

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

**Second Amendment**

THIS AMENDMENT (this "Amendment") is made as of July 1, 2014 in San Francisco, California, by and between **Regents of the University of California San Francisco** ("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, the Department of Public Health, Community Behavioral Health Services ("Department") wishes to provide mental health and substance abuse services; and,

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to add Appendices A and B, increase compensation and update standard contractual clauses; and

WHEREAS, a Request for Proposal ("RFP") RFP-23-2009 was issued on September 25, 2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4151 09/10 on June 21, 2010;

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

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

**a. Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010, Contract Number BPHM11000058 between Contractor and City, as amended by the First Amendment, Contract Numbers BPHM11000058, DPHM12000133 and this Second Amendment.

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

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

**a. Section 3 of the Agreement currently reads as follows:**

**3. Effective Date of Agreement**

This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

**Section 3 is hereby amended in its entirety to read as follows:**

### 3. Effective Date of Agreement

This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing. However, City shall pay for services performed from the beginning date of the term of the Agreement upon certification of the Controller of the availability of funds.

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

### 5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of 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 **Thirty Seven Million One Hundred Thirty Eight Thousand, Eighty Dollars (\$37,138,080)**. 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.

Section 5 is hereby amended in its entirety to read as follows:

### 5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for works 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 **Twenty Four Million Nine Hundred Sixty Two Thousand Eight Hundred Fifteen Dollars (\$24,962,815)**. 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.

#### c. Section 8 is hereby amended 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.

d. **Section 10 is hereby amended in its entirety to read as follows:**

**10. Taxes**

a. Payment, as applicable, of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Nothing in that paragraph shall be interpreted as a waiver of any immunities or defenses that Contractor may otherwise have.

b. Without waiving its rights afforded to it as a California Constitutional Corporation, Contractor states as follows: Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

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

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

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

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

e. **Section 11 is hereby amended in its entirety to read as follows:**

**11. Payment Does Not Imply Acceptance of Work**

The payment by City for Services under this Agreement, or the receipt of payment thereof by Contractor, shall in no way affect the obligation of Contractor to perform the Services set forth in **Appendix A** of this Agreement, nor does it preclude City from seeking any available legal remedy should Contractor fail to perform such Services.

f. **Section 12 is hereby amended in its entirety to read as follows:**

**12. Qualified Personnel**

Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. To the extent possible, Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

g. **Section 13 is hereby amended in its entirety to read as follows:**

**13. Responsibility for Equipment**

a. City shall not be responsible for any damage to persons or property to the extent it is a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City, while such equipment is in the sole care, custody, and control of Contractor.

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

h. **Section 14 is hereby amended in its entirety to read as follows:**

**14. Independent Contractor; Payment of Taxes and Other Expenses**

**a. Independent Contractor**

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

of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

**b. Payment of Taxes and Other Expenses.**

Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorney's fees, arising from this section, but only in proportion and to the extent such claims, losses, costs, damages, and expenses, including attorney's fees, are caused by or result from the negligent or intentional acts or omissions of Contractor, its officers, agents or employees.

**i. Section 15 is hereby amended in its entirety to read as follows:**

**15. Insurance**

Contractor and City agree that each party will maintain in force, throughout the term of this Agreement, a program of insurance and/or self-insurance of sufficient scope and amount to permit each party to discharge promptly any obligations each incurs by operation of this Agreement. A certificate of insurance is not required from either party. In the event an insurance waiver is required or approved, it shall be attached hereto as Appendix C.

**j. Section 16 is hereby amended in its entirety to read as follows:**

**16. Indemnification**

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

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

**k. Section 17 is hereby amended in its entirety to read as follows:**

**17. Incidental and Consequential Damages - Deleted by agreement of the parties.**

**l. Section 18 is hereby amended in its entirety to read as follows:**

**18. Liability of City - Deleted by agreement of the parties.**

**m. Section 19 is hereby amended in its entirety to read as follows:**

**19. Liquidated Damages - Deleted by agreement of the parties.**

**n. Section 21 is hereby amended in its entirety to read as follows:**

**21. Termination for Convenience**

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

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

(1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.

(2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

(3) Terminating all existing orders and subcontracts.

(4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.

(7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

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

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

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

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

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

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

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; and (2) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d).

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

o. **Section 22 is hereby amended in its entirety to read as follows:**

## **22. Rights and Duties upon Termination or Expiration**

a. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement: 8 through 11, 13 through 18, 24, 26, 27, 28, 48 through 52, 56, 57, 64 and item 1 of **Appendix D** (HIPAA) attached to this Agreement.

b. Subject to the immediately preceding subsection (a), upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. When all payments due under this Agreement to the time of termination, less those legally withheld, if any, have



been paid by City to Contractor, Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired as required pursuant to this Agreement or acquired with funding provided under this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

p. Section 24 is hereby amended in its entirety to read as follows:

**24. Proprietary or Confidential Information of City**

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

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

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

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

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



q. Section 25 is hereby amended in its entirety to read as follows:

**25. Notices to the Parties**

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

To CITY: Office of Contract Management Fax: (415) 252-3088  
Department of Public Health  
1380 Howard Street Fourth Floor  
San Francisco, California 94102  
David Folmar email: David.Folmar@sfdph.org

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

And: Joti Mahal-Gill Fax: (415) 476 - 9634  
Principal Contact  
3333 California Street, Suite 315  
San Francisco, CA 94143-0962  
(if overnight, use zip code 94118)  
[navjot.mahal-gill@ucsf.edu](mailto:navjot.mahal-gill@ucsf.edu)

PAYMENTS: Payee: "The Regents of the University of California"  
Mail to:  
Mail Remittance Cashier  
Accounting Office  
University of California, San Francisco  
  
1855 Folsom Street, Suite 425  
San Francisco, CA 94143-0815  
(if overnight, use zip code 94103)

Any notice of default must be sent by registered mail.

r. Section 26 is hereby amended in its entirety to read as follows:

**26. Ownership of Results**

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

non-exclusive, royalty-free, worldwide license to use such Materials for scholarly or academic purposes when Contractor owns the results. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

s. **Section 27 is hereby amended in its entirety to read as follows:**

**27. Works for Hire**

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

t. **Section 29 is hereby amended in its entirety to read as follows:**

**29. Subcontracting**

a. Services rendered by the Contractor pursuant to this Agreement may be carried out under subcontracts. All such subcontracts shall be in writing and shall abide by such federal, state and local laws and regulations as pertain to this Agreement. No subcontract shall terminate the legal responsibilities of the Contractor to the City to ensure that all activities under this Agreement shall be carried out.

b. Contractor may utilize consultants to assist in a variety of functions. All agreements with consultants must be in writing, stating the amount of compensation and the scope of work.

c. Neither party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

d. Contractor shall provide the City with a list of all subcontractors and consultants retained by Contractor to provide Services under this Agreement either before such retention or as soon as reasonably possible after retention. City shall have the right to exercise its reasonable discretion to reject the retention of any subcontractor or consultant by Contractor. Upon any rejection by City, Contractor shall end rejected subcontractors or consultants provision of Services under this Agreement.

u. **Section 30 is hereby amended in its entirety to read as follows:**

**30. Assignment**

The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor, except as otherwise provided in Paragraph 29, above, unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

v. **Section 32 is hereby amended in its entirety to read as follows:**

**32. Consideration of Criminal History in Hiring and Employment Decisions .** Deleted in consideration of Contractor's Public Entity status and approved by Office of Contracts Administration (OCA).

**w. Section 33 is hereby amended in its entirety to read as follows:**

**33. Local Business Enterprise Utilization; Liquidated Damages -** Deleted in consideration of Contractor's Public Entity status.

**x. Section 34 is hereby amended in its entirety to read as follows:**

**34. Nondiscrimination; Penalties -** Deleted based on Contracts Monitoring Division 's(CMD) approval of sole source exception.

**y. Section 35 is hereby amended in its entirety to read as follows:**

**35. MacBride Principles—Northern Ireland -** Deleted in consideration of Contractor's Public Entity status.

**z. Section 39 is hereby amended in its entirety to read as follows:**

**39. Compliance with Americans with Disabilities Act -** Deleted in consideration of Contractor's public entity status and the fact that this Agreement serves a substantial public interest, per Administrative Code Chapter 12C.5-1(b).

**aa. Section 41 is hereby amended in its entirety to read as follows:**

**41. Public Access to Meetings and Records -** Deleted in consideration of Contractor's Public Entity status.

**bb. Section 43 is hereby amended in its entirety to read as follows:**

**43. Requiring Minimum Compensation for Covered Employees -** Deleted in consideration of Contractor's Public Entity status.

**cc. Section 44 is hereby amended in its entirety to read as follows:**

**44. Requiring Health Benefits for Covered Employees -** Deleted in consideration of Contractor's Public Entity status.

**dd. Section 45 is hereby amended in its entirety to read as follows:**

**45. First Source Hiring Program -** Deleted in consideration of Contractor's Public Entity status.

**ee. Section 47 is hereby amended in its entirety to read as follows:**

**47. Preservative-treated Wood Containing Arsenic -** Deleted in consideration of the fact that this Agreement is not for the purchase of preservative-treated wood products.

**ff. Section 48 is hereby amended in its entirety to read as follows:**

#### **48. Modification of Agreement**

a. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement, except that changes in the scope of service that do not increase the level of total compensation shall be subject to the provisions of the Department of Public Health Policy / Procedure Regarding Contract Budget Changes in effect at commencement of the term of this Agreement, a copy of which has been provided to Contractor. In the event that City desires to amend the Policy/Procedures Regarding Contract Budget Changes, it will provide Contractor with at least thirty (30) days written notice of the proposed changes and provide Contractor with the opportunity to ask questions, raise concerns or recommend alternative revisions. City shall, in good faith, consider Contractor's questions, concerns and recommendations in finalizing any changes to the Policy/Procedure Regarding Budget Changes; however, the final approval of such changes shall be solely in City's discretion.

b. City may from time to time request changes in the scope of the services of this Agreement to be performed hereunder. Such changes, including any increase or decrease in the amount of Contractor's compensation, which are mutually agreed upon by and between the City and Contractor, shall be effective only upon execution of a duly authorized amendment to this Agreement. Contractor shall cooperate with the City to submit to the Director of CMD any amendment, modification, supplement, or change order that would result in a cumulative increase of the original amount of this Agreement by more than twenty percent 20%(CMD Contract Modification Form).

**gg. Section 49 is hereby amended in its entirety to read as follows:**

#### **49. Administrative Remedy for Agreement Interpretation**

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

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

**hh. Section 52 is hereby amended in its entirety to read as follows:**

#### **52. Entire Agreement**

This Agreement, including all Appendices expressly incorporated herein, sets forth the entire understanding between the parties, and supersedes all other oral or written provisions as it pertains to the subject matter herein. This contract may be modified only as provided in Section 48.

**ii. Section 53 is hereby amended in its entirety to read as follows:**

**53. Compliance with Laws**

The parties shall comply with all applicable laws in the performance of this Agreement.

**jj. Section 54 is hereby amended in its entirety to read as follows:**

**54. Services Provided by Attorneys**

The parties do not intend that any legal services will be provided under this Agreement. Any services to be provided under this Agreement (with funding provided by City) to be performed by a law firm or attorney as set forth in the statement of work must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney

**kk. Section 55 is hereby amended in its entirety to read as follows:**

**55. Supervision of Minors**

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

**ll. Section 57 is hereby amended in its entirety to read as follows:**

**57. Protection of Private Information**

Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor. The provisions of this Section 57 shall not apply to the extent inconsistent with federal, state or local law.

**mm. Section 58 is hereby amended in its entirety to read as follows:**

**58. Reserved**

**nn. Section 60 is hereby amended in its entirety to read as follows:**

**60. Slavery Era Disclosure** - Deleted in consideration of Contractor's status as a State of California agency per San Francisco Administrative Code Chapter 12.Y.3(b).

**oo. Section 61 is hereby amended in its entirety to read as follows:**

**61. Dispute Resolution Procedure** - Deleted by agreement of the Parties.

**pp. Section 62 is hereby amended in its entirety to read as follows:**

**62. Additional Terms**

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

**qq. Section 63 is hereby amended in its entirety to read as follows:**

**63. Cooperative Drafting.**

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

**rr. Section 64 is hereby added and reads as follows:**

**64. 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, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the negligent acts or omissions of Contractor. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

- ss. Appendices A and A-1 through A-6 dated 07/01/13 (i.e. July 1, 2013) are hereby deleted and replaced in their entirety by Appendices A and A-1 through A-6 dated 07/01/14 (i.e. July 1, 2014).**
- tt. Appendices B and B-1 through B-6 dated 07/01/13 (i.e. July 1, 2013) are hereby deleted and replaced in their entirety by Appendices B and B-1 through B-6 dated 07/01/14 (i.e. July 1, 2014).**
- uu. Appendix F pages A-1 through A-8, dated 07/01/14 (i.e. July 1, 2014 for Fiscal Year 2014-15 are hereby added.**

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

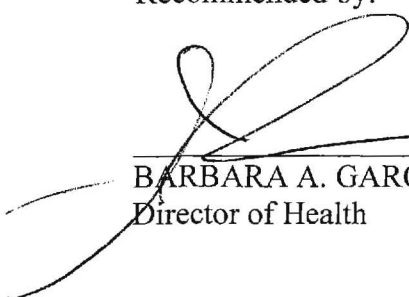
**4. Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

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



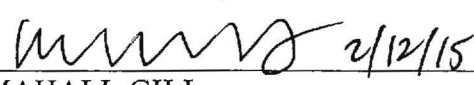
**CITY**

Recommended by:

  
\_\_\_\_\_  
BARBARA A. GARCIA MPA  
Director of Health

**CONTRACTOR**

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


  
\_\_\_\_\_  
JOTI MAHALL GILL  
CONTRACTS SPECIALIST  
3333 CALIFORNIA STREET, SUITE 315  
SAN FRANCISCO, CA 94102

Approved as to Form:

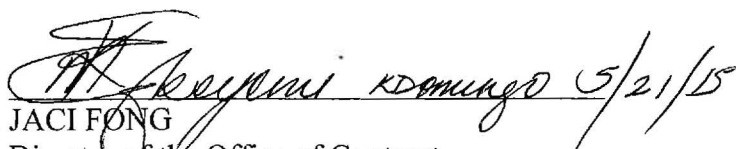
DENNIS J. HERRERA  
City Attorney

City vendor number: 44467

By:

  
\_\_\_\_\_  
KATHY MURPHY  
Deputy City Attorney

Approved:

  
for JACI FONG  
\_\_\_\_\_  
Director of the Office of Contract  
Administration, and Purchaser

## Appendix A Services to be provided by Contractor

### 1. Terms

#### A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Stephen Banuelos, Principal Contact for the City, or his / her designee and City will contact the UC Principal Investigator, Patricia Van Horn, PhD., or other appropriate UCSF staff person, Contractor's Principal Investigator for this Agreement, or his/her designee.

#### B. Reports:

Contractor shall submit written reports as 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:

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

#### H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask

for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and 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 correcting known site hazards, the proper use of equipment located at the site, the health and safety of their employees, and for all other persons who work at or visit the job site as per local and/or state regulations.

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

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

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

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

J. 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."

K. Research Study Records:

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

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, 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.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. 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.

O. Quality Assurance:

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

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

P. 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 agreement with said funding sources, which agreements are incorporated by reference as fully set forth and will be provided to Contractor upon request.

