------------|-------------------|---|------------|------------------------|------------------|------------------------|-----------------|--|------------|
| Index Code: | | | | | HMHMPROP63-PMHS63-1513 | | HMHMPROP63-PMHS63-1510 | | | |
| Term: | 07/01/13-06/30/14 | | 07/01/13-06/30/14 | | 07/01/13-06/30/14 | | | | | |
| Position Title | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Peers | 6.58 | \$ 300,995 | | | 6.58 | 300,995 | | | | |
| TAY-SF Staff | 0.50 | \$ 25,000 | | | | | 0.50 | 25,000 | | |
| | 0.00 | \$ - | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | |
| Totals: | 7.08 | \$ 325,995 | 0.00 | \$0 | 6.58 | \$300,995 | 0.50 | \$25,000 | 0.00 | \$0 |

| | | | | | | | | | | |
|----------------------------------|-----|----------|--|-----|-----|----------|-----|---------|--|--|
| Employee Fringe Benefits: | 30% | \$98,625 | | \$0 | 31% | \$93,625 | 20% | \$5,000 | | |
|----------------------------------|-----|----------|--|-----|-----|----------|-----|---------|--|--|

| | | | | | |
|--------------------------------------|-------------------|------------|------------------|-----------------|------------|
| TOTAL SALARIES & BENEFITS | \$ 424,620 | \$0 | \$394,620 | \$30,000 | \$0 |
|--------------------------------------|-------------------|------------|------------------|-----------------|------------|

DPH 4: Operating Expenses Detail

Program Code: N/A
 Program Name: Fiscal Intermediary for Innovations
 Document Date: 7/1/14

Appendix/Page #: B-4 page 3

| Expenditure Category | TOTAL | General Fund (Include all Funding Sources with this Index Code) | MH STATE - MHSA | MH STATE - MHSA | Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#) |
|--|-------------------|--|------------------------------------|------------------------------------|--|
| Index Code: | | | HMHMPROP63- PMHS63-1513 | HMHMPROP63- PMHS63-1510 | |
| Term: | 07/01/14-06/30/15 | | 07/01/14-06/30/15 | 07/01/14-06/30/15 | |
| Occupancy: | | | | | |
| Rent | \$ - | | | | |
| Utilities(telephone, electricity, water, gas) | \$ - | | | | |
| Building Repair/Maintenance | \$ - | | | | |
| Materials & Supplies: | | | | | |
| Office Supplies | \$ - | | | | |
| Photocopying | \$ - | | | | |
| Printing | \$ - | | | | |
| Program Supplies | \$ - | | | | |
| Computer hardware/software | \$ - | | | | |
| General Operating: | | | | | |
| Training/Staff Development | \$ 500 | | 500 | | |
| Insurance | \$ - | | | | |
| Professional License | \$ - | | | | |
| Permits | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | | | | |
| Staff Travel: | | | | | |
| Local Travel | \$ - | | | | |
| Out-of-Town Travel | \$ - | | | | |
| Field Expenses | \$ - | | | | |
| Consultant/Subcontractor: | | | | | |
| Innovation Grants Contractors TBD | \$ 15,000 | | 15,000 | | |
| Program Consultants TBD | \$ 1,180 | | 1,180 | | |
| Arab Cultural and Community Center (12 monthly dispersements at \$1,875 each to cover service expenses associated with the Arab Cultural Festival, the Arab Women's Conference, the Screening and Services given to Arab clients by ACCC staff members) | \$ 22,500 | | | 22,500 | |
| (add more Consultant lines as necessary) | | | | | |
| Other: | | | | | |
| Program Expenses (meals for consumers to encourage participation in groups and events, incentives for consumer participation in community planning activities, and miscellaneous items such as fliers, buttons, pens, books, etc. for use at community-based wellness activities/events) | \$ 11,000 | | 5,000 | 6,000 | |
| | \$ - | | | | |
| TOTAL OPERATING EXPENSE | \$ 50,180 | 0 | 21,680 | 28,500 | 0 |
| Indirect | \$ 52,736 | 0 | 46,236 | 6,500 | 0 |