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

**2. Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1 Citywide Linkage Team

Appendix A-2 NOVA

Appendix A-3 Citywide Case Management Roving Team

Appendix A-4 Citywide Services for Supportive Housing

Appendix A-5 STOP

Appendix A-6 First Impressions

**1. Identifiers:**

Program Name: UC Citywide Linkage  
Program Address: 982 Mission St. 2<sup>nd</sup> Floor  
City, State, ZIP: San Francisco, CA 94103  
Telephone: 415-597-8065 FAX: 415-597-8004  
Website Address: <http://www.ucsf.edu/>  
Contractor Address: 982 Mission St. 2<sup>nd</sup> floor  
City, State, ZIP: San Francisco, CA 94103  
Person Completing this Narrative: David Fariello  
Telephone: 415-597-8065  
Email Address: [david.fariello@ucsf.edu](mailto:david.fariello@ucsf.edu)  
Program Code(s): 89114MH (Citywide Linkage Team)

**Nature of Document:**

☐ New ☒ Renewal ☒ Amendment Two

**2. Goal Statement:**

The program helps consumers recover emotional stability and functioning outside of institutional care, while linking to primary care, entitlements, housing, legal advocacy, payee services, and other resources to craft a stable support system. Finally, consumers are transitioned to ongoing mental health and/or substance abuse services within 60 to 90 days.

**4. Target Population:**

CLT treats San Francisco transitional-aged youth, adult, and older adult residents who, facing discharge from Inpatient Units or PES, are identified as being at risk of failure to link with necessary support services in the community. Consumers are about 56% male, 43% female, 40% white, 25% African American, 19% Asian, and 16% Latino. 90% are homeless and 80% are trauma survivors.

**5. Modality(s)/Intervention(s)** (See instruction on the use of this table):

See Appendix B - CRDC Page

**6. Methodology:**

- Engagement and assessment of referrals from the Inpatient Units usually occurs on the day of the referral. Each CLT consumer's Plan of Care is based on his/her stated goal, with the consumer dictating the goal CLT's services will help him/her achieve. CLT staff are imaginative and persistent in their determination to tailor services to meet consumer's immediate goals and most basic needs, using the Stages of Change model to tailor interventions appropriate for "where the client is at." With the consumer's expressed consent, his/her natural supports are also engaged in support of the consumer's recovery process: friends, loved ones, hotel managers, store clerks, payee services, etc. These natural supports serve as a way to re-link with consumers, who have fallen out of treatment, or to reinforce and support the relationship with the case manager.

The Citywide Linkage Team provides a full range of services to its enrolled consumers:

- Assessment and diagnosis with a focus on the development of a specific, measureable, time-limited, client-centered treatment plan.
- Psychoeducation with consumers and family members about diagnoses, symptoms, medications, stress reduction, and treatment options.
- Crisis intervention for consumers and family members, in the community they live. PSCs use natural and agency resources to shore up a consumer's support system, and also provide on-site consultation with PES and hospital staff. On-call access to our clinical staff is available 24 hours/7 days a week to all consumers, family members and collaborating programs.
- Short-term, solution-focused therapy including CBT, DBT, Harm Reduction/Relapse Prevention, Motivational Interviewing, and supportive counseling.
- Medication assessment, prescription, and monitoring.
- Assistance with finding appropriate long-term housing options.
- Placement of the client in residential treatment programs or short-term housing options, with assistance and coaching to maintain stability in placement.
- Routine and frequent outreach to clients in the community providing individualized support and engagement as needed.
- Linkage and advocacy to needed services including: primary health care, SSI advocacy, GA, support groups, self-help organizations, vocational services, payee services, socialization options, and basic needs.
- Staff to client ratio is 1:13, with services available in English, Spanish, and Cantonese, (provided by bi-cultural staff) and with expertise in services for transitional age youth and geriatric consumers. Clinical staff at 982 Mission Street can additionally provide services or translation in Russian, Tagalog, Mandarin, Toisanese, Fukinese, and Vietnamese.
- Linkage to the appropriate level of ongoing mental health, substance abuse, and/or primary care providers, including accompanying consumers to initial appointments to ensure secure linkage to ongoing services.

Within 60 to 90 days, CLT works to securely link clients to long-term clinic based services, ICM services, substance abuse services, and/or primary care providers for mental health care. By accurately accessing what the lowest appropriate level of care is for a client, we are able to support clients' highest levels of functioning, while dramatically reducing clients' long-term cost to the system. With staff at Mission Mental Health, Chinatown North Beach, and South of Market Mental Health, we can provide a clinical assessment and intake, open the chart in the outpatient modality and expedite a medication evaluation. When clients are referred to long-term ICM services we overlap our services with the new provider for a brief time, to insure that the client is securely linked before being closed with CLT.

Describe your program's staffing:  
See Appendix B

#### 7. Objectives and Measurements:

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY14-15."

#### 8. Continuous Quality Improvement:



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

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

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

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

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

#### **9. Required Language: Not applicable**

**1. Identifiers:**

Program Name: UC Citywide NOVA

Program Address: 982 Mission St. 2<sup>nd</sup> Floor

City, State, ZIP: San Francisco, CA 94103

Telephone: 415-597-8065

FAX: 415-597-8004

Website Address: <http://www.ucsf.edu/>

Contractor Address: 982 Mission St. 2<sup>nd</sup> floor

City, State, ZIP: San Francisco, CA 94103

Person Completing this Narrative: David Fariello

Telephone: 415-597-8065

Email Address: [david.fariello@ucsf.edu](mailto:david.fariello@ucsf.edu)

Program Code(s): **8911NO (Citywide Case Management-NOVA)**

**Nature of Document:**

☐ New ☒ Renewal ☒ Amendment Two

**2. Goal Statement:**

The goal of the program is to provide treatment to the whole person that will allow him or her to exit the criminal justice system and re-integrate into the community. Clients remain in the program as long as they continue to need services.

**4. Target Population:**

The target population is the mentally ill offender population which makes up approximately 18% of the average daily jail population. CWCM-NOVA clients- are 69% Male, 31% female, 43.6% African American, 43.6% White, 8.8 % Latino, 6% Asian, 11.6 suffer a mood disorder, 77.9% a psychotic disorder, 23.8% a personality disorder and 95% have a co-occurring substance abuse disorder.

**5. Modality(s)/Intervention(s) (See instruction on the use of this table):**

See Appendix B - CRDC Page

**6. Methodology:**

**Goal I: Provide high quality, culturally competent mental health services to participants of the CWCM-NOVA program.**

Objective 1: Have at least 30 active CWCM-NOVA therapy clients

Objective 2: Increase engagement and linkage with CWCM-NOVA therapy clients

Objective 3: Link CWCM-NOVA therapy clients to Department of Rehabilitation and Citywide Supported Employment Program

**GOAL II: Provide education and support to the CWCM-NOVA case managers regarding mental health issues**

Objective 1: Attend CWCM-NOVA Case Manager meetings and provide clinical assistance as well as present on behavioral health topics as needed.

**GOAL III: PROMOTE A COMPREHENSIVE SERVICE DELIVERY SYSTEM BY CREATING AND MAINTAINING PARTNERSHIPS AND COALITIONS BETWEEN CRIMINAL JUSTICE, MENTAL HEALTH AND SUBSTANCE ABUSE PROFESSIONALS.**

Objective 1: Work collaboratively with CWCM-NOVA case management programs, the Sheriff's Department, Behavioral Health Court, Jail Psychiatric Services, and other collateral agencies.

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

**Supported Employment:** The **CWCM-NOVA** Supported Employment Team was created to address the discrimination and stigma our clients face for their mental health issues and criminal justice histories by promoting recovery through employment. **CWCM-NOVA** clients are eligible for referral to our Support Employment Team through the Department of Rehabilitation.

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

**Gender Focused and Trauma Informed Treatment:** SFSD internal studies among female inmates one housing unit (SISTER) conducted in 2003 and 2004 found that 7% of women identified themselves as having a mental disability. In 2004, 57% of these women reported their mental health as poor or fair. In 2003, 84% indicated their mental health was poor or fair.

CWCM-NOVA has developed an array of specialized services addressing the ever-increasing needs of an ever-increasing female mentally ill offender population. Specifically, the program has developed a women-only Grief and Loss Group and Seeking Safety Group located at the Women's Resource Center.

**The unduplicated number of individuals serves:** 30 clients are served at any one time. Current client retention averages 6 months.

Program hours are Monday through Friday 8:30 am to 5:00 pm. Clients are referred by their CWCM-NOVA Case Manager for therapy services. CWCM-NOVA staff also visits clients in jails to introduce available therapy services.

Program Staffing: See Appendix B.

**7. Objectives and Measurements:**

**There are no BHS Performance Objectives for FY14-15.**

**8. Continuous Quality Improvement:**

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

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

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

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

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

**9. Required Language: Not applicable**

**1. Identifiers:**

Program Name: UC Citywide Roving Team

Program Address: 982 Mission St. 2<sup>nd</sup> Floor

City, State, ZIP: San Francisco, CA 94103

Telephone: 415-597-8065

FAX: 415-597-8004

Website Address: <http://www.ucsf.edu/>

Contractor Address: 982 Mission St. 2<sup>nd</sup> floor

City, State, ZIP: San Francisco, CA 94103

Person Completing this Narrative: David Fariello

Telephone: 415-597-8065

Email Address: [david.fariello@ucsf.edu](mailto:david.fariello@ucsf.edu)

Program Code(s): 8911RT (Citywide Case Mgm-UC Roving Team)

**Nature of Document:**

☐ New ☒ Renewal ☒ Amendment Two

**2. Goal Statement:**

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

**4. Target Population:**

The contractor will serve residents of the Housing First Master Lease Program identified by on-site staff as having significant unmet behavioral health needs that could, if not addressed, lead to eviction and future episodes of homelessness.

**5. Modality(s)/Intervention(s) (See instruction on the use of this table):**

See Appendix B - CRDC Page

**6. Methodology:**

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

The Housing First Master Lease Program provides housing for formerly homeless individuals and provides on-site services designed to help residents achieve long-term housing stability. The Housing First Master Lease Program currently offers more than 2,200 units of housing in twenty-two sites.

**Services to be Provided**

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

Through this contract, contractor will:

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

**Describe your program's staffing:**  
See Appendix B



**The following goals/measurements, monitoring activities and reporting requirements will apply but not be counted as performance objectives for the purposes of the BHS program review (see #7/Objective and Measurements):**

#### **Service Goals and Measurements**

- A. Behavioral Health Roving Team, staff will perform outreach and/or provide direct services to at least 400 unduplicated Housing First Master Lease Program residents per contract year.
- B. Staff will perform behavioral health and substance abuse assessments for at least 85% of clients referred.
- C. Based on treatment plans, provide a full range of mental health treatment intervention to at least 30 unduplicated clients per quarter.
- D. Staff will coordinate at least 100 referral and linkage episodes per year.
- E. Staff will facilitate dual diagnosis pre-treatment/early recovery and social skills groups at least twice per week, for a total of at least 150 groups per year.
- F. 100% of residents seeking assistance with SSI applications or appeals will be assisted by staff or linked with DECU (Disability Evaluation Consultation Unit).

#### **Outcome Goals**

- A. Of those clients referred to the team who are at risk of eviction due to unmet behavioral health needs, at least 70% will maintain their housing for six months or more following engagement.
- B. 50% of residents seen by the team will link with health/substance abuse, or mental health providers as evidenced by at least two visits.

#### **Monitoring Activities**

- A. Program Monitoring: Program monitoring will include review of client eligibility, and back-up documentation for reporting progress towards meeting service and outcome objectives.

- B. Fiscal Compliance and Grant Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance. Fiscal monitoring will also include a review of the overall program budget, including the Medi-Cal draw down and access to funds work ordered to DPH to support this.

### Reporting Requirements

A. Quarterly Reports

1. Contractor shall submit quarterly responses for each objective outlined above.
2. In addition, the quarterly reports will provide the following data:
  - a. Number of individual interventions with SRO residents.
  - b. Number of resident referrals to substance abuse, mental health, entitlement or vocational support, social activities or health agencies.
  - c. Number of residents participating in a program-sponsored group offered by Contractor staff.
3. Quarterly reports shall include relevant quantitative and qualitative information and attachments as appropriate.
4. Quarterly reports are due 15 days after the end of the quarter. For example, for the quarter from 7/1/14-9/30/14, the report is due on 10/15/14.

B. Nine Month Report

1. Contractor shall submit a nine-month report in lieu of the third quarter report for the final year of the contract.
2. In addition to the requirements of the quarterly reports, the nine month report shall provide cumulative results for each objective as outlined above.
3. This report will be due April 15, 2015.

C. Annual Reports

1. Contractor shall submit a 12-month report in lieu of the fourth quarter report covering the period beginning July 1<sup>st</sup> and ending June 30<sup>th</sup> for each year.
2. This report shall provide cumulative results for each objective as outlined above and shall include 12-month demographic information.
3. This report is due 15 days after the end of the period (July 15).

D. All reports are to be submitted in duplicate to:

1. Scott Walton, Deputy Director, Housing and Homeless Programs  
Scott.Walton@sfgov.org
2. Christina Iwasaki, Contract Manager, Office of Contract Management  
christina.iwasaki@sfgov.org  
San Francisco Human Services Agency  
P.O. Box 7988  
SAN FRANCISCO, CA 94120

7. Objectives and Measurements:

**"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY14-15."**

8. Continuous Quality Improvement:

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

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

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

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

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

9. Required Language: Not applicable

**1. Identifiers:**

Program Name: UC Citywide Services for Supportive Housing  
Program Address: 982 Mission St. 2<sup>nd</sup> Floor  
City, State, ZIP: San Francisco, CA 94103  
Telephone: 415-597-8065 FAX: 415-597-8004  
Website Address: <http://www.ucsf.edu/>

Contractor Address: 982 Mission St. 2<sup>nd</sup> floor  
City, State, ZIP: San Francisco, CA 94103  
Person Completing this Narrative: David Fariello  
Telephone: 415-597-8065  
Email Address: [david.fariello@ucsf.edu](mailto:david.fariello@ucsf.edu)

Program Code(s): 8911SH (Citywide Svc for Supp Housing)

**2. Nature of Document:**

☐ New ☒ Renewal ☒ Amendment Two

**3. Goal Statement:**

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

**4. Target Population:**

The target population is the 240 tenants of the Richardson and Rene Cazenave Apartments, comprised of formerly homeless, very low income ( $\leq 30\%$  of AMI as defined by HUD) adults with co-occurring mental health, substance abuse and medical problems, and limited experience living independently.

**5. Modality(s)/Intervention(s) (See instruction on the use of this table):**

See Appendix B - CRDC Page

These services shall include (but not be limited to) individual and group behavioral health counseling and case management as defined for Medi-Cal FFP, psychiatry, primary care nursing case management and medication monitoring, referral to and coordination with primary medical care, substance abuse and psychiatric treatment, benefit counseling and client advocacy, meal programs, health education, community building, tenant organizing, and all other case management functions. Services also include close collaboration with the on-site property management provider, Community Housing Partnership (CHP), the third-party rent payment provider (usually Lutheran Social Services), and DPH-Housing and Urban Health (DPH-HUH) Clinic.

**6. Methodology:**

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

Richardson and Rene Cazenave Apartments are both 120-unit buildings of permanent supportive housing designed for homeless adults who most frequently utilize San Francisco's public health system—persons with co-occurring mental health issues, alcohol and substance abuse problems, and/or chronic medical conditions. Because of the depth and breadth of their outreach efforts, the

DAH Access & Referral Process<sup>1</sup> will serve as the sole referral source for applicants for the units at the Richardson and Rene Cazenave Apartments, thus ensuring outreach to a cross-section of racially, ethnically, and geographically diverse homeless adults.

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

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

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

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

**C. Service delivery model**

Citywide will provide clinical and supportive services, which will include, but not be limited to: outreach, engagement, assessment and evaluation, intensive case management, individual goal setting and treatment planning, supportive counseling and therapy, psychiatric services, referral and linkage, crisis assessment and intervention, community building, and strengthening social supports. In addition, practical assistance will be provided including emergency food and clothing, money management, and transportation assistance. Some vocational counseling services are also available, though these services are available to all HUH Direct Access to Housing (DAH) clients, not just residents of these two apartment buildings.

**Staff Hours:** Clinical Social Workers and the RN will be available as needed for resident services during regular business hours (9 a.m. – 5 p.m.) and limited after-hours (evening). An on-call phone line will be available during the week from 5:00 p.m. to 10:00 p.m. and 8:00 a.m. to 10:00 p.m. on weekends and holidays. The CHP property manager and an assistant property manager will be on-site during regular work hours. CHP desk clerks will be on duty on-site 24 hours/day and 7 days/week.

<sup>1</sup> Specific information regarding the DAH Access and Referral Process may be found here:

<http://www.sfcdph.org/dph/comupo/oprograms/DAH/refAccess.asp>

**D. Discharge Planning/Criteria/Process**

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

**E. Program Staffing**

See BHS Appendix B for staffing.

**7. Objectives and Measurements:**

**"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY14-15."**

**And**

**"All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled HUH Performance Objectives FY14-15."**

**8. Continuous Quality Improvement:**

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

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

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

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

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

**9. Required Language: Not applicable**



**1. Identifiers:**

Program Name: UC Citywide STOP

Program Address: 982 Mission St. 2<sup>nd</sup> Floor

City, State, ZIP: San Francisco, CA 94103

Telephone: 415-597-8065

FAX: 415-597-8004

Website Address: <http://www.ucsf.edu/>Contractor Address: 982 Mission St. 2<sup>nd</sup> floor

City, State, ZIP: San Francisco, CA 94103

Person Completing this Narrative: David Fariello

Telephone: 415-597-8065

Email Address: [david.fariello@ucsf.edu](mailto:david.fariello@ucsf.edu)

Program Code(s): 38321 (UCSF Citywide-STOP)

**2. Nature of Document:**☐ New ☒ Renewal ☒ Amendment Two**3. Goal Statement:**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population:**

STOP provides outpatient substance abuse treatment to clients of the UC Citywide mental health programs. The location just south of Market Street is easily accessible to residents of the South of Market and Tenderloin areas, and is easily accessible by public transportation from other low-income areas of the City, including the Bayview and the Mission.

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

**5. Modality(s)/Intervention(s) (See instruction on the use of this table):**

FFS

a. See Appendix B - CRDC Page

CR

b. Consultation to BHS civil service and contract agencies on substance abuse interventions, needs assessment and outcome measures, Avatar entries, and program certification (Drug Medi-Cal).

Onsite clinical supervision as needed of AIDS Office MAITCE behaviorist at SFGH Positive Health Program.

## **6. Methodology:**

### **A. Outreach, Recruitment**

Information about STOP services is posted throughout the UC Citywide facility, including the client activities room, the lunch room, group rooms, etc. Clients may sign up for orientation times available several days a week.

### **B. Admission criteria and process**

#### Admission Criteria

STOP serves adults who abuse or are dependent on cocaine or methamphetamine, alcohol or marijuana, with or without problematic use of other substances.

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

No individual shall be admitted who, on the basis of staff judgment, is in imminent danger of harming themselves or others, or who needs emergency medical evaluation.

#### Readmission Criteria

Any person previously admitted to and discharged from the program may apply for readmission. Staff assess whether the conditions that resulted in their previous discharge have changed sufficiently to warrant readmission to the program.

#### Admission Process

1. Orientation: The counselor provides information about the program, and collects information about current substance use and prior treatment experiences to determine whether outpatient counseling at STOP can meet their needs. Clients needing other services (e.g. medical detox or methadone maintenance) are given information or assisted with phone calls as appropriate. Clients who may benefit from STOP services are seen for intake assessment.

2. Intake Assessment: Intake assessment includes

a) Assessment of substance use problems (admission, CALOMS, assessment of DSM criteria met for substance abuse or dependence, health questionnaire),

b) Consent forms, release of information forms, fee assessment if applicable, and client rights (privacy practices and grievance procedures are covered at their agency intake prior to their intake at STOP).

c) Development of treatment plan with client.

### 3. Start of Group or Individual Counseling

Most clients will receive group counseling, supplemented with as needed individual counseling for reassessment, treatment planning, etc. For a limited number of clients unable to tolerate group, individual counseling is available.

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

### C. Service delivery model

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

STOP provides outpatient substance abuse counseling in coordination with mental health services provided by UC Citywide staff, who provide case management, psychiatric medication management, outreach and home visits, socialization activities, independent living skills training, and vocational services. For clients for whom urine drug testing is clinically indicated, it is conducted by the UC Citywide case manager, and shared with STOP staff. Clients must consent to exchange of information between STOP and UC Citywide staff in order to participate in STOP.

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

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

#### Types and locations of services

STOP provides primarily group counseling, supplemented as needed by individual, couples or family counseling. Services are provided at UC Citywide. Home visits may be scheduled as needed, after consultation with the client's UC Citywide case manager. Counseling focuses on clients' drug use and relates this to other important issues in clients' lives, such as mental health, health, legal, economic, identity, sexual orientation, sexual, relationship, cultural, or spiritual issues.

#### Length of stay

Intended: 12 months

Average: 6 months

#### D. Completion, discharge planning, linkages

##### Criteria for Successful Completion:

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

##### Discharge planning

Clients who complete or are otherwise discharged from STOP may continue to participate in mental health services at UC Citywide, including their drop-in harm reduction and dual diagnosis groups. Clients whose treatment needs change and need a different kind or level of substance abuse treatment are referred as appropriate, and may return in the future.

##### Linkages

As part of the BHS integration process, STOP is integrated onsite at UC Citywide and has partnered with a number of mental health and primary care clinics.

##### Staff

STOP counselors include a licensed psychologist, and CAS-registered pre- and postdoctoral psychology interns supervised by the psychologist, as well as other licensed mental health staff. This meets the criteria of Section 13015 of the California Alcohol and Drug Programs counselor certification and licensure law. In addition, the licensed psychologist provides direct services as needed.

The STOP program director reports to David Fariello, LCSW, Director of Community Services, and to Stephen Dominy, MD, Director of the Division of Substance Abuse and Addiction Medicine, both in the UCSF/SFGH Department of Psychiatry.

Administrative support is provided by UC Citywide staff, including the Division Administrator.

Describe your program's staffing:  
See Appendix B

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

**"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY14-15."**

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

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

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forum to identify program functioning strengths and limitations. Additionally there is a weekly Community Meeting in which clients are encouraged to identify concerns or improvements needed.

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

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

**9. Required Language: Not applicable**

**1. Identifiers:**

Program Name: UC Citywide – First Impressions  
Program Address: 982 Mission St. 2<sup>nd</sup> Floor  
City, State, ZIP: San Francisco, CA 94103  
Telephone: 415-597-8065 FAX: 415-597-8004  
Website Address: <http://www.ucsf.edu/>  
  
Contractor Address: 982 Mission St. 2<sup>nd</sup> floor  
City, State, ZIP: San Francisco, CA 94103  
Person Completing this Narrative: David Fariello  
Telephone: 415-597-8065  
Email Address: [david.fariello@ucsf.edu](mailto:david.fariello@ucsf.edu)  
  
Program Code(s): 8911FI (UC Citywide-First Impressions)

**Nature of Document:**

☐ New ☒ Renewal ☒ Amendment Two

**2. Goal Statement:**

First Impressions is a basic construction and remodeling vocational program that assists mental health consumers in learning marketable skills, receive on-the-job training and mentoring, and secure competitive employment in the community. The program is based on the MHSA's Recovery Model which is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. First Impressions will provide 3 months of classroom education/training, 6 months of paid work experience, vocational assessment, coaching, and job placement support and retention services. The ultimate goal is for consumers to learn marketable skills while being a part of the transformation of the CBHS Mental Health Care System by creating a welcoming environment in the wait rooms of DPH/CBHS clinics.

**4. Target Population:**

The target populations are San Francisco residents including transitional age youth, adults & older adults, aged 18 and over, who are receiving behavioral health services through CBHS. Particular outreach is to consumers who are interested in vocational training and employment in the field of construction/remodeling and may benefit from a structured vocational training program

Classroom training hands-on workshop training will be provided at Asian Neighborhood Design (1245 Howard Street, San Francisco, CA 94103). Paid work experience will take place on-site at the various CBHS clinics targeted for transformation.

**5. Modality(s)/Intervention(s) (See instruction on the use of this table):**

During the contract year, Citywide will provide/conduct the following modality/interventions:

**Workforce Development** (MHSA Modality)



- The First Impressions program will enroll 20 consumers in vocational training. Ten consumers will complete fieldwork and demonstrate basic construction skills.
- The First Impressions training/fieldwork experience will be for a duration of 9 months with trainees engaged in workforce development activities (classroom and on-the-job training) intended to develop a diverse and competent workforce; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; or increase the number of consumers and family members in the behavioral health workforce.
- Each First Impressions trainee receives 8 hours of classroom experience per week for 3 months and 4-8 hours of supervised, paid, on-the-job, workforce development training per week for 6 months.
- Each First Impressions trainee will receive individualized job preparation and support from an Employment Specialist.
- The Employment Specialist will conduct market analysis and job development throughout the course of the contract year in order to build connections to prospective employers.
- Create a collaborative needs assessment process including DPH staff and consumers.
- There are additional activity hours for program planning, preparing and reviewing/adjusting training materials, etc. Program planning will take place for an advanced vocational pilot program to provide additional training and leadership opportunities to a select number of graduates from previous cohorts.
- An evaluation component will be created to collect feedback and outcomes in order to make possible revisions to the program based on experience.

#### **Training and Coaching** (MHSA Modality)

- Facilitate weekly groups of at least one hour per week on educational and skill-building sessions for all enrolled members. Topics will include job readiness skills and relevant educational topics related to the program curriculum (construction and remodeling careers). These groups are facilitated by the Employment Specialist working on the program.
- The Employment Specialist and Supervisor will also work with the participants on presentation skills in order to include participants in the outreach and educational efforts to the clinics.

#### **Wellness Promotion** (MHSA Modality)

- The First Impressions Program is founded on the belief that all individuals – including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. The training, fieldwork and employment placement activities are all focused on fostering hope and a sense of belonging and inter-dependence.
- Each participant will receive individualized strengths-based assessments and person-centered treatment planning.
- Linkage to other support services determined necessary for the individual to achieve employment outcomes; promote responsibility and accountability for one's wellness; increase problem-solving capacity; and develop or strengthen networks that participants can trust.

#### **6. Methodology:**

The First Impressions program has three components/phases:

**Phase I: Start-up, Planning and Outreach**

As this is an innovative new program, the first 3 months will be devoted to planning and creating programmatic standards, policies, procedures and a curriculum. A training curriculum will be modified by Citywide employment staff in collaboration with the sub-contractor, Asian Neighborhood Design (AND) to address the skills and training principles specific to the program. An evaluation design process will be developed in collaboration with DPH clinics. First Impressions staff will facilitate planning meetings with consumers and staff at the specific DPH clinic sites in collaboration with CBHS. An individual scope of work will developed at the CBHS prioritized clinics. A recruitment, referral and intake process will be updated. First Impressions staff will conduct a screening process and intake of accepted consumers. During this period, the First Impressions Employment Specialist will begin job development by networking with community employers in the field of construction and remodeling.

**Phase II: Training and Education**

Classroom training will be conducted at both the Asian Neighborhood Design Workshop. The First Impressions Employment Specialist and AND instructor will teach classes 2 days per week, 4 hours per day for a period of 3 months. Classes will take place at Asian Neighborhood Design, located at 1245 Howard St, SF, CA 94103. The curriculum will include: basic safety, renovation preparation and protection, painting, light repair, cleaning and soft skills training. The Employment Specialist will screen participants for possible referral to the Department of Rehabilitation (DOR) and facilitate enrollment with a DOR counselor. All participants will receive a vocational assessment by the end of the three month training period.

**Phase III: Field Work and Job Placement Support**

Upon completion of the classroom training, participants will begin a 6-month minimum wage work training. The AND instructor, the Employment Specialist and participants will work as a team on-site to provide the clinic improvements. Three clinics will be chosen by CBHS as the recipients of site transformations. The First Impressions program plans to improve one DPH site per two months for a total of 3 completed projects during this contract year.

Throughout the 6 month period of hands-on training, the Employment Specialist will also be working individually with participants providing job placement services. The First Impressions team will conduct qualitative evaluations with DPH clinic staff and consumers to assess the process and completion of the clinic transformation.

**A. Outreach, Recruitment, Promotion and Advertisement**

In the initial 3-month phase, the First Impressions Program will finalize a training curriculum; develop an evaluation design process in collaboration with DPH clinics; facilitate planning meetings with consumers and staff at DPH clinics; and create the scope of work at sites.

A referral and intake process will be revised that includes an application for interested participants. First Impressions staff will conduct outreach throughout the system of CBHS through system-wide announcements, fliers and brochures placed at the clinics, monthly CBHS program directors' meeting and presentations at the specific clinic sites and the various employment programs. If appropriate, there will be an emphasis on recruiting consumers from the sites to be remodeled. The Citywide Employment team supervisor will collect applications and set up informational/screening interviews with interested participants. The supervisor will be available to all interested referral parties to

answer questions about the program. All applicants and referral sources will receive notification about the final acceptance decision.

#### **B. Consumer/Family Participation and Engagement**

The CWCM employment program operates from an “Individual Placement and Support (IPS)” model of supported employment program. (1) The focus is competitive employment, (2) No exclusion criteria, (3) rapid job search, (4) Attention to consumer preference in job search, (5) Mental health and employment services are integrated, (6) Individualized job supports are maintained indefinitely.

Citywide Case Management is committed to consumer involvement and community input in all elements of program operations, including planning, implementation and evaluation. This process ensures quality programming, increases effectiveness, and ensures cultural competency. The best informant for the culturally relevant curriculum & program development is the target population themselves. Potential applicants/trainees and interested organizations will be targeted through system-wide orientation and presentations by the First Impressions supervisor and FI Employment Specialist directly. As the class of trainees goes through the classroom training and fieldwork, the First Impressions Employment Specialist, supervisor, and the AND instructor will meet individually with participants to solicit feedback. At the end of both the classroom instruction and the fieldwork internship, trainees will be given anonymous written program evaluations and satisfaction surveys regarding the curriculum, course structure & activities, support services, and professional development. A post-cohort focus group will also be conducted to solicit similar feedback regarding the curriculum of the program, recruitment process, accessibility and effectiveness. All feedback is compiled and reviewed and will inform future program design.

CWCM has a long history of employing consumers as part of the overall multidisciplinary team. Overall, the program currently has 8 consumer positions in both the clinical and employment teams. Peer specialists are part of all of the advisory councils at the clinic and are instrumental on the Recovery Committee which advises all programs on enhancing recovery principles through our services.

#### **C. Staff Training**

CWCM recruits and employs staff with relevant educational, employment history and cultural competence for the target population we work with through interviews and reference checks. Ongoing education and training for all staff is accomplished through weekly staff meetings, weekly individual supervisor/supervisee meetings, annual cultural competency trainings and ongoing trainings that are program specific. CWCM maintains a philosophy as well as a policy regarding creating a welcoming environment to all, which in turn, is displayed through positive and healthy attitudes among staff. Measurement of staff effectiveness in this area is included in the annual satisfaction surveys, client advisory council and feedback from other providers. CWCM specifically ensures that all staff are well-versed and practicing a Recovery Model approach in all interventions.