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

| | | | |
|--|---|-----------------------------|-------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): San Francisco Study Center | | Appendix/Page #: B-5 page 1 | |
| Provider Name: San Francisco Study Center | | Document Date: 7/1/2014 | |
| Provider Number: 38AA | | Fiscal Year: FY14-15 | |
| Program Name: | Transitional Aged Youth SF | | |
| Program Code (formerly Reporting Unit): | N/A | | |
| Mode/SFC (MH) or Modality (SA) | 60/78 | | |
| Service Description: | Other Non-MediCal Client Support Exp | 0 | TOTAL |
| FUNDING TERM: | 07/01/14-06/30/15 | - | |
| FUNDING USES | | | |
| Salaries & Employee Benefits: | 20,000 | | \$ 20,000 |
| Operating Expenses: | 2,500 | | \$ 2,500 |
| Capital Expenses (greater than \$5,000): | 0 | | |
| Subtotal Direct Expenses: | 22,500 | 0 | \$ 22,500 |
| Indirect Expenses: | 2,500 | | \$ 2,500 |
| TOTAL FUNDING USES: | 25,000 | 0 | \$ 25,000 |
| CBHS MENTAL HEALTH FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | |
| MH WORK ORDER - Human Services Agency | HMHMATAYSFWO | 25,000 | \$ 25,000 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 25,000 | \$ 25,000 |
| TOTAL DPH FUNDING SOURCES | | 25,000 | \$ 25,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 25,000 | \$ 25,000 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | CR | | |
| DPH Units of Service: | 618 | - | - |
| Unit Type: | Staff Hour | 0 | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 40.45 | 0.00 | 0.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 40.45 | 0.00 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | n/a | | Total UDC: |
| Unduplicated Clients (UDC): | n/a | | |

DPH 3: Salaries & Benefits Detail

Program Code: N/A

Appendix/Page #: B-5 page 2

Program Name: Fiscal Intermediary for Transitional Aged Youth SF

Document Date: 7/1/14

| | TOTAL | | General Fund (Include all Funding Sources with this Index Code) | | MH WORK ORDER - Human Services Agency | | Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#) | | Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#) | |
|----------------|-------------------|-----------|---|----------|---------------------------------------|----------|--|----------|--|----------|
| Index Code: | | | | | HMHMATAYSFOW | | | | | |
| Term: | 07/01/14-06/30/15 | | | | 07/01/14-06/30/15 | | | | | |
| Position Title | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Peers | 0.33 | \$ 16,667 | | | 0.33 | 16,667 | | | | |
| | 0.00 | \$ - | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | |
| Totals: | 0.33 | \$ 16,667 | 0.00 | \$0 | 0.33 | \$16,667 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | |
|----------------------------------|-----|---------|--|-----|-----|---------|--|--|--|--|
| Employee Fringe Benefits: | 20% | \$3,333 | | \$0 | 20% | \$3,333 | | | | |
|----------------------------------|-----|---------|--|-----|-----|---------|--|--|--|--|

| | | | | | | | | | | |
|--------------------------------------|------------------|--|------------|--|-----------------|--|------------|--|------------|--|
| TOTAL SALARIES & BENEFITS | \$ 20,000 | | \$0 | | \$20,000 | | \$0 | | \$0 | |
|--------------------------------------|------------------|--|------------|--|-----------------|--|------------|--|------------|--|

DPH 4: Operating Expenses Detail

Program Code: N/A

Appendix/Page #: B-5 page 3

Program Name: Fiscal Intermediary for Transitional Aged Youth SF

Document Date: 7/1/14

| Expenditure Category | TOTAL | General Fund (Include all Funding Sources with this Index Code) | MH WORK ORDER - Human Services Agency | | |
|---|-------------------|--|---|-------------------|----------|
| Index Code: | | | HMMMATAYSFWO | | |
| Term: | 07/01/13-06/30/14 | 07/01/13-06/30/14 | 07/01/13-06/30/14 | 07/01/13-06/30/14 | |
| Occupancy: | | | | | |
| Rent | \$ - | | | | |
| Utilities(telephone, electricity, water, gas) | \$ - | | | | |
| Building Repair/Maintenance | \$ - | | | | |
| Materials & Supplies: | | | | | |
| Office Supplies | \$ - | | | | |
| Photocopying | \$ - | | | | |
| Printing | \$ - | | | | |
| Program Supplies | \$ - | | | | |
| Computer hardware/software | \$ - | | | | |
| General Operating: | | | | | |
| Training/Staff Development | \$ - | | | | |
| Insurance | \$ - | | | | |
| Professional License | \$ - | | | | |
| Permits | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | | | | |
| Staff Travel: | | | | | |
| Local Travel | \$ - | | | | |
| Out-of-Town Travel | \$ - | | | | |
| Field Expenses | \$ - | | | | |
| Consultant/Subcontractor: | | | | | |
| | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary) | \$ - | | | | |
| Other: | | | | | |
| Meeting Expenses | \$ 2,000 | | 2,000 | | |
| Membership Fees | \$ 500 | | 500 | | |
| TOTAL OPERATING EXPENSE | \$ 2,500 | 0 | 2,500 | 0 | 0 |
| Indirect | \$ 2,500 | 0 | 2,500 | | 0 |

Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum ("Addendum") supplements and is made a part of the contract ("Contract") by and between the City and County of San Francisco, Covered Entity ("CE") and Contractor, Business Associate ("BA").

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

In consideration of the mutual promises below and the exchange of information pursuant to this Addendum, the parties agree as follows:

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402].
- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
- h. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past,

present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].

- l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
 - m. **Security Incident** shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
 - n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - o. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall use Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2) and 164.504(e)(4)(i)].
 - b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, suspected breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. m. of the Addendum, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)].
 - c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Addendum, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.

- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards to prevent the use or disclosure of Protected Information other than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.308, 164.310, and 164.312. [45 C.F.R. Section 164.504(e)(2)(ii)(B); 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316. [42 U.S.C. Section 17931]
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such Protected Information and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six(6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. If a patient submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five(5) calendar days.
- g. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- h. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- i. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- j. **Notification of Possible Breach.** BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of Protected Information; any use or disclosure of

Protected Information not permitted by the Contract or Addendum; any security incident (i.e., any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system) related to Protected Information, and any actual or suspected use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual who unsecured Protected Information has been, or is reasonably believed by the business associate to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. (This provision should be negotiated.) [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

k. **Breach Pattern or Practice by Business Associate's Subcontractors and Agents.**

Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(ii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or Addendum or other arrangement within five (5) days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. **Termination**

a. **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].

b. **Judicial or Administrative Proceedings.** CE may terminate the Contract, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Addendum to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(ii)(2)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. **Disclaimer**

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law

provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days.

Appendix F
Invoice

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

Appendix F
PAGE A

Control Number

Contractor : San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel No.: (415) 626-1650

Fax No.: (415) 626-7276

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER :

M01 JL 14

Cl.Blanket No.: BPHM

TBD

User Cd

Cl. PO No.: POHM

TBD

Fund Source:

General Fund, MH Realignment

Invoice Period :

July 2014

Final Invoice:

(Check if Yes)

ACE Control Number:

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

*Unduplicated Counts for AIDS Use Only.

| DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only) | Total Contracted | | Delivered THIS PERIOD | | Unit Rate | AMOUNT DUE | Delivered to Date | | % of TOTAL | | Remaining Deliverables | |
|--|------------------|---------|-----------------------|---------|---------------|------------|-------------------|---------|-------------|---------|------------------------|---------|
| | UOS | CLIENTS | UOS | CLIENTS | | | UOS | CLIENTS | UOS | CLIENTS | UOS | CLIENTS |
| B-1 Office of Self Help - HHMCC730515 | | | | | | | | | | | | |
| 45/ 10 - 19 MH Promotion | 10,627 | | | | \$ 44.01 | \$ - | 0.000 | | 0.00% | | 10,627.000 | |
| B-2 SF Mental Health Clients Rights Advocates PC# - 38AASC | | | | | | | | | | | | |
| 45/ 10 - 19 MH Promotion | 9,173 | | | | \$ 42.47 | \$ - | 0.000 | | 0.00% | | 9,173.000 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| TOTAL | 19,800 | | 0.000 | | | | 0.000 | | 0.00% | | 19,800.000 | |
| | Budget Amount | | | | \$ 857,184.00 | | Expenses To Date | | % of Budget | | Remaining Budget | |
| | | | | | | | \$ - | | 0.00% | | \$ 857,184.00 | |

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

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:

Community Programs 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: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

M02 JL 14

Ct. Blanket No.: BPHM

TBD

User Cd

Ct. PO No.: POHM

TBD

Fund Source:

MH State - MHSA

Invoice Period:

July 2014

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-3 Peer & Intern Employment (PIE) - HMHMPROP63-PMHS63-1508 | | | | | | | | | | | | |
| 60/ 78 Other Non-Medical Client | 1,872 | | | | - | | 0% | | 1,872 | | 100% | |
| Support Exp | | | | | | | | | | | | |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|---------------------|----------------------|------------------|--------------|---------------------|
| Total Salaries | \$ 37,500.00 | \$ - | \$ - | 0.00% | \$ 37,500.00 |
| Fringe Benefits | \$ 7,500.00 | \$ - | \$ - | 0.00% | \$ 7,500.00 |
| Total Personnel Expenses | \$ 45,000.00 | \$ - | \$ - | 0.00% | \$ 45,000.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ - | \$ - | \$ - | 0.00% | \$ - |
| General Operating | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Staff Travel | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Consultant/Subcontractor | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Other: Peer Stipends | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Total Operating Expenses | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 45,000.00 | \$ - | \$ - | 0.00% | \$ 45,000.00 |
| Indirect Expenses | \$ 5,000.00 | \$ - | \$ - | 0.00% | \$ 5,000.00 |
| TOTAL EXPENSES | \$ 50,000.00 | \$ - | \$ - | 0.00% | \$ 50,000.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul 1stAmendment1 02-12

Prepared: 2/12/2015

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

Appendix F
PAGE A

Control Number

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M03 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH State - MHSA

Invoice Period: July 2014

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-4 Fiscal Intermediary for Innovation - HMHMPROP63-PMHS63-1513 | | | | | | | | | | | | |
| 60/ 78 Other Non-Medical | 12,318 | | | | - | | 0% | | 12,318 | | 100% | |
| Client Support Exp | | | | | | | | | | | | |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries | \$ 300,995.00 | \$ - | \$ - | 0.00% | \$ 300,995.00 |
| Fringe Benefits | \$ 93,625.00 | \$ - | \$ - | 0.00% | \$ 93,625.00 |
| Total Personnel Expenses | \$ 394,620.00 | \$ - | \$ - | 0.00% | \$ 394,620.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ - | \$ - | \$ - | 0.00% | \$ - |
| General Operating | \$ 500.00 | \$ - | \$ - | 0.00% | \$ 500.00 |
| Staff Travel | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Consultant/Subcontractor | \$ 16,180.00 | \$ - | \$ - | 0.00% | \$ 16,180.00 |
| Other: Program Expenses | \$ 5,000.00 | \$ - | \$ - | 0.00% | \$ 5,000.00 |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Total Operating Expenses | \$ 21,680.00 | \$ - | \$ - | 0.00% | \$ 21,680.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 416,300.00 | \$ - | \$ - | 0.00% | \$ 416,300.00 |
| Indirect Expenses | \$ 46,236.00 | \$ - | \$ - | 0.00% | \$ 46,236.00 |
| TOTAL EXPENSES | \$ 462,536.00 | \$ - | \$ - | 0.00% | \$ 462,536.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs 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: **San Francisco Study Center**

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

M04 JL 14

Ct. Blanket No.: BPHM

TBD

User Cd

Ct. PO No.: POHM

TBD

Fund Source:

MH State - MHSA

Invoice Period:

July 2014

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-4 Fiscal Intermediary for Innovation - HMHMPROP63-PMHS63-1510 | | | | | | | | | | | | |
| 60/ 78 Other Non-Medical Client | 936 | | | | - | | 0% | | 936 | | 100% | |
| Support Exp | | | | | | | | | | | | |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|---------------------|----------------------|------------------|--------------|---------------------|
| Total Salaries | \$ 25,000.00 | \$ - | \$ - | 0.00% | \$ 25,000.00 |
| Fringe Benefits | \$ 5,000.00 | \$ - | \$ - | 0.00% | \$ 5,000.00 |
| Total Personnel Expenses | \$ 30,000.00 | \$ - | \$ - | 0.00% | \$ 30,000.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ - | \$ - | \$ - | 0.00% | \$ - |
| General Operating | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Staff Travel | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Consultant/Subcontractor | \$ 22,500.00 | \$ - | \$ - | 0.00% | \$ 22,500.00 |
| Other: Program Expenses | \$ 6,000.00 | \$ - | \$ - | 0.00% | \$ 6,000.00 |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Total Operating Expenses | \$ 28,500.00 | \$ - | \$ - | 0.00% | \$ 28,500.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 58,500.00 | \$ - | \$ - | 0.00% | \$ 58,500.00 |
| Indirect Expenses | \$ 6,500.00 | \$ - | \$ - | 0.00% | \$ 6,500.00 |
| TOTAL EXPENSES | \$ 65,000.00 | \$ - | \$ - | 0.00% | \$ 65,000.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul 1stAmendment1 02-12

Prepared: 2/12/2015

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

Appendix F
PAGE A

Control Number

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M05 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD User Cd

Fund Source: MH State - MHSA

Invoice Period: July 2014

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-3 Peer & Intern Employment (PIE) - HMHMPROP63-PMHS63-1505 | | | | | | | | | | | | |
| 60/ 78 Other Non-Medical | 42,010 | | | | - | | 0% | | 42,010 | | 100% | |
| Client Support Exp | | | | | | | | | | | | |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|------------------------|----------------------|------------------|--------------|------------------------|
| Total Salaries | \$ 807,919.00 | \$ - | \$ - | 0.00% | \$ 807,919.00 |
| Fringe Benefits | \$ 219,195.00 | \$ - | \$ - | 0.00% | \$ 219,195.00 |
| Total Personnel Expenses | \$ 1,027,114.00 | \$ - | \$ - | 0.00% | \$ 1,027,114.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ 2,500.00 | \$ - | \$ - | 0.00% | \$ 2,500.00 |
| General Operating | \$ 8,000.00 | \$ - | \$ - | 0.00% | \$ 8,000.00 |
| Staff Travel | \$ 2,500.00 | \$ - | \$ - | 0.00% | \$ 2,500.00 |
| Consultant/Subcontractor | \$ 18,000.00 | \$ - | \$ - | 0.00% | \$ 18,000.00 |
| Other: Peer Stipends, Program Expenses | \$ 45,000.00 | \$ - | \$ - | 0.00% | \$ 45,000.00 |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Total Operating Expenses | \$ 76,000.00 | \$ - | \$ - | 0.00% | \$ 76,000.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 1,103,114.00 | \$ - | \$ - | 0.00% | \$ 1,103,114.00 |
| Indirect Expenses | \$ 124,048.00 | \$ - | \$ - | 0.00% | \$ 124,048.00 |
| TOTAL EXPENSES | \$ 1,227,162.00 | \$ - | \$ - | 0.00% | \$ 1,227,162.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Community Programs 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: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

M06 JL 14

Ct. Blanket No.: BPHM

TBD

User Cd

Ct. PO No.: POHM

TBD

Fund Source:

General Fund

Invoice Period:

July 2014

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-3 Peer & Intern Employment (PIE) - HMHMCC730515 | | | | | | | | | | | | |
| 60/ 78 Other Non-Medical Client | 3,388 | | | | - | | 0% | | 3,388 | | 100% | |
| Support Exp | | | | | | | | | | | | |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|---------------------|----------------------|------------------|--------------|---------------------|
| Total Salaries | \$ 41,426.00 | \$ - | \$ - | 0.00% | \$ 41,426.00 |
| Fringe Benefits | \$ 6,229.00 | \$ - | \$ - | 0.00% | \$ 6,229.00 |
| Total Personnel Expenses | \$ 47,655.00 | \$ - | \$ - | 0.00% | \$ 47,655.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ - | \$ - | \$ - | 0.00% | \$ - |
| General Operating | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Staff Travel | \$ 1,770.00 | \$ - | \$ - | 0.00% | \$ 1,770.00 |
| Consultant/Subcontractor | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Other: Brochures, Moving Expenses | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Total Operating Expenses | \$ 1,770.00 | \$ - | \$ - | 0.00% | \$ 1,770.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 49,425.00 | \$ - | \$ - | 0.00% | \$ 49,425.00 |
| Indirect Expenses | \$ 5,492.00 | \$ - | \$ - | 0.00% | \$ 5,492.00 |
| TOTAL EXPENSES | \$ 54,917.00 | \$ - | \$ - | 0.00% | \$ 54,917.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| | | | | | |
| 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Community Programs 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: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

M07 JL 14

Ct. Blanket No.: BPHM

TBD

User Cd

Ct. PO No.: POHM

TBD

Fund Source:

MH State - SAMHSA

Invoice Period:

July 2014

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-3 Peer & Interm Employment (PIE) - HMHMRGRANTS-HMM007-1505 | | | | | | | | | | | | |
| 60/ 78 Other Non-Medical | 7,469 | | | | - | | 0% | | 7,469 | | 100% | |
| Client Support Exp | | | | | | | | | | | | |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries | \$ 103,786.00 | \$ - | \$ - | 0.00% | \$ 103,786.00 |
| Fringe Benefits | \$ 28,253.00 | \$ - | \$ - | 0.00% | \$ 28,253.00 |
| Total Personnel Expenses | \$ 132,039.00 | \$ - | \$ - | 0.00% | \$ 132,039.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ 2,200.00 | \$ - | \$ - | 0.00% | \$ 2,200.00 |
| General Operating | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Staff Travel | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Consultant/Subcontractor | \$ 1,000.00 | \$ - | \$ - | 0.00% | \$ 1,000.00 |
| Other: Program Expenses | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Total Operating Expenses | \$ 3,200.00 | \$ - | \$ - | 0.00% | \$ 3,200.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 135,239.00 | \$ - | \$ - | 0.00% | \$ 135,239.00 |
| Indirect Expenses | \$ 15,027.00 | \$ - | \$ - | 0.00% | \$ 15,027.00 |
| TOTAL EXPENSES | \$ 150,266.00 | \$ - | \$ - | 0.00% | \$ 150,266.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Community Programs Budget/ Invoice Analyst
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M09 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH State - MHSA

Invoice Period: July 2014

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-3 Peer & Intern Employment (PIE) - HMHMPROP63-PMHS63-1512 | | | | | | | | | | | | |
| 60/ 78 Other Non-Medical Client | 6,065 | | | | - | | 0% | | 6,065 | | 100% | |
| Support Exp | | | | | | | | | | | | |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|----------------------------------|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries | \$ 141,344.00 | \$ - | \$ - | 0.00% | \$ 141,344.00 |
| Fringe Benefits | \$ 40,923.00 | \$ - | \$ - | 0.00% | \$ 40,923.00 |
| Total Personnel Expenses | \$ 182,267.00 | \$ - | \$ - | 0.00% | \$ 182,267.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ - | \$ - | \$ - | 0.00% | \$ - |
| General Operating | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Staff Travel | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Consultant/Subcontractor | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Other: Program Expenses | \$ 5,000.00 | \$ - | \$ - | 0.00% | \$ 5,000.00 |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Total Operating Expenses | \$ 5,000.00 | \$ - | \$ - | 0.00% | \$ 5,000.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 187,267.00 | \$ - | \$ - | 0.00% | \$ 187,267.00 |
| Indirect Expenses | \$ 20,808.00 | \$ - | \$ - | 0.00% | \$ 20,808.00 |
| TOTAL EXPENSES | \$ 208,075.00 | \$ - | \$ - | 0.00% | \$ 208,075.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul 1stAmendment1 02-12

Prepared: 2/12/2015

8

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

Appendix F
PAGE A

Control Number

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

M13 JL 14

Ct. Blanket No.: BPHM

TBD

User Cd

Ct. PO No.: POHM

TBD

Fund Source:

MH State - SAMHSA

Invoice Period:

July 2014

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-3b Peer & Intern Employment - HMMHRCGRANTS-HMM007-1501 | | | | | | | | | | | | |
| 60/ 78 Other Non-Medical | 8,162 | | | | - | | 0% | | 8,162 | | 100% | |
| Client Support Exp | | | | | | | | | | | | |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries | \$ 124,594.00 | \$ - | \$ - | 0.00% | \$ 124,594.00 |
| Fringe Benefits | \$ 30,299.00 | \$ - | \$ - | 0.00% | \$ 30,299.00 |
| Total Personnel Expenses | \$ 154,893.00 | \$ - | \$ - | 0.00% | \$ 154,893.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ 400.00 | \$ - | \$ - | 0.00% | \$ 400.00 |
| General Operating | \$ 1,000.00 | \$ - | \$ - | 0.00% | \$ 1,000.00 |
| Staff Travel | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Consultant/Subcontractor | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Other: Program Expenses | \$ 1,000.00 | \$ - | \$ - | 0.00% | \$ 1,000.00 |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Total Operating Expenses | \$ 2,400.00 | \$ - | \$ - | 0.00% | \$ 2,400.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 157,293.00 | \$ - | \$ - | 0.00% | \$ 157,293.00 |
| Indirect Expenses | \$ 17,477.00 | \$ - | \$ - | 0.00% | \$ 17,477.00 |
| TOTAL EXPENSES | \$ 174,770.00 | \$ - | \$ - | 0.00% | \$ 174,770.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

| | |
|----------------------|------|
| Authorized Signatory | Date |
|----------------------|------|