#### **D. Program and System Collaboration**

CWCM has an extensive history of collaborating with San Francisco City Departments and other agencies in the pursuit of resources for our clients. A list of the organizations with which CWCM frequently collaborates follows:

**Health Care:** We have a primary-care provider, collaborative relationship with the Housing and Urban Health Clinic (a DPH clinic) through a formalized agency agreement. We work with Lyon-Martin Clinic, and other health consortium providers. As a UCSF program we use UCSF & SFGH outpatient medical clinics regularly. We have staff from the CWCM Linkage team placed at Mission Mental Health clinic, Chinatown North Beach mental health clinic, and South of Market mental health clinic.

**Housing:** Direct Access to Housing, Shelter Plus Care, Tenderloin Neighborhood Development Corp., Kinney Hotel, Mission Housing Development, Tenderloin Housing Clinic, Community Housing Partnership, Hamilton House, Conard, Baker and Progress Foundation

**Entitlements:** Positive Resource Center, PGO, Lutheran, Conard, Community Payee Partnership, and Walden Payee services

**Criminal Justice:** San Francisco Behavioral Health Court, Jail Psychiatric Services, San Francisco Sheriff's department (all CWCMF staff have jail clearance), Office of Collaborative Courts, Public Defender's office, District Attorney's office, San Francisco Police Department, Positive Directions, Center on Juvenile and Criminal Justice, Mission Council, Northern California Service League, Recovery Survival Network, Reentry Council, San Francisco Pretrial Services, Women's Resource Center.

**Substance Abuse:** Ozanam, Sage foundation, Redwood Center, Smith House, Center For Recovery, Walden House, Salvation Army, TAP

**Employment Services:** Asian Neighborhood Design, Goodwill Industries, Department of Rehabilitation, RAMS Hire-Ability, Caminar Jobs Plus, Positive Resource Center, Community Housing Partnership, Mayor's Office on Economic and Workforce Development.

**Community resources:** OASIS, St Anthony's, Glide, Margoes Foundation, NAMI, Community Access Ticket Services, Central Market Benefits District, IHSS Consortium, Hospitality House, Child Protective Services, Mental Health Association of SF.

The FI Program is a collaboration of CWCM, Asian Neighborhood Design and CBHS. Employment staff from CWCM participate in the SFDPH's Job Developers Group (monthly meeting that involves various systems serving/providing vocational services); ongoing relationship/collaboration with the California State Department of Rehabilitation; and involvement in the CBHS Co-Operative group (streamlined referral system amongst RAMS Hire-Ability, State Dept of Rehabilitation, Positive Resource Center and Caminar). CWCM Employment Specialists have chaired the San Francisco Mayor's Committee for Employment of People with Disabilities (SFMCEPD). CWCM Employment staff conduct extensive Job Development activities to create relationships with businesses and employers. CWCM Employment staff provide support and coaching into the workforce and connect participants to additional resources as needed (e.g. Department of Rehabilitation, educational/training resources, housing, benefits, and clothing & transportation resources.)

#### **E. Exit Process and Successful Completion Criteria**

Trainees successfully complete the program when they have achieved: (1) 85% attendance rate at both the classroom and paid internship training; (2) Vocational Development Plan goals are achieved and (3) a Job Development plan is in place. Upon successful completion/discharge, referral can be to



competitive employment, volunteer internships, education, or salaried employment in the light construction and remodeling industries. In this pursuit, the FI Employment Specialist may assist with job search & placement assistance and provide job coaching, counseling and guidance. The FI program is a program of the CWCM Employment Services which offers a spectrum of vocational services. Graduates of the FI program may transition into the Employment Services, which is funded through a contract with the CBHS Vocational Co-Op and CA State Department of Rehabilitation. This program provides a higher level of individualized job preparation using classroom and individual meetings, job development, individualized plans & job placement, and follow-along services to consumers.

**F. Program Staffing**

One full-time CWCM Employment Specialist and one sub-contracted AND Instructor, program manager, controller and leadership and architect supports from Citywide Employment Program and Asian Neighborhood Design.

**7. Objectives and Measurements:**

**A. MHSA Goal: Increased access to and utilization of behavioral health services**

*Individualized Performance Objective:* By June 30, 2015, the FI Program will have accepted at least 20 CBHS consumers in the vocational training program and 10 will have completed the entire 9-month classroom and paid internship training.

**B. MHSA Goal: Increased ability to manage symptoms and/or achieve desired quality-of-life goals as set by program participants**

*Individualized Performance Objective:* At program completion, 75% of trainee graduates will have met their vocational goals, which are collaboratively developed between the FI Employment Specialist and trainee, as evidenced by Vocational Plan summary reports.

**C. MHSA Goal: Increased ability to cope with stress and express optimism and hope for the future**

*Individualized Performance Objective:* At program completion, 75% of trainee graduates will indicate improvements to their coping abilities as evidenced by post-program evaluations and satisfaction surveys.

**8. Continuous Quality Improvement:**

**A. Achievement of contract performance objectives:** Conduct twice monthly administrative meetings between CWCM, AND and CBHS to review operational goals and problems and progress toward contract objectives.

CWCM monitors contract objectives through several methods such as daily data analysis and monthly review of consumer individual vocational goals/objectives, regular weekly meetings between the CWCM Employment Specialist and consumer served, weekly individual supervision between supervisors and supervisees to discuss consumer caseload with regard to intervention strategies, vocational plans & progress, documentation auditing, productivity and overall contract objectives. Other significant activities to ensure achievement of contract performance objectives

include regular weekly program staff meetings and program management meetings where issues related to overcoming any barriers to achieving performance objectives are discussed.

CWCM continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff are informed of objectives and the required documentation related to program activities and outcomes. The majority of program objectives are measured by participant scores, program evaluations and post-program surveys. The CWCM Employment Director reports progress status towards each contract objective to the Direct Supervisor and Division Director in ongoing weekly and bi-weekly meetings. If the project progress has not been achieved for the month, the Program Director identifies barriers and develops a plan of action. In addition, the Program Director monitors programming/service progress (level of engagement by participants, level of program goals/objective achieved, program exit reasons and service/resource utilization. The Program Director will oversee the subcontract with AND and address any problems or issues with AND management in collaboration with CWCM Management and the proposed Steering Committee. CWCM conducts random file/chart and database reviews to review adherence to objectives as well as service documentation requirements.

**B. Documentation quality, including a description of internal audits**

Supervisor will train staff on accurate charting procedures and conduct internal monthly audits to ensure CBHS documentation standards. Based on this review, the CWCM Supervisor will provide determinations/recommendations related to service authorizations including frequency and modality/type of services, and the match to client's progress & vocational/clinical needs through direct feedback to staff members. Furthermore, employment supervisors monitor the service documentation of their supervisees; staff meet weekly with their supervisors to review caseload with regard to service strategies, vocational plans & progress, documentation, productivity, etc. On a quarterly basis, the Program Director and Employment Supervisor conduct a review of randomly selected charts to monitor quality & timeliness and provide feedback directly to staff as well as general summaries at staff meetings. The selection is such that each individual provider is reviewed at least annually.

**C. Cultural competency of staff and services:** A Cultural Competency committee meets monthly at Citywide. Its purpose is to advise the Division Director about issues relating to the cultural competency of the Division's services, to support recruitment and retention of a culturally and linguistically diverse staff, to plan and implement mandatory cultural competency in-services for all staff, and to participate in completing the CBHS cultural competency report. A representative from the Citywide Employment program attends these committee meetings. Ongoing professional development and enhancement of cultural competency practices are facilitated through in-house regular trainings and referral to CBHS or other sponsored cultural competency trainings. Professional development in this area is further supported through weekly individual supervision with each staff member and through weekly clinical multidisciplinary team meetings. All staff are also trained in the Recovery Model principles with ongoing trainings and tools provided to increase recovery and hope among consumers and staff.



Clients' preferred language for services is noted at intake: during the case assignment process, the CWCM Employment Director matches clients with employment specialists by taking into consideration language, culture and provider expertise. CWCM also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access and Welcoming and Access.

CWCM believes strongly in consumer input and participation in all services provided at 982 Mission Street. Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement primary concerns of the overall program.

CWCM maintains policies and procedures to recruit, retain and promote at all levels a diverse staff and leadership that reflect the multi-cultural, multi-lingual diversity of the community. CWCM continues to increase the number of paid consumer staff positions when possible. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service deliver, staffing resources) through the frequent use of the Plan, Do, Study, Act (PDSA) Model for Improvement.

#### **D. Client Satisfaction**

CWCM adheres to the CBHS satisfaction survey protocols which include dissemination annually or biannually. In addition, the FI Program will administer its own client satisfaction surveys at case closure and upon completion of DPH Clinic Improvements. Satisfaction Surveys will be distributed at each of the 6 sites and include distribution to consumers, family members and staff. Focus groups will be held with consumers, family members and staff to collect more qualitative feedback on the process, design, implementation, and final results of the remodeling project. All satisfaction survey and feedback results will be compiled and reported to the CWCM Management team, the FI Steering Committee, and CBHS Program Staff.

### **REPORTING REQUIREMENTS**

CWCM is committed to complying with the Reporting Requirements as outlined by the CBHS Office of Contract Compliance. An annual program report will be submitted detailing progress made towards achieving the above projected activities and outcomes including providing supporting documentation by September 1<sup>st</sup>, 2015.

#### **9. Required Language: Not applicable**

**Appendix B  
Calculation of Charges**

**1. Method of Payment**

**FFS Option**

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

**Actual Cost**

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

**2. Program Budgets and Final Invoice**

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

Budget Summary  
Appendix B-1 Citywide Linkage Team  
Appendix B-2 NOVA  
Appendix B-3 Citywide Case Management Roving Team  
Appendix B-4 Citywide Services for Supportive Housing  
Appendix B-5 STOP  
Appendix B-6 First Impressions

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **\$12,940** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

| Term                                   | Amount          |
|--|-----------------|
| July 1, 2010 through June 30, 2011     | \$5,930,755     |
| July 1, 2011 through June 30, 2012     | \$6,638,684     |
| July 1, 2012 through June 30, 2013     | \$2,723,728     |
| July 1, 2013 through June 30, 2014     | \$3,693,203     |
| July 1, 2014 through June 30, 2015     | \$3,975,670     |
| July 1, 2015 through December 31, 2015 | \$1,987,835     |
| Contingency                            | <u>\$12,940</u> |
| July 1, 2010 through December 31, 2015 | \$24,962,815    |

**FFS option**

C. A final closing invoice, clearly marked "FINAL," shall be submitted no later than sixty (60) calendar days following the closing date of the Agreement, and shall include only those Services rendered during the referenced period of performance. If Services are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City. City's final reimbursement to the Contractor at the close of the Agreement period shall be adjusted to conform to

actual units certified multiplied by the unit rates identified in the Program Budgets attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

**Actual Cost Option**

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

# DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number: 00117

Prepared By/Phone #: Constance Revore (415)597-8047

Fiscal Year: 14/15

Contractor Name: **UC Regents/UC Citywide**

Document Date: 07/01/14

Appendix B, Page 3

Contract CMS #: 6906

| Contract Appendix Number:                        | B-1               | B-2               | B-3               | B-4                                      | B-5                         | B-6               |                  |
|--|-------------------|-------------------|-------------------|--|-----------------------------|-------------------|------------------|
| Appendix A/Program Name:                         | Citywide Linkage  | NOVA              | Citywide Roving   | Citywide Services for Supportive Housing | STOP                        | First Impressions | Total            |
| Provider Number                                  | 8911              | 8911              | 8911              | 8911                                     | 383832                      | 8911              |                  |
| Program Code(s)                                  | 89114MH           | 8911NO            | 8911RT            | 8911SH                                   | 38321                       | 8911FI            |                  |
| 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 |                  |
| <b>FUNDING USES</b>                              |                   |                   |                   |  |                             |                   |                  |
| Salaries & Employee Benefits:                    | 733,702           | 147,181           | 764,861           | 1,407,538                                | 53,605                      | 102,443           | 3,209,330        |
| Operating Expenses:                              | 21,941            | 4,815             | 52,810            | 85,972                                   | 6,148                       | 168,692           | 340,378          |
| Capital Expenses:                                | -                 | -                 | -                 | -  | -                           | -                 | -                |
| Subtotal Direct Expenses:                        | 755,643           | 151,996           | 817,671           | 1,493,510                                | 59,753                      | 271,135           | 3,549,707        |
| Indirect Expenses:                               | 90,677            | 18,239            | 98,120            | 179,220                                  | 7,170                       | 32,536            | 425,962          |
| Indirect %:                                      | 12%               | 12%               | 12%               | 12%                                      | 12%                         | 12%               | 12%              |
| <b>TOTAL FUNDING USES</b>                        | <b>846,320</b>    | <b>170,235</b>    | <b>915,791</b>    | <b>1,672,730</b>                         | <b>66,923</b>               | <b>303,671</b>    | <b>3,975,670</b> |
|  |                   |                   |                   |  | Employee Fringe Benefits %: |                   | 39%              |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>         |                   |                   |                   |  |                             |                   |                  |
| MH FED - SDMC Regular FFP (50%)                  | 192,257           |                   | 391,957           | 623,793                                  |                             |                   | 1,208,007        |
| MH STATE - MH Realignment                        | 200,000           |                   |                   |  |                             |                   | 200,000          |
| MH COUNTY - General Fund                         | 441,556           |                   | 32,744            | 1,024,217                                |                             |                   | 1,498,517        |
| MH COUNTY - General Fund - CODB                  | 12,507            |                   |                   | 24,720                                   |                             | 3,671             | 40,898           |
| MH COUNTY - General Fund - WO CODB               |                   | 2,516             | 7,257             |  |                             |                   | 9,773            |
| MH STATE - MHSA (INN)                            |                   |                   |                   |  |                             | 300,000           | 300,000          |
| MH WORK ORDER - Sheriff's Department             |                   | 167,719           |                   |  |                             |                   | 167,719          |
| MH WORK ORDER - Human Services Agency            |                   |                   | 483,833           |  |                             |                   | 483,833          |
|  |                   |                   |                   |  |                             |                   | -                |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>   | <b>846,320</b>    | <b>170,235</b>    | <b>915,791</b>    | <b>1,672,730</b>                         | <b>-</b>                    | <b>303,671</b>    | <b>3,908,747</b> |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>       |                   |                   |                   |  |                             |                   |                  |
| SA FED - Drug Medi-Cal, CFDA #93.778             |                   |                   |                   |  | 25,500                      |                   | 25,500           |
| SA STATE - PSR Drug Medi-Cal                     |                   |                   |                   |  | 25,500                      |                   | 25,500           |
| SA COUNTY - SA General Fund                      |                   |                   |                   |  | 15,923                      |                   | 15,923           |
|  |                   |                   |                   |  |                             |                   | -                |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b> | <b>-</b>          | <b>-</b>          | <b>-</b>          | <b>-</b>                                 | <b>66,923</b>               | <b>-</b>          | <b>66,923</b>    |
| <b>OTHER DPH FUNDING SOURCES</b>                 |                   |                   |                   |  |                             |                   |                  |
|  |                   |                   |                   |  |                             |                   | -                |
|  |                   |                   |                   |  |                             |                   | -                |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>           | <b>-</b>          | <b>-</b>          | <b>-</b>          | <b>-</b>                                 | <b>-</b>                    | <b>-</b>          | <b>-</b>         |
| <b>TOTAL DPH FUNDING SOURCES</b>                 | <b>846,320</b>    | <b>170,235</b>    | <b>915,791</b>    | <b>1,672,730</b>                         | <b>66,923</b>               | <b>303,671</b>    | <b>3,975,670</b> |
| <b>NON-DPH FUNDING SOURCES</b>                   |                   |                   |                   |  |                             |                   |                  |
|  |                   |                   |                   |  |                             |                   | -                |
|  |                   |                   |                   |  |                             |                   | -                |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>             | <b>-</b>          | <b>-</b>          | <b>-</b>          | <b>-</b>                                 | <b>-</b>                    | <b>-</b>          | <b>-</b>         |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>   | <b>846,320</b>    | <b>170,235</b>    | <b>915,791</b>    | <b>1,672,730</b>                         | <b>66,923</b>               | <b>303,671</b>    | <b>3,975,670</b> |

**DPH 7: Contract-Wide Indirect Detail**

Contractor Name UC Citywide

Document Date: 07/01/14

Appendix B, Page 4

Fiscal Year: 14/15

**1. SALARIES & BENEFITS**

| Position Title                       | FTE | Salaries    |
|--------------------------------------|-----|-------------|
|                                      |     |             |
|                                      |     |             |
|                                      |     |             |
|                                      |     |             |
|                                      |     |             |
|                                      |     |             |
|                                      |     |             |
| EMPLOYEE FRINGE BENEFITS             |     | \$ -        |
| <b>TOTAL SALARIES &amp; BENEFITS</b> |     | <b>\$ -</b> |

**2. OPERATING COSTS**

| Expenditure Category  | Amount            |
|---|-------------------|
| <b>University-wide Flat Indirect Rate charged to Sponsored Projects with DPH: 12%</b> |                   |
| Citywide Linkage  | \$ 90,677         |
| NoVA  | \$ 18,239         |
| Citywide Roving   | \$ 98,120         |
| CW Services for Supportive Housing  | \$ 179,220        |
| Citywide STOP   | \$ 7,170          |
| First Impressions   | \$ 32,536         |
| <b>TOTAL OPERATING COSTS</b>  | <b>\$ 425,962</b> |

**TOTAL INDIRECT COSTS**

\$ 425,962

(Salaries &amp; Benefits + Operating Costs)

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

|   |                    |                   |                    |                        |                              |                       |
|---|--------------------|-------------------|--------------------|------------------------|------------------------------|-----------------------|
| Contractor Name: UC Regents   |                    |                   |                    |                        | Appendix/Page #: B-1, Page 1 |                       |
| Provider Name: Citywide Case Management                                     |                    |                   |                    |                        | Document Date: 07/01/14      |                       |
| Provider Number: 8911   |                    |                   |                    |                        | Fiscal Year: 14/15           |                       |
| Program Name:   | Citywide Linkage   | Citywide Linkage  | Citywide Linkage   | Citywide Linkage       |                              |                       |
| Program Code:   | 89114MH            | 89114MH           | 89114MH            | 89114MH                |                              |                       |
| Mode/SFC (MH) or Modality (SA):   | 15/01-09           | 15/10-56          | 15/60-69           | 15/70-79               |                              |                       |
| Service Description:  | Case Mgt Brokerage | MH Svcs           | Medication Support | Crisis Intervention-OP |                              | <b>TOTAL</b>          |
| <b>FUNDING TERM:</b>  | 07/01/14-06/30/15  | 07/01/14-06/30/15 | 07/01/14-06/30/15  | 07/01/14-06/30/15      |                              |                       |
| <b>FUNDING USES</b>   |                    |                   |                    |                        |                              |                       |
| Salaries & Employee Benefits:   | 337,241            | 353,466           | 32,168             | 10,827                 |                              | 733,702               |
| Operating Expenses:   | 10,085             | 10,570            | 962                | 324                    |                              | 21,941                |
| Capital Expenses:   | -                  | -                 | -                  | -                      |                              | -                     |
| <b>Subtotal Direct Expenses:</b>  | <b>347,326</b>     | <b>364,036</b>    | <b>33,130</b>      | <b>11,151</b>          |                              | <b>755,643</b>        |
| Indirect Expenses:  | 41,679             | 43,684            | 3,976              | 1,338                  |                              | 90,677                |
| <b>TOTAL FUNDING USES:</b>  | <b>389,005</b>     | <b>407,720</b>    | <b>37,106</b>      | <b>12,489</b>          | -                            | <b>846,320</b>        |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                                    |                    |                   |                    |                        |                              |                       |
| MH FED - SDMC Regular FFP (50%)   | HMHMCC730515       | 88,369            | 92,621             | 8,429                  | 2,838                        | 192,25                |
| MH STATE - MH Realignment   | HMHMCC730515       | 91,929            | 96,351             | 8,769                  | 2,951                        | 200,000               |
| MH COUNTY - General Fund  | HMHMCC730515       | 202,958           | 212,723            | 19,360                 | 6,515                        | 441,556               |
| MH COUNTY - General Fund - CODB   | HMHMCC730515       | 5,749             | 6,025              | 548                    | 185                          | 12,507                |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                              |                    | <b>389,005</b>    | <b>407,720</b>     | <b>37,106</b>          | <b>12,489</b>                | <b>846,320</b>        |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>                                  |                    |                   |                    |                        |                              |                       |
|   |                    |                   |                    |                        |                              | -                     |
|   |                    |                   |                    |                        |                              | -                     |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>                            |                    | -                 | -                  | -                      | -                            | -                     |
| <b>OTHER DPH FUNDING SOURCES</b>  |                    |                   |                    |                        |                              |                       |
|   |                    |                   |                    |                        |                              | -                     |
|   |                    |                   |                    |                        |                              | -                     |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                                      |                    | -                 | -                  | -                      | -                            | -                     |
| <b>TOTAL DPH FUNDING SOURCES</b>  |                    | <b>389,005</b>    | <b>407,720</b>     | <b>37,106</b>          | <b>12,489</b>                | <b>846,320</b>        |
| <b>NON-DPH FUNDING SOURCES</b>  |                    |                   |                    |                        |                              |                       |
|   |                    |                   |                    |                        |                              | -                     |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |                    | -                 | -                  | -                      | -                            | -                     |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                              |                    | <b>389,005</b>    | <b>407,720</b>     | <b>37,106</b>          | <b>12,489</b>                | <b>846,320</b>        |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                                   |                    |                   |                    |                        |                              |                       |
| Number of Beds Purchased (if applicable):                                   |                    |                   |                    |                        |                              |                       |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes):                   |                    |                   |                    |                        |                              |                       |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program: |                    |                   |                    |                        |                              |                       |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                           | FFS                | FFS               | FFS                | FFS                    |                              |                       |
| DPH Units of Service:   | 217,321            | 159,266           | 7,980              | 3,773                  |                              |                       |
| Unit Type:  | Staff Minute       | Staff Minute      | Staff Minute       | Staff Minute           |                              |                       |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):                        | 1.79               | 2.56              | 4.65               | 3.31                   |                              |                       |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):              | 1.79               | 2.56              | 4.65               | 3.31                   |                              |                       |
| Published Rate (Medi-Cal Providers Only):                                   | 2.70               | 2.95              | 5.20               | 4.30                   |                              |                       |
| Unduplicated Clients (UDC):   |                    |                   |                    |                        |                              | <b>Total UDC: 315</b> |



Appendix/Page #: B-1, Page 2

Program Name: Citywide Linkage

Document Date: 7/1/14303157

393,157  
153,331  
2831

**TOTAL SALARIES & BENEFITS**

**\$733,702**

**\$733,702**

**\$0**

**\$0**

**\$0**

**\$0**

**DPH 4: Operating Expenses Detail**

Program Code: 89114MH

Program Name: Citywide Linkage

Document Date: 07/01/14

Appendix/Page #: B-1, Page 3

| Expenditure Category   | TOTAL                   | SDMC Regular FFP (50%)<br>MH Realignment Fund HMMCC730515 |             |             |             |             |
|--|-------------------------|---|-------------|-------------|-------------|-------------|
|  | Term: 07/01/14-06/30/15 | Term: 07/01/14-06/30/15                                   | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| <b>Occupancy:</b>  |                         |   |             |             |             |             |
| Rent   |                         |   |             |             |             |             |
| Utilities(telephone, cell, pagers)   | \$ 200                  | \$ 200  |             |             |             |             |
| Building Repair/Maintenance  |                         |   |             |             |             |             |
| <b>Materials &amp; Supplies:</b>   |                         |   |             |             |             |             |
| Office Supplies  | \$ 500                  | \$ 500  |             |             |             |             |
| Photocopying   |                         |   |             |             |             |             |
| Medical Supplies   |                         |   |             |             |             |             |
| Computer hardware/software   |                         |   |             |             |             |             |
| <b>General Operating:</b>  |                         |   |             |             |             |             |
| Training/Staff Development   |                         |   |             |             |             |             |
| Insurance  |                         |   |             |             |             |             |
| Professional License   |                         |   |             |             |             |             |
| Permits  |                         |   |             |             |             |             |
| Equipment Lease & Maintenance  |                         |   |             |             |             |             |
| <b>Staff Travel:</b>   |                         |   |             |             |             |             |
| Local Travel   | \$ 1,972                | \$ 1,972  |             |             |             |             |
| Out-of-Town Travel   |                         |   |             |             |             |             |
| Field Expenses   |                         |   |             |             |             |             |
| <b>Consultant/Subcontractor:</b>   |                         |   |             |             |             |             |
|  |                         |   |             |             |             |             |
|  |                         |   |             |             |             |             |
| <b>Other UC Direct Costs:</b>  |                         |   |             |             |             |             |
| Data Network Recharge  | \$ 3,380                | \$ 3,380  |             |             |             |             |
| CCDSS: Computing and Communication Device Support Services   | \$ 3,792                | \$ 3,792  |             |             |             |             |
| GAEL: General Automobile and Employee Liability Charges  | \$ 4,053                | \$ 4,053  |             |             |             |             |
| UCSF Faculty and Staff Recharge  | \$ 6,954                | \$ 6,954  |             |             |             |             |
| <b>Other:</b>  |                         |   |             |             |             |             |
| Vocational Services  |                         |   |             |             |             |             |
| Client Food & Client Misc - Client misc expenses include hygiene products, clothing, taxi vouchers/bus tokens etc. | \$ 1,090                | \$ 1,090  |             |             |             |             |

**TOTAL OPERATING EXPENSE**

**\$21,941**

**\$21,941**

**\$0**

**\$0**

**\$0**

**\$0**

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

|   |  |   |         |                              |                   |
|---|--|---|---------|------------------------------|-------------------|
| Contractor Name: UC Regents   |  |   |         | Appendix/Page #: B-2, Page 1 |                   |
| Provider Name: Citywide Case Management                                     |  |   |         | Document Date: 07/01/14      |                   |
| Provider Number: 8911   |  |   |         | Fiscal Year: 14/15           |                   |
| Program Name:   |  | NOVA                                    |         |                              |                   |
| Program Code:   |  | 8911NO                                  |         |                              |                   |
| Mode/SFC (MH) or Modality (SA):   |  | 60/78                                   |         |                              |                   |
| Service Description:  |  | Other Non-Medical<br>Client Support Exp |         |                              | <b>TOTAL</b>      |
| FUNDING TERM:   |  | 07/01/14-06/30/15                       |         |                              |                   |
| <b>FUNDING USES:</b>  |  |   |         |                              |                   |
| Salaries & Employee Benefits:   |  | 147,181                                 |         |                              | 147,181           |
| Operating Expenses:   |  | 4,815                                   |         |                              | 4,815             |
| Capital Expenses:   |  | -                                       |         |                              | -                 |
| Subtotal Direct Expenses:   |  | 151,996                                 |         |                              | 151,996           |
| Indirect Expenses:  |  | 18,239                                  |         |                              | 18,239            |
| TOTAL FUNDING USES:   |  | 170,235                                 |         |                              | 170,235           |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                                    |  |   |         |                              |                   |
| MH WORK ORDER - Sheriff's Department  |  | HMHMNOVAPRWO                            | 167,719 |                              | 167,719           |
| MH COUNTY - General Fund - WO CODB  |  | HMHMCC730515                            | 2,516   |                              | 2,516             |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES                                     |  |   | 170,235 | -                            | 170,235           |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>                                  |  |   |         |                              |                   |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES                                   |  |   | -       | -                            | -                 |
| <b>OTHER DPH FUNDING SOURCES</b>  |  |   |         |                              |                   |
| TOTAL OTHER DPH FUNDING SOURCES   |  |   | -       | -                            | -                 |
| TOTAL DPH FUNDING SOURCES   |  |   | 170,235 | -                            | 170,235           |
| <b>NON-DPH FUNDING SOURCES</b>  |  |   |         |                              |                   |
| TOTAL NON-DPH FUNDING SOURCES   |  |   | -       | -                            | -                 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH)                                     |  |   | 170,235 | -                            | 170,235           |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                                   |  |   |         |                              |                   |
| Number of Beds Purchased (if applicable):                                   |  |   |         |                              |                   |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes):                   |  |   |         |                              |                   |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program: |  |   |         |                              |                   |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                           |  | CR                                      |         |                              |                   |
| DPH Units of Service:   |  | 2,917                                   |         |                              |                   |
| Unit Type:  |  | Staff Hours                             |         |                              |                   |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):                        |  | 58.36                                   |         |                              |                   |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):              |  | 58.36                                   |         |                              |                   |
| Published Rate (Medi-Cal Providers Only):                                   |  |   |         |                              |                   |
| Unduplicated Clients (UDC):   |  |   |         |                              | <b>Total UDC:</b> |
|   |  |   |         |                              | 30                |

### DPH 3: Salaries & Benefits Detail

Program Code: 8911NO

Program Name: NoVA

Document Date: 07/01/14

Appendix/Page #: B-2, Page 2[illegible]

|                                  |     |    |        |    |       |     |          |  |  |  |  |  |  |
|----------------------------------|-----|----|--------|----|-------|-----|----------|--|--|--|--|--|--|
| <b>Employee Fringe Benefits:</b> | 39% | \$ | 41,295 | 0% | \$610 | 39% | \$40,685 |  |  |  |  |  |  |
|----------------------------------|-----|----|--------|----|-------|-----|----------|--|--|--|--|--|--|

**TOTAL SALARIES & BENEFITS**

**\$147,181**

**\$2,175**

**\$145,006**

**\$0**

\$0

50

## DPH 4: Operating Expenses Detail

Program Code: 8911NO

Program Name: NOVA

Document Date: 07/01/14

Appendix/Page #: B-2, Page 3

| Expenditure Category  | TOTAL                   | WO - CODB<br>HMHMCC730515 | Sheriff's WO-NOVA<br>HMHMNOVAPRW |             |             |             |
|---|-------------------------|---------------------------|----------------------------------|-------------|-------------|-------------|
|   | Term: 07/01/14-06/30/15 | Term: 07/01/14-06/30/15   | Term: 07/01/14-06/30/15          | Term: _____ | Term: _____ | Term: _____ |
| <b>Occupancy:</b>   |                         |                           |                                  |             |             |             |
| Rent  | \$ -                    |                           |                                  |             |             |             |
| Utilities(telephone, cell, pagers)  | \$ -                    |                           |                                  |             |             |             |
| Building Repair/Maintenance   | \$ -                    |                           |                                  |             |             |             |
| <b>Materials &amp; Supplies:</b>  |                         |                           |                                  |             |             |             |
| Office Supplies   | \$ 457                  | \$ 7                      | \$ 450                           |             |             |             |
| Photocopying  | \$ -                    |                           |                                  |             |             |             |
| Postage and Mail  | \$ -                    |                           |                                  |             |             |             |
| Medical Supplies  | \$ -                    |                           |                                  |             |             |             |
| Computer hardware/software  | \$ -                    |                           |                                  |             |             |             |
| <b>General Operating:</b>   |                         |                           |                                  |             |             |             |
| Training/Staff Development  | \$ -                    |                           |                                  |             |             |             |
| Insurance   | \$ -                    |                           |                                  |             |             |             |
| Professional License  | \$ -                    |                           |                                  |             |             |             |
| Permits   | \$ -                    |                           |                                  |             |             |             |
| Equipment Lease & Maintenance   | \$ -                    |                           |                                  |             |             |             |
| <b>Staff Travel:</b>  |                         |                           |                                  |             |             |             |
| Local Travel  | \$ -                    |                           |                                  |             |             |             |
| Out-of-Town Travel  | \$ -                    |                           |                                  |             |             |             |
| Field Expenses  | \$ -                    |                           |                                  |             |             |             |
| <b>Consultant/Subcontractor:</b>  |                         |                           |                                  |             |             |             |
|   | \$ -                    |                           |                                  |             |             |             |
|   | \$ -                    |                           |                                  |             |             |             |
|   | \$ -                    |                           |                                  |             |             |             |
| <b>Other UC Direct Costs</b>  |                         |                           |                                  |             |             |             |
| Data Network Recharge   | \$ 704                  | 10                        | 694                              |             |             |             |
| CCDSS: Computing and Communication Device Support Services  | \$ 789                  | 12                        | 777                              |             |             |             |
| GAEL: General Automobile and Employee Liability Charges   | \$ 826                  | 12                        | 814                              |             |             |             |
| UCSF Faculty and Staff Recharge   | \$ 1,439                | 21                        | 1,418                            |             |             |             |
| <b>Other:</b>   |                         |                           |                                  |             |             |             |
| Vocational Services   | \$ -                    |                           |                                  |             |             |             |
| Client Food & Client Misc - Client misc expenses include hygiene products, clothing, taxi vouchers/bus tokens etc | \$ 600                  | 9                         | 591                              |             |             |             |