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

Appendix F
PAGE A

Control Number

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M15 JL 14

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH State - MHSA

Invoice Period: July 2014

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 Office of Self-Help - HMHMPROP63-PMHS63-1505 | | | | | | | | | | | | |
| 45/ 10 - 19 MH Promotion | 1,987 | | | | - | - | 0% | #DIV/0! | 1,987 | - | 100% | #DIV/0! |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries | \$ 79,796.00 | \$ - | \$ - | 0.00% | \$ 79,796.00 |
| Fringe Benefits | \$ 19,446.00 | \$ - | \$ - | 0.00% | \$ 19,446.00 |
| Total Personnel Expenses | \$ 99,242.00 | \$ - | \$ - | 0.00% | \$ 99,242.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ 14,892.00 | \$ - | \$ - | 0.00% | \$ 14,892.00 |
| Materials and Supplies | \$ 6,500.00 | \$ - | \$ - | 0.00% | \$ 6,500.00 |
| General Operating | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Staff Travel | \$ 1,000.00 | \$ - | \$ - | 0.00% | \$ 1,000.00 |
| Other: Van Expenses | \$ 5,000.00 | \$ - | \$ - | 0.00% | \$ 5,000.00 |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Total Operating Expenses | \$ 27,392.00 | \$ - | \$ - | 0.00% | \$ 27,392.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 126,634.00 | \$ - | \$ - | 0.00% | \$ 126,634.00 |
| Indirect Expenses | \$ 14,071.00 | \$ - | \$ - | 0.00% | \$ 14,071.00 |
| TOTAL EXPENSES | \$ 140,705.00 | \$ - | \$ - | 0.00% | \$ 140,705.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| | | | | | |
| 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Community Program Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul 1st Amendment 02-12

Prepared: 2/12/2015

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

Appendix F
PAGE A

Control Number

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M16 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH Work Order - HSA

Invoice Period: July 2014

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-5 Transitional Aged Youth SF - HHMATAYSFOW | | | | | | | | | | | | |
| 60/ 78 Other Non-Medical Client Supp Exp | 618 | | | | - | - | 0% | #DIV/0! | 618 | - | 100% | #DIV/0! |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|---------------------|----------------------|------------------|--------------|---------------------|
| Total Salaries | \$ 16,667.00 | \$ - | \$ - | 0.00% | \$ 16,667.00 |
| Fringe Benefits | \$ 3,333.00 | \$ - | \$ - | 0.00% | \$ 3,333.00 |
| Total Personnel Expenses | \$ 20,000.00 | \$ - | \$ - | 0.00% | \$ 20,000.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ - | \$ - | \$ - | 0.00% | \$ - |
| General Operating | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Staff Travel | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Other: Meeting Expenses and Membership Fee | \$ 2,500.00 | \$ - | \$ - | 0.00% | \$ 2,500.00 |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Total Operating Expenses | \$ 2,500.00 | \$ - | \$ - | 0.00% | \$ 2,500.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 22,500.00 | \$ - | \$ - | 0.00% | \$ 22,500.00 |
| Indirect Expenses | \$ 2,500.00 | \$ - | \$ - | 0.00% | \$ 2,500.00 |
| TOTAL EXPENSES | \$ 25,000.00 | \$ - | \$ - | 0.00% | \$ 25,000.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Community Program Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2014

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 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
Calender-Robinson Company, Inc.
FB0267063
300 Montgomery St., Suite 888
San Francisco CA 94104

CONTACT NAME: Katherine Berkman

PHONE (A/C, No. Ext): (415) 978-3800

FAX (A/C, No): (415) 978-3825

E-MAIL ADDRESS: kberkman@calrob.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Nonprofits' Insurance Alliance

INSURER B: United Financial Casualty Co.

INSURER C: North American Elite Insurance 29700A

INSURER D: Hartford Fire Insurance Co.

INSURER E:

INSURER F:

INSURED
San Francisco Study Center, Inc.
1663 Mission Street
Suite 504
San Francisco CA 94103

COVERAGES

CERTIFICATE NUMBER: CL1442910652

REVISION NUMBER:

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|--------------------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | 2014-03427-NPO | 4/22/2014 | 4/22/2015 | MED EXP (Any one person) \$ 20,000 |
| | <input checked="" type="checkbox"/> Liquor Liability @ \$1M | | | Includes severability of | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input checked="" type="checkbox"/> Professional Lia @ \$1M | | | Interest clause | | | GENERAL AGGREGATE \$ 3,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | \$ |
| B | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | 04471075-9 | 5/11/2014 | 5/11/2015 | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | \$ |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/A | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| C | Primary Fidelity | | | CWB0000495-12 | 4/22/2014 | 4/22/2015 | Each claim - primary \$ 100,000 |
| D | Excess Fidelity | | | 57BDDAR9215 | 4/10/2014 | 4/10/2015 | Each claim - excess \$ 300,000 |