TOTAL OPERATING EXPENSE

\$4,815

\$71

\$4,744

\$0

\$0

\$0



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

|   |                      |                      |                        |                              |                   |
|---|----------------------|----------------------|------------------------|------------------------------|-------------------|
| Contractor Name: UC Regents   |                      |                      |                        | Appendix/Page #: B-3, Page 1 |                   |
| Provider Name: Citywide Case Management                                     |                      |                      |                        | Document Date: 07/01/14      |                   |
| Provider Number: 8911   |                      |                      |                        | Fiscal Year: 14/15           |                   |
| Program Name:   | Citywide Roving Team | Citywide Roving Team | Citywide Roving Team   |                              |                   |
| Program Code:   | 8911RT               | 8911RT               | 8911RT                 |                              |                   |
| Mode/SFC (MH) or Modality (SA):   | 15/01-09             | 15/10-56             | 15/70-79               |                              |                   |
| Service Description:  | Case Mgt Brokerage   | MH Svcs              | Crisis Intervention-OP |                              | <b>TOTAL</b>      |
| FUNDING TERM:   | 07/01/14-06/30/15    | 07/01/14-06/30/15    | 07/01/14-06/30/15      |                              |                   |
| <b>FUNDING USES</b>   |                      |                      |                        |                              |                   |
| Salaries & Employee Benefits:   | 53,540               | 703,672              | 7,649                  |                              | 764,861           |
| Operating Expenses:   | 3,697                | 48,585               | 528                    |                              | 52,810            |
| Capital Expenses:   |                      | -                    | -                      |                              | -                 |
| Subtotal Direct Expenses:   | 57,237               | 752,257              | 8,177                  |                              | 817,671           |
| Indirect Expenses:  | 6,868                | 90,271               | 981                    |                              | 98,120            |
| <b>TOTAL FUNDING USES:</b>  | <b>64,105</b>        | <b>842,528</b>       | <b>9,158</b>           |                              | <b>915,791</b>    |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                                    |                      |                      |                        |                              |                   |
| MH FED - SDMC Regular FFP (50%)   | HMHMCC730515         | 27,437               | 360,600                | 3,920                        | 391,957           |
| MH COUNTY - General Fund  | HMHMCC730515         | 2,292                | 30,125                 | 327                          | 32,744            |
| MH COUNTY - General Fund - WO CODB  | HMHMCC730515         | 508                  | 6,676                  | 73                           | 7,257             |
| MH WORK ORDER - Human Services Agency                                       | HMHMROVINGWO         | 33,868               | 445,127                | 4,838                        | 483,833           |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                              |                      | <b>64,105</b>        | <b>842,528</b>         | <b>9,158</b>                 | <b>915,791</b>    |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>                                  |                      |                      |                        |                              |                   |
|   |                      |                      |                        |                              | -                 |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>                            |                      | -                    | -                      | -                            | -                 |
| <b>OTHER DPH FUNDING SOURCES</b>  |                      |                      |                        |                              |                   |
|   |                      |                      |                        |                              | -                 |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                                      |                      | -                    | -                      | -                            | -                 |
| <b>TOTAL DPH FUNDING SOURCES</b>  |                      | <b>64,105</b>        | <b>842,528</b>         | <b>9,158</b>                 | <b>915,791</b>    |
| <b>NON-DPH FUNDING SOURCES</b>  |                      |                      |                        |                              |                   |
|   |                      |                      |                        |                              | -                 |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |                      | -                    | -                      | -                            | -                 |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                              |                      | <b>64,105</b>        | <b>842,528</b>         | <b>9,158</b>                 | <b>915,791</b>    |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                                   |                      |                      |                        |                              |                   |
| Number of Beds Purchased (if applicable):                                   |                      |                      |                        |                              |                   |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes):                   |                      |                      |                        |                              |                   |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program: |                      |                      |                        |                              |                   |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                           | FFS                  | FFS                  | FFS                    |                              |                   |
| DPH Units of Service:   | 37,709               | 351,053              | 2,482                  |                              |                   |
| Unit Type:  | Staff Minute         | Staff Minute         | Staff Minute           |                              |                   |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):                        | 1.70                 | 2.40                 | 3.69                   |                              |                   |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):              | 1.70                 | 2.40                 | 3.69                   |                              |                   |
| Published Rate (Medi-Cal Providers Only):                                   | 2.70                 | 2.95                 | 4.30                   |                              |                   |
| Unduplicated Clients (UDC):   |                      |                      |                        |                              | <b>Total UDC:</b> |
|   |                      |                      |                        |                              | 120               |



### DPH 3: Salaries & Benefits Detail

Program Code: 8911RT

Program Name: Citywide Roving Team

Document Date: 07/01/14

Appendix/Page #: B-3, Page 2

|   | TOTAL                   |            | General Fund & WO CODB<br>HMHMCC730515 |          | Human Service Agency WO<br>HMHMROVINGWO |          |       |          |       |          |       |          |
|---|-------------------------|------------|--|----------|---|----------|-------|----------|-------|----------|-------|----------|
|   | Term: 07/01/14-06/30/15 |            | Term: 07/01/14-06/30/15                |          | Term: 07/01/14-06/30/15                 |          | Term: |          | Term: |          | Term: |          |
| Position Title                          | FTE                     | Salaries   | FTE                                    | Salaries | FTE                                     | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries |
| Supervising Clinical Social Worker      | 1.00                    | \$ 95,156  | 0.47                                   | 44,723   | 0.53                                    | 50,433   |       |          |       |          |       |          |
| Clinical Social Worker III - Supervisor | 0.87                    | \$ 71,031  | 0.41                                   | 33,385   | 0.46                                    | 37,646   |       |          |       |          |       |          |
| Clinical Social Workers I/II            | 4.12                    | \$ 296,409 | 1.94                                   | 139,312  | 2.18                                    | 157,097  |       |          |       |          |       |          |
| Social Work Associate                   | 0.88                    | \$ 38,809  | 0.41                                   | 18,240   | 0.47                                    | 20,569   |       |          |       |          |       |          |
| Administrative Assistant II             | 1.00                    | \$ 52,931  | 0.47                                   | 24,878   | 0.53                                    | 28,053   |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
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|   |                         |            |  |          |   |          |       |          |       |          |       |          |
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|   |                         |            |  |          |   |          |       |          |       |          |       |          |
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|   |                         |            |  |          |   |          |       |          |       |          |       |          |
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|   |                         |            |  |          |   |          |       |          |       |          |       |          |
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|   |                         |            |  |          |   |          |       |          |       |          |       |          |
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|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
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|   |                         |            |  |          |   |          |       |          |       |          |       |          |
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|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |
|   |                         |            |  |          |   |          |       |          |       |          |       |          |

|                                  |     |    |         |     |          |     |           |  |  |  |  |  |  |  |
|----------------------------------|-----|----|---------|-----|----------|-----|-----------|--|--|--|--|--|--|--|
| <b>Employee Fringe Benefits:</b> | 38% | \$ | 210,525 | 38% | \$98,947 | 38% | \$111,578 |  |  |  |  |  |  |  |
|----------------------------------|-----|----|---------|-----|----------|-----|-----------|--|--|--|--|--|--|--|

**TOTAL SALARIES & BENEFITS**

**\$764,861**

**\$359,485**

**\$405,376**

**\$0**

**\$0**

\$0

**DPH 4: Operating Expenses Detail**

Program Code: 8911RT

Program Name: Citywide Roving Team

Document Date: 07/01/14

Appendix/Page #: B-3, Page 3

| Expenditure Category   | TOTAL                   | General Fund & WO CODB<br>HMHMCC730515 | Human Service Agency WO<br>HMHMROVINGWO |             |             |             |
|--|-------------------------|--|---|-------------|-------------|-------------|
|  | Term: 07/01/14-06/30/15 | Term: 07/01/14-06/30/15                | Term: 07/01/14-06/30/15                 | Term: _____ | Term: _____ | Term: _____ |
| <b>Occupancy:</b>  |                         |  |   |             |             |             |
| Rent   | \$ 19,000               | \$ 8,930                               | \$ 10,070                               |             |             |             |
| Utilities(telephone, cell, pagers)   | \$ 8,000                | \$ 3,760                               | \$ 4,240                                |             |             |             |
| Building Repair/Maintenance  |                         |  |   |             |             |             |
| <b>Materials &amp; Supplies:</b>   |                         |  |   |             |             |             |
| Office Supplies  | \$ 353                  | \$ 165                                 | \$ 188                                  |             |             |             |
| Photocopying   |                         |  |   |             |             |             |
| Medical Supplies   |                         |  |   |             |             |             |
| Computer hardware/software   |                         |  |   |             |             |             |
| <b>General Operating:</b>  |                         |  |   |             |             |             |
| Training/Staff Development   |                         |  |   |             |             |             |
| Insurance  |                         |  |   |             |             |             |
| Professional License   |                         |  |   |             |             |             |
| Permits  |                         |  |   |             |             |             |
| Equipment Lease & Maintenance  |                         |  |   |             |             |             |
| <b>Staff Travel:</b>   |                         |  |   |             |             |             |
| Local Travel   |                         |  |   |             |             |             |
| Out-of-Town Travel   |                         |  |   |             |             |             |
| Field Expenses   |                         |  |   |             |             |             |
| <b>Consultant/Subcontractor:</b>   |                         |  |   |             |             |             |
|  |                         |  |   |             |             |             |
|  |                         |  |   |             |             |             |
| <b>Other UC Direct Costs:</b>  |                         |  |   |             |             |             |
| Data Network Recharge  | \$ 3,872                | \$ 1,820                               | \$ 2,052                                |             |             |             |
| CCDSS: Computing and Communication Device Support Services   | \$ 4,344                | \$ 2,042                               | \$ 2,302                                |             |             |             |
| GAEL: General Automobile and Employee Liability Charges  | \$ 4,324                | \$ 2,032                               | \$ 2,292                                |             |             |             |
| UCSF Faculty and Staff Recharge  | \$ 7,917                | \$ 3,721                               | \$ 4,196                                |             |             |             |
| <b>Other:</b>  |                         |  | \$ -                                    |             |             |             |
| Client Food & Client Misc - Client misc expenses include hygiene products, clothing, taxi vouchers/bus tokens etc. | \$ 5,000                | \$ 2,350                               | \$ 2,650                                |             |             |             |
| <b>TOTAL OPERATING EXPENSE</b>   | <b>\$52,810</b>         | <b>\$24,820</b>                        | <b>\$27,990</b>                         | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  |

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

|   |  |  |  |  |  |   |
|---|--|--|--|--|--|---|
| Contractor Name: UC Regents<br>Provider Name: Citywide Case Management<br>Provider Number: 8911 |  |  |  |  |  | Appendix/Page #: B-4, Page 1<br>Document Date: 07/01/14<br>Fiscal Year: 14/15 |
|   | Citywide Services<br>for Supportive<br>Housing | Citywide Services<br>for Supportive<br>Housing | Citywide Services<br>for Supportive<br>Housing | Citywide Services<br>for Supportive<br>Housing | Citywide Services<br>for Supportive<br>Housing |   |
| Program Name:   |  |  |  |  |  |   |
| Program Code:   | 8911SH   | 8911SH   | 8911SH   | 8911SH   | 8911SH   |   |
| Mode/SFC (MH) or Modality (SA):   | 15/01-09                                       | 15/10-56                                       | 15/60-69                                       | 15/70-79                                       | 60/78  |   |
| Service Description:  | Case Mgt Brokerage                             | MH Svcs  | Medication Support                             | Crisis Intervention-OP                         | Client Support                                 | <b>TOTAL</b>  |
| <b>FUNDING TERM:</b>  | 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                              |   |
| <b>FUNDING USES</b>   |  |  |  |  |  |   |
| Salaries & Employee Benefits:   | 50,101   | 639,866  | 406,493  | 9,864  | 301,214  | 1,407,538   |
| Operating Expenses:   | 2,059  | 26,295   | 16,704   | 404  | 40,510   | 85,972  |
| Capital Expenses:   | -  | -  | -  | -  | -  | -   |
| <b>Subtotal Direct Expenses:</b>  | <b>52,160</b>                                  | <b>666,161</b>                                 | <b>423,197</b>                                 | <b>10,268</b>                                  | <b>341,724</b>                                 | <b>1,493,510</b>  |
| Indirect Expenses:  | 6,259  | 79,939   | 50,784   | 1,232  | 41,006   | 179,220   |
| <b>TOTAL FUNDING USES:</b>  | <b>58,419</b>                                  | <b>746,100</b>                                 | <b>473,981</b>                                 | <b>11,500</b>                                  | <b>382,730</b>                                 | <b>1,672,730</b>  |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>  |  |  |  |  |  |   |
| MH FED - SDMC Regular FFP (50%)   | HMHMCC730515                                   | 28,249   | 360,785  | 229,198  | 5,561  | 623,793   |
| MH COUNTY - General Fund  | HMHMCC730515                                   | 29,051   | 371,018  | 235,699  | 5,719  | 1,024,217   |
| MH COUNTY - General Fund - CODB   | HMHMCC730515                                   | 1,119  | 14,297   | 9,084  | 220  | 24,720  |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>  |  | <b>58,419</b>                                  | <b>746,100</b>                                 | <b>473,981</b>                                 | <b>11,500</b>                                  | <b>1,672,730</b>  |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |  |  |  |  |  |   |
|   |  |  |  |  |  | -   |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |  | -  | -  | -  | -  | -   |
| <b>OTHER DPH FUNDING SOURCES</b>  |  |  |  |  |  |   |
|   |  |  |  |  |  | -   |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>  |  | -  | -  | -  | -  | -   |
| <b>TOTAL DPH FUNDING SOURCES</b>  |  | <b>58,419</b>                                  | <b>746,100</b>                                 | <b>473,981</b>                                 | <b>11,500</b>                                  | <b>1,672,730</b>  |
| <b>NON-DPH FUNDING SOURCES</b>  |  |  |  |  |  |   |
|   |  |  |  |  |  | -   |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |  | -  | -  | -  | -  | -   |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>  |  | <b>58,419</b>                                  | <b>746,100</b>                                 | <b>473,981</b>                                 | <b>11,500</b>                                  | <b>1,672,730</b>  |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>   |  |  |  |  |  |   |
| Number of Beds Purchased (if applicable):   |  |  |  |  |  |   |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes):                                       |  |  |  |  |  |   |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:                     |  |  |  |  |  |   |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):   | FFS  | FFS  | FFS  | FFS  | CR   |   |
| DPH Units of Service:   | 34,364   | 373,050  | 111,525  | 3,125  | 6,720  |   |
| Unit Type:  | Staff Minute                                   | Staff Minute                                   | Staff Minute                                   | Staff Minute                                   | Staff Hours                                    |   |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):  | 1.70   | 2.00   | 4.25   | 3.68   | 51.48  |   |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                                  | 1.70   | 2.00   | 4.25   | 3.68   | 51.48  |   |
| Published Rate (Medi-Cal Providers Only):   | 2.70   | 2.95   | 5.20   | 4.30   |  |   |
| Unduplicated Clients (UDC):   |  |  |  |  |  | <b>Total UDC:</b><br>210  |