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

Certificate holder is included as additional insured as per the attached endorsement

CERTIFICATE HOLDER

City & Co. of San Francisco, its officers
agents & employees
Attn: Derek Smith
30 Van Ness Avenue \$2300
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

Named Insured: San Francisco Study Center

Policy: 2014-03427-NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your on-going operations; or
- B. In connection with your premises owned by or rented to you

CALENDER ROBINSON CO
300 MONTGOMERY STE888
SAN FRANCISCO, CA 94104

PROGRESSIVE®

CONTRACTS OFFICE
1380 HOWARD ST
SAN FRANCISCO, CA 94102

Policy number: 04471075-6

Underwritten by:
United Financial Casualty Company
Insured: SAN FRANCISCO STUDY CTR
May 9, 2014
Policy Period: May 11, 2014 - May 11, 2015

Mailing Address

United Financial Casualty Company
PO Box 94739
Cleveland, OH 44101

Additional insured endorsement

1-800-444-4487

For customer service, 24 hours a day,
7 days a week

Name of Person or Organization

CONTRACTS OFFICE
1380 HOWARD ST
SAN FRANCISCO, CA 94102

The person or organization named above is an **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to said **insured** only as a person **liable** for the conduct of another **insured** and then only to the extent of that liability. **We** also agree with **you** that insurance provided by this endorsement will be **primary** for any power unit specifically described on the **Declarations Page**.

Limit of Liability

| | |
|--------------------|----------------------------------|
| Bodily Injury | Not applicable |
| Property Damage | Not applicable |
| Combined Liability | \$1,000,000 each accident |

All other terms, limits and provisions of this policy remain unchanged.

This endorsement applies to Policy Number: 04471075-6

Issued to (Name of Insured): SAN FRANCISCO STUDY CTR

Effective date of endorsement: 05/11/2014

Policy expiration date: 05/11/2015

Form 1198 (01/04)



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 02-04-2015

GROUP:
 POLICY NUMBER: 1847716-2014
 CERTIFICATE ID: 37
 CERTIFICATE EXPIRES: 11-28-2015
 11-28-2014/11-28-2015

CITY & COUNTY OF SAN FRANCISCO
 OFFICE OF CONTRACT MANAGEMENT
 1380 HOWARD ST RM 442
 SAN FRANCISCO CA 94103-2638

NA

JOB: ALL CALIFORNIA OPERATIONS

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

A handwritten signature in black ink, appearing to read "Karl R. LaRue".

Authorized Representative

A handwritten signature in black ink, appearing to read "Vance Steiner".

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2570 ENTITLED WAIVER OF SUBROGATION EFFECTIVE 2015-02-04 IS
 ATTACHED TO AND FORMS A PART OF THIS POLICY. THIRD PARTY NAME:
 CITY & COUNTY OF SAN FRANCISCO

EMPLOYER

SAN FRANCISCO STUDY CENTER, INC. AND (A NA
 NON-PROFIT CORP.)
 1663 MISSION ST STE 504
 SAN FRANCISCO CA 94103

[FBC,NB]

WAIVER OF SUBROGATION NOTICE

Enclosed is your copy of a certificate of insurance on which the certificate holder required a waiver of subrogation:

1. Please be advised that a waiver of subrogation requires that a 3% surcharge will be applied by State Fund ONLY to the premium assessed on the payroll of your employees earned while engaged in work for that certificate holder who requested the waiver. (Note: if you have no employee payroll on that job, then there is no charge.)
2. To apply the 3% surcharge, you must also agree to maintain accurately segregated payroll records for employees engaged in work on job/s for the certificate holder who has the waiver. The payroll records are subject to verification by an auditor.

Example:

| | |
|---------------------------|----------------------------|
| Payroll for job: | \$5,000.00 |
| Sample Rate: | 13.30% |
| | ----- |
| Regular Premium equals: | \$ 665.00 |
| Surcharge: | 3.00% |
| | ----- |
| Additional Waiver charge: | \$ 19.95 |
| Total premium equals | \$ 684.95 (665.00 + 19.95) |