Program Code: 8911SH  
Program Name: Citywide Services for Supportive Housing  
Document Date: 07/01/14

Program Code: 8911SH

**Program Name:** Citywide Services for Supportive Housing

Document Date: 07/01/14

[illegible]

**\$1,407,538**

**\$1,106,324**

**\$301,214**

\$0

**\$0**

\$0

**DPH 4: Operating Expenses Detail**

Program Code: 8911SH  
 Program Name: Citywide Services for Supportive Housing  
 Document Date: 07/01/14

Appendix/Page #: B-4, Page 3

| Expenditure Category  | TOTAL                   | General Fund - CODB<br>HMHMCC730515 | Citywide Services for<br>Supportive Housing (CR)<br>General Fund<br>HMHMCC730515 |             |             |             |
|---|-------------------------|-------------------------------------|--|-------------|-------------|-------------|
|   | Term: 07/01/14-06/30/15 | Term: 07/01/14-06/30/15             | Term: 07/01/14-06/30/15  | Term: _____ | Term: _____ | Term: _____ |
| <b>Occupancy:</b>   |                         |                                     |  |             |             |             |
| Rent  |                         |                                     |  |             |             |             |
| Utilities(telephone, cell, pagers)  |                         |                                     |  |             |             |             |
| Building Repair/Maintenance   |                         |                                     |  |             |             |             |
| <b>Materials &amp; Supplies:</b>  |                         |                                     |  |             |             |             |
| Office Supplies   | \$ 6,000                | \$ 6,000                            |  |             |             |             |
| Photocopying  |                         |                                     |  |             |             |             |
| Medical Supplies  | \$ 1,586                | \$ 1,586                            |  |             |             |             |
| Computer hardware/software  |                         |                                     |  |             |             |             |
| <b>General Operating:</b>   |                         |                                     |  |             |             |             |
| Training/Staff Development  | \$ 500                  | \$ 500                              |  |             |             |             |
| Insurance   |                         |                                     |  |             |             |             |
| Professional License  |                         |                                     |  |             |             |             |
| Permits   |                         |                                     |  |             |             |             |
| Equipment Lease & Maintenance   |                         |                                     |  |             |             |             |
| <b>Staff Travel:</b>  |                         |                                     |  |             |             |             |
| Local Travel  |                         |                                     |  |             |             |             |
| Out-of-Town Travel  |                         |                                     |  |             |             |             |
| Field Expenses  |                         |                                     |  |             |             |             |
| <b>Consultant/Subcontractor:</b>  |                         |                                     |  |             |             |             |
|   |                         |                                     |  |             |             |             |
|   |                         |                                     |  |             |             |             |
| <b>Other UC Direct Costs:</b>   |                         |                                     |  |             |             |             |
| Data Network Recharge   | \$ 6,199                | \$ 4,477                            | \$ 1,722   |             |             |             |
| CCDSS: Computing and Communication Device Support Services  | \$ 6,955                | \$ 5,023                            | \$ 1,932   |             |             |             |
| GAEL: General Automobile and Employee Liability Charges   | \$ 7,956                | \$ 6,253                            | \$ 1,703   |             |             |             |
| UCSF Faculty and Staff Recharge   | \$ 12,776               | \$ 9,255                            | \$ 3,521   |             |             |             |
| <b>Other:</b>   |                         |                                     |  |             |             |             |
| Vocational Services   | \$ 24,000               |                                     | \$ 24,000  |             |             |             |
| Client Food & Client Misc: Client misc expenses include hygiene products, clothing, taxi vouchers/bus tokens etc. | \$ 20,000               | \$ 12,368                           | \$ 7,632   |             |             |             |

**TOTAL OPERATING EXPENSE**

**\$85,972**

**\$45,462**

**\$40,510**

**\$0**

**\$0**

**\$0**



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

|   |                           |                            |                     |              |                              |                      |
|---|---------------------------|----------------------------|---------------------|--------------|------------------------------|----------------------|
| Contractor Name: UC Regents   |                           |                            |                     |              | Appendix/Page #: B-5, Page 1 |                      |
| Provider Name: Citywide STOP  |                           |                            |                     |              | Document Date: 07/01/14      |                      |
| Provider Number: 383832   |                           |                            |                     |              | Fiscal Year: 14/15           |                      |
| Program Name:   | Citywide STOP             | Citywide STOP              | Citywide STOP       |              |                              |                      |
| Program Code:   | 38321                     | 38321                      | 38321               |              |                              |                      |
| Mode/SFC (MH) or Modality (SA):   | Nonres-33                 | Nonres-34                  | Supt-02             |              |                              |                      |
| Service Description:  | SA-Nonresidential ODF Grp | SA-Nonresidential ODF Indv | SA-Support Training |              |                              |                      |
| FUNDING TERM:   | 07/01/14-06/30/15         | 07/01/14-06/30/15          | 07/01/14-06/30/15   |              |                              | <b>TOTAL</b>         |
| <b>FUNDING USES</b>   |                           |                            |                     |              |                              |                      |
| Salaries & Employee Benefits:   | 43,306                    | 3,259                      | 7,040               |              |                              | 53,605               |
| Operating Expenses:   | 5,605                     | 422                        | 121                 |              |                              | 6,148                |
| Capital Expenses:   | -                         | -                          | -                   |              |                              | -                    |
| Subtotal Direct Expenses:   | 48,911                    | 3,681                      | 7,161               |              |                              | 59,753               |
| Indirect Expenses:  | 5,869                     | 442                        | 859                 |              |                              | 7,170                |
| <b>TOTAL FUNDING USES:</b>  | <b>54,780</b>             | <b>4,123</b>               | <b>8,020</b>        |              |                              | <b>66,923</b>        |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                                    |                           |                            |                     |              |                              |                      |
|   |                           |                            |                     |              |                              | -                    |
|   |                           |                            |                     |              |                              | -                    |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                              |                           |                            |                     |              |                              | -                    |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>                                  |                           |                            |                     |              |                              |                      |
|   | Index Code:               |                            |                     |              |                              |                      |
| SA FED - Drug Medi-Cal, CFDA #93.778  | HMHSCCRES227              | 23,715                     | 1,785               |              |                              | 25,500               |
| SA STATE - PSR Drug Medi-Cal  | HMHSCCRES227              | 23,715                     | 1,785               |              |                              | 25,500               |
| SA COUNTY - SA General Fund   | HMHSCCRES227              | 7,350                      | 553                 | 8,020        |                              | 15,923               |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>                            |                           | <b>54,780</b>              | <b>4,123</b>        | <b>8,020</b> |                              | <b>66,923</b>        |
| <b>OTHER DPH FUNDING SOURCES</b>  |                           |                            |                     |              |                              |                      |
|   |                           |                            |                     |              |                              | -                    |
|   |                           |                            |                     |              |                              | -                    |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                                      |                           |                            |                     |              |                              | -                    |
| <b>TOTAL DPH FUNDING SOURCES</b>  |                           | <b>54,780</b>              | <b>4,123</b>        | <b>8,020</b> |                              | <b>66,923</b>        |
| <b>NON-DPH FUNDING SOURCES</b>  |                           |                            |                     |              |                              |                      |
|   |                           |                            |                     |              |                              | -                    |
|   |                           |                            |                     |              |                              | -                    |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |                           |                            |                     |              |                              | -                    |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                              |                           | <b>54,780</b>              | <b>4,123</b>        | <b>8,020</b> |                              | <b>66,923</b>        |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                                   |                           |                            |                     |              |                              |                      |
| Number of Beds Purchased (if applicable):                                   |                           |                            |                     |              |                              |                      |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes):                   |                           | 250                        |                     |              |                              |                      |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program: |                           |                            |                     |              |                              |                      |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                           | FFS                       | FFS                        | CR                  |              |                              |                      |
| DPH Units of Service:   | 1,775                     | 80                         | 40                  |              |                              |                      |
| Unit Type:  | Staff Hour                | Staff Hour                 | Staff Hours         |              |                              |                      |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):                        | 30.86                     | 51.54                      | 200.50              |              |                              |                      |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):              | 30.86                     | 51.54                      | 200.50              |              |                              |                      |
| Published Rate (Medi-Cal Providers Only):                                   | 30.86                     | 71.25                      | -                   |              |                              |                      |
| Unduplicated Clients (UDC):   |                           |                            |                     |              |                              | <b>Total UDC: 60</b> |



### DPH 3: Salaries & Benefits Detail

Program Code: 38321

Program Name: Citywide STOP

Document Date: 07/01/14

Appendix/Page #: B-5, Page 2

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|                                  |     |    |        |     |          |     |         |  |  |  |  |  |  |  |
|----------------------------------|-----|----|--------|-----|----------|-----|---------|--|--|--|--|--|--|--|
| <b>Employee Fringe Benefits:</b> | 38% | \$ | 14,634 | 38% | \$12,859 | 34% | \$1,775 |  |  |  |  |  |  |  |
|----------------------------------|-----|----|--------|-----|----------|-----|---------|--|--|--|--|--|--|--|

**TOTAL SALARIES & BENEFITS**

**\$53,605**

**\$46,565**

**\$7,040**

**\$0**

**\$0**

\$0

## DPH 4: Operating Expenses Detail

Program Code: 38321

Appendix/Page #: B-5, Page 3

Program Name: Citywide STOP

Document Date: 07/01/14

| Expenditure Category                                       | TOTAL                   | Drug Medi-Cal,<br>PSR Drug Medi-Cal<br>& General Fund (FFS)<br>HMHSCCRES227 | General Fund (CR)<br>HMHSCCRES227 |             |             |             |
|--|-------------------------|---|-----------------------------------|-------------|-------------|-------------|
|  | Term: 07/01/14-06/30/15 | Term: 07/01/14-06/30/15   | Term: 07/01/14-06/30/15           | Term: _____ | Term: _____ | Term: _____ |
| <b>Occupancy:</b>  |                         |   |                                   |             |             |             |
| Rent   |                         |   |                                   |             |             |             |
| Utilities(telephone, cell, pagers)                         |                         |   |                                   |             |             |             |
| Building Repair/Maintenance                                |                         |   |                                   |             |             |             |
| <b>Materials &amp; Supplies:</b>                           |                         |   |                                   |             |             |             |
| Office Supplies  | \$ 1,141                | \$ 1,141  |                                   |             |             |             |
| Photocopying   |                         |   |                                   |             |             |             |
| Medical Supplies   |                         |   |                                   |             |             |             |
| Computer hardware/software                                 |                         |   |                                   |             |             |             |
| <b>General Operating:</b>                                  |                         |   |                                   |             |             |             |
| Training/Staff Development                                 |                         |   |                                   |             |             |             |
| Insurance  |                         |   |                                   |             |             |             |
| Professional License                                       |                         |   |                                   |             |             |             |
| Permits  | \$ 3,452                | \$ 3,452  |                                   |             |             |             |
| Equipment Lease & Maintenance                              |                         |   |                                   |             |             |             |
| <b>Staff Travel:</b>                                       |                         |   |                                   |             |             |             |
| Local Travel   |                         |   |                                   |             |             |             |
| Out-of-Town Travel   |                         |   |                                   |             |             |             |
| Field Expenses   |                         |   |                                   |             |             |             |
| <b>Consultant/Subcontractor:</b>                           |                         |   |                                   |             |             |             |
|  |                         |   |                                   |             |             |             |
| <b>Other UC Direct Costs:</b>                              |                         |   |                                   |             |             |             |
| Data Network Recharge                                      | \$ 280                  | \$ 263  | \$ 17                             |             |             |             |
| CCDSS: Computing and Communication Device Support Services | \$ 314                  | \$ 295  | \$ 19                             |             |             |             |
| Gael: General Automobile and Employee Liability Charges    | \$ 345                  | \$ 304  | \$ 41                             |             |             |             |
| UCSF Faculty and Staff Recharge                            | \$ 616                  | \$ 572  | \$ 44                             |             |             |             |

TOTAL OPERATING EXPENSE

\$6,148

\$6,027

\$121

\$0

\$0

\$0

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

|   |  |   |         |                              |                   |
|---|--|---|---------|------------------------------|-------------------|
| Contractor Name: UC Regents   |  |   |         | Appendix/Page #: B-6, Page 1 |                   |
| Provider Name: Citywide Case Management                                     |  |   |         | Document Date: 07/01/14      |                   |
| Provider Number: 8911   |  |   |         | Fiscal Year: 14/15           |                   |
| Program Name:   |  | First Impressions                       |         |                              |                   |
| Program Code:   |  | 8911FI                                  |         |                              |                   |
| Mode/SFC (MH) or Modality (SA):   |  | 60/78                                   |         |                              |                   |
| Service Description:  |  | Other Non-Medical<br>Client Support Exp |         |                              |                   |
| FUNDING TERM:   |  | 07/01/14-06/30/15                       |         |                              | <b>TOTAL</b>      |
| <b>FUNDING USES</b>   |  |   |         |                              |                   |
| Salaries & Employee Benefits:   |  | 102,443                                 |         |                              | 102,443           |
| Operating Expenses:   |  | 168,692                                 |         |                              | 168,692           |
| Capital Expenses:   |  | -                                       |         |                              | -                 |
| Subtotal Direct Expenses:   |  | 271,135                                 |         |                              | 271,135           |
| Indirect Expenses:  |  | 32,536                                  |         |                              | 32,536            |
| TOTAL FUNDING USES:   |  | 303,671                                 |         |                              | 303,671           |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                                    |  |   |         |                              |                   |
| MH STATE - MHSA (INN)   |  | HMHMPROP63<br>PMHS63-1513               | 300,000 |                              | 300,000           |
| MH COUNTY - General Fund - CODB   |  | HMHMCC730515                            | 3,671   |                              | 3,671             |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES                                     |  |   | 303,671 |                              | 303,671           |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>                                  |  |   |         |                              |                   |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES                                   |  |   | -       |                              | -                 |
| <b>OTHER DPH FUNDING SOURCES</b>  |  |   |         |                              |                   |
| TOTAL OTHER DPH FUNDING SOURCES   |  |   | -       |                              | -                 |
| TOTAL DPH FUNDING SOURCES   |  |   | 303,671 |                              | 303,671           |
| <b>NON-DPH FUNDING SOURCES</b>  |  |   |         |                              |                   |
| TOTAL NON-DPH FUNDING SOURCES   |  |   | -       |                              | -                 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH)                                     |  |   | 303,671 |                              | 303,671           |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                                   |  |   |         |                              |                   |
| Number of Beds Purchased (if applicable):                                   |  |   |         |                              |                   |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes):                   |  |   |         |                              |                   |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program: |  |   |         |                              |                   |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                           |  | CR                                      |         |                              |                   |
| DPH Units of Service:   |  | 4,324                                   |         |                              |                   |
| Unit Type:  |  | Client Contact<br>Hours                 |         |                              |                   |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):                        |  | 70.23                                   |         |                              |                   |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):              |  | 70.23                                   |         |                              |                   |
| Published Rate (Medi-Cal Providers Only):                                   |  |   |         |                              |                   |
| Unduplicated Clients (UDC):   |  |   |         |                              | <b>Total UDC:</b> |
|   |  |   |         |                              | 20                |

### DPH 3: Salaries & Benefits Detail

Program Code: 8911FI

Program Name: First Impressions

Document Date: 07/01/14

Appendix/Page #: B-6, Page 2[illegible]

|                                  |     |    |        |     |    |     |     |    |        |  |  |  |  |  |  |
|----------------------------------|-----|----|--------|-----|----|-----|-----|----|--------|--|--|--|--|--|--|
| <b>Employee Fringe Benefits:</b> | 39% | \$ | 28,743 | 39% | \$ | 575 | 39% | \$ | 28,168 |  |  |  |  |  |  |
|----------------------------------|-----|----|--------|-----|----|-----|-----|----|--------|--|--|--|--|--|--|

**TOTAL SALARIES & BENEFITS**

|    |         |
|----|---------|
| \$ | 102,443 |
|----|---------|

|    |       |
|----|-------|
| \$ | 2,049 |
|----|-------|

|    |         |
|----|---------|
| \$ | 100,394 |
|----|---------|

\_\_\_\_\_

\_\_\_\_\_

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**DPH 4: Operating Expenses Detail**

Program Code: 8911FI  
 Program Name: First Impressions  
 Document Date: 07/01/14

Appendix/Page #: B-6, Page 3

| Expenditure Category   | TOTAL                          | WO - CODB<br>HMMCC730515       | MHSA (INN)<br>HMHMPROP63<br>PMHS63-1513 |             |             |             |
|--|--------------------------------|--------------------------------|---|-------------|-------------|-------------|
|  | Term: <u>07/01/14-06/30/15</u> | Term: <u>07/01/14-06/30/15</u> | Term: <u>07/01/14-06/30/15</u>          | Term: _____ | Term: _____ | Term: _____ |
| <b>Occupancy:</b>  |                                |                                |   |             |             |             |
| Rent   |                                |                                |   |             |             |             |
| Utilities(telephone, cell, pagers)   |                                |                                |   |             |             |             |
| Building Repair/Maintenance  |                                |                                |   |             |             |             |
| <b>Materials &amp; Supplies:</b>   |                                |                                |   |             |             |             |
| Office Supplies  | \$ 114                         | \$ 2                           | \$ 112                                  |             |             |             |
| Photocopying   |                                |                                |   |             |             |             |
| Medical Supplies   |                                |                                |   |             |             |             |
| Computer hardware/software   |                                |                                |   |             |             |             |
| <b>General Operating:</b>  |                                |                                |   |             |             |             |
| Training/Staff Development   |                                |                                |   |             |             |             |
| Insurance  |                                |                                |   |             |             |             |
| Professional License   |                                |                                |   |             |             |             |
| Permits  |                                |                                |   |             |             |             |
| Equipment Lease & Maintenance  |                                |                                |   |             |             |             |
| <b>Staff Travel:</b>   |                                |                                |   |             |             |             |
| Local Travel   |                                |                                |   |             |             |             |
| Out-of-Town Travel   |                                |                                |   |             |             |             |
| Field Expenses   |                                |                                |   |             |             |             |
| <b>Consultant/Subcontractor:</b>   |                                |                                |   |             |             |             |
| CONSULTANT/SUBCONTRACTOR (Asian Neighborhood Design, See Appendix A)                     | \$ 165,544                     | \$ 3,311                       | \$ 162,233                              |             |             |             |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) |                                |                                |   |             |             |             |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) |                                |                                |   |             |             |             |
| <b>Other UC Direct Costs:</b>  |                                |                                |   |             |             |             |
| Data Network Recharge  | \$ 590                         | \$ 12                          | \$ 578                                  |             |             |             |
| CCDSS: Computing and Communication Device Support Services                               | \$ 662                         | \$ 13                          | \$ 649                                  |             |             |             |
| GAEL: General Automobile and Employee Liability Charges                                  | \$ 575                         | \$ 12                          | \$ 564                                  |             |             |             |
| UCSF Faculty and Staff Recharge  | \$ 1,207                       | \$ 24                          | \$ 1,183                                |             |             |             |
| <b>Other:</b>  |                                |                                |   |             |             |             |
|  |                                |                                |   |             |             |             |
|  |                                |                                |   |             |             |             |

**TOTAL OPERATING EXPENSE**

**\$168,692**

**\$3,374**

**\$165,319**

**\$0**

**\$0**

**\$0**

**Appendix E**  
**Omitted by Agreement of the Parties**



**Appendix F**  
**Invoice**

Appendix F  
PAGE A - 1

M01 JL 14

3

TBD

☐ User Cd

TBD

GF, SDMC Regular FFP, Realignment

---

July 2014

\*Unduplicated Counts for AIDS Use Only.

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

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

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

DPH Authorization for Payment

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

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A - 2

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

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

Tel No.: (415) 206-8431

Fax No.

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

PHP Division: Community Behavioral Health Services

Control Number

**CBHS**

INVOICE NUMBER:

M02 JL 14

Cl. Blanket No.: BPHM

TBD

User Cd

Cl. PO No.: POHM

TBD

Fund Source:

GF, Fed-SDMC Regular FFP

Invoice Period :

July 2014

Final Invoice:

(Check if Yes)

ACE Control Number:

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

\*Unduplicated Counts for AIDS Use Only.

| DELIVERABLES   |  | Total Contracted |         | Delivered THIS PERIOD |         | Unit Rate | AMOUNT DUE | Delivered to Date |         | % of TOTAL | Remaining Deliverables |             |  |
|--|--|------------------|---------|-----------------------|---------|-----------|------------|-------------------|---------|------------|------------------------|-------------|--|
| Program Name/Reptg. Unit<br>Modality/Mode # - Svc Func (MH Only) |  | UOS              | CLIENTS | UOS                   | CLIENTS |           |            | UOS               | CLIENTS |            | UOS                    | CLIENTS     |  |
| B-4 Citywide Svcs for Supportive Housing PC# - 8911SH            |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
| 15/ 01 - 09 Case Mgt Brokerage                                   |  | 34,364           |         |                       |         | \$ 1.70   | \$ -       | 0.000             |         | 0.00%      |                        | 34,364.000  |  |
| 15/ 10 - 56 MH Svcs  |  | 373,050          |         |                       |         | \$ 2.00   | \$ -       | 0.000             |         | 0.00%      |                        | 373,050.000 |  |
| 15/ 60 - 69 Medication Support                                   |  | 111,525          |         |                       |         | \$ 4.25   | \$ -       | 0.000             |         | 0.00%      |                        | 111,525.000 |  |
| 15/ 70 - 79 Crisis Intervention-OP                               |  | 3,125            |         |                       |         | \$ 3.68   | \$ -       | 0.000             |         | 0.00%      |                        | 3,125.000   |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
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|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
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|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
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|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
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|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
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|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
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|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
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|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |
|  |  |                  |         |                       |         |           |            |                   |         |            |                        |             |  |

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

Prepared: 3/18/2015

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

Appendix F  
PAGE A - 3

Control Number

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

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

**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

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>B-4 Citywide-Svcs for Supportive Housing PC# - 8911SH</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |     |
| 60/ 78 Client Support  | 6,720            |     |                       |     | -                 |     | 0%         |     | 6,720                  |     | 100%       |     |

Unduplicated Counts for AIDS Use Only.

| Description   | BUDGET        | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|---------------|----------------------|------------------|-------------|-------------------|
| Total Salaries  | \$ 218,270.00 | \$ -                 | \$ -             | 0.00%       | \$ 218,270.00     |
| Fringe Benefits                                       | \$ 82,944.00  | \$ -                 | \$ -             | 0.00%       | \$ 82,944.00      |
| <b>Total Personnel Expenses</b>                       | \$ 301,214.00 | \$ -                 | \$ -             | 0.00%       | \$ 301,214.00     |
| Operating Expenses:                                   |               |                      |                  |             |                   |
| Occupancy   | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Materials and Supplies                                | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| General Operating                                     | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Staff Travel  | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Consultant/Subcontractor                              | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Other: Vocational Svcs, Client Food, Misc.            | \$ 31,632.00  | \$ -                 | \$ -             | 0.00%       | \$ 31,632.00      |
| <b>Other: UC Direct Costs</b>                         | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Data Network Recharge                                 | \$ 1,722.00   | \$ -                 | \$ -             | 0.00%       | \$ 1,722.00       |
| CCDSS: Computing and Communication                    | \$ 1,932.00   | \$ -                 | \$ -             | 0.00%       | \$ 1,932.00       |
| Device Support Services                               | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| GAEI: General Automobile & Employee Liability Charges | \$ 1,703.00   | \$ -                 | \$ -             | 0.00%       | \$ 1,703.00       |
| UCSF Faculty and Staff Recharge                       | \$ 3,521.00   | \$ -                 | \$ -             | 0.00%       | \$ 3,521.00       |
| <b>Total Operating Expenses</b>                       | \$ 40,510.00  | \$ -                 | \$ -             | 0.00%       | \$ 40,510.00      |
| <b>Capital Expenditures</b>                           | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| <b>TOTAL DIRECT EXPENSES</b>                          | \$ 341,724.00 | \$ -                 | \$ -             | 0.00%       | \$ 341,724.00     |
| Indirect Expenses                                     | \$ 41,006.00  | \$ -                 | \$ -             | 0.00%       | \$ 41,006.00      |
| <b>TOTAL EXPENSES</b>                                 | \$ 382,730.00 | \$ -                 | \$ -             | 0.00%       | \$ 382,730.00     |
| <b>Less: Initial Payment Recovery</b>                 |               |                      |                  |             |                   |
| <b>Other Adjustments (DPH use only)</b>               |               |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>                                  |               | \$ -                 |                  |             |                   |

NOTES:

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

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

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

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

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

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

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

DPH Authorization for Payment

Authorized Signatory

Date

# DEPARTMENT OF PUBLIC HEALTH CONTRACT COST REIMBURSEMENT INVOICE

Appendix F  
PAGE A - 4

Control Number

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

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

Tel No.: (415) 206-8431

Fax No.:

**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

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA-Prop63-PMHS63-1513

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>B-6 First Impressions PC# - 8911FI</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |     |
| 60/ 78 Other Non-Medical Client           | 4,324            |     |                       |     | -                 |     | 0%         |     | 4,324                  |     | 100%       |     |
| Support Exp                               |                  |     |                       |     |                   |     |            |     |                        |     |            |     |

Unduplicated Counts for AIDS Use Only.

| Description   | BUDGET        | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|---------------|----------------------|------------------|-------------|-------------------|
| Total Salaries  | \$ 73,700.00  | \$ -                 | \$ -             | 0.00%       | \$ 73,700.00      |
| Fringe Benefits                                       | \$ 28,743.00  | \$ -                 | \$ -             | 0.00%       | \$ 28,743.00      |
| <b>Total Personnel Expenses</b>                       | \$ 102,443.00 | \$ -                 | \$ -             | 0.00%       | \$ 102,443.00     |
| Operating Expenses:                                   |               |                      |                  |             |                   |
| Occupancy   | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Material and Supplies                                 | \$ 114.00     | \$ -                 | \$ -             | 0.00%       | \$ 114.00         |
| General Operating                                     | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Staff Travel  | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Consultant/ Subcontractor                             | \$ 165,544.00 | \$ -                 | \$ -             | 0.00%       | \$ 165,544.00     |
| Other:  | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| <b>Other UC Direct Costs:</b>                         | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Data Network Recharge                                 | \$ 590.00     | \$ -                 | \$ -             | 0.00%       | \$ 590.00         |
| CCDSS: Computing and Communication                    | \$ 662.00     | \$ -                 | \$ -             | 0.00%       | \$ 662.00         |
| Device Support Services                               | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| GAIL: General Automobile & Employee Liability Charges | \$ 575.00     | \$ -                 | \$ -             | 0.00%       | \$ 575.00         |
| UCSF Faculty and Staff Recharge                       | \$ 1,207.00   | \$ -                 | \$ -             | 0.00%       | \$ 1,207.00       |
| <b>Total Operating Expenses</b>                       | \$ 168,692.00 | \$ -                 | \$ -             | 0.00%       | \$ 168,692.00     |
| <b>Capital Expenditures</b>                           | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| <b>TOTAL DIRECT EXPENSES</b>                          | \$ 271,135.00 | \$ -                 | \$ -             | 0.00%       | \$ 271,135.00     |
| <b>Indirect Expenses</b>                              | \$ 32,536.00  | \$ -                 | \$ -             | 0.00%       | \$ 32,536.00      |
| <b>TOTAL EXPENSES</b>                                 | \$ 303,671.00 | \$ -                 | \$ -             | 0.00%       | \$ 303,671.00     |
| Less: Initial Payment Recovery                        |               |                      |                  |             |                   |
| Other Adjustments (DPH use only)                      |               |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>                                  |               | \$ -                 |                  |             |                   |

NOTES:

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

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

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

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

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

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

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

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 3/18/2015

Jul Amendmend#2 7-1-14

# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F  
PAGE A - 5

Control Number

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

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

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

**Fax No.:**

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

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

**Fund Source:** MH Work Order - Sheriff's Dept.

**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>B-2 NOVA PC# - 8911NO - HMHMNOVAPRWO</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |     |
| 60/ 78 Other Non-Medical Client             | 2,917            |     |                       |     | -                 |     | 0%         |     | 2,917                  |     | 100%       |     |
| Support Exp                                 |                  |     |                       |     |                   |     |            |     |                        |     |            |     |

Unduplicated Counts for AIDS Use Only.

| Description                             | BUDGET               | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE    |
|---|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries                          | \$ 105,886.00        | \$ -                 | \$ -             | 0.00%        | \$ 105,886.00        |
| Fringe Benefits                         | \$ 41,295.00         | \$ -                 | \$ -             | 0.00%        | \$ 41,295.00         |
| <b>Total Personnel Expenses</b>         | <b>\$ 147,181.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 147,181.00</b> |
| <b>Operating Expenses:</b>              |                      |                      |                  |              |                      |
| Occupancy                               | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| Material and Supplies                   | \$ 457.00            | \$ -                 | \$ -             | 0.00%        | \$ 457.00            |
| General Operating                       | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| Staff Travel                            | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| Consultant/ Subcontractor               | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| Other: Vocational Services              | \$ 600.00            | \$ -                 | \$ -             | 0.00%        | \$ 600.00            |
| Other: UC Direct Costs                  | \$ 3,758.00          | \$ -                 | \$ -             | 0.00%        | \$ 3,758.00          |
| Data Network Recharge, CCDSS, GAEL,     | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| UCSF Faculty and Staff Recharge         | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>Total Operating Expenses</b>         | <b>\$ 4,815.00</b>   | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 4,815.00</b>   |
| <b>Capital Expenditures</b>             | <b>\$ -</b>          | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ -</b>          |
| <b>TOTAL DIRECT EXPENSES</b>            | <b>\$ 151,996.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 151,996.00</b> |
| <b>Indirect Expenses</b>                | <b>\$ 18,239.00</b>  | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 18,239.00</b>  |
| <b>TOTAL EXPENSES</b>                   | <b>\$ 170,235.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 170,235.00</b> |
| <b>Less: Initial Payment Recovery</b>   |                      |                      |                  |              |                      |
| <b>Other Adjustments (DPH use only)</b> |                      |                      |                  |              |                      |
| <b>REIMBURSEMENT</b>                    |                      | <b>\$ -</b>          |                  |              |                      |

**NOTES:**

MH Work Order - HMHMNOVAPRWO - \$167,719.00  
GF - WO CODB - HMHMCP730515 - \$2,516.00

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

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

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

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

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

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

**Send to:**  
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  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A - 6

Control Number

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

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

Tel No.: (415) 206-8431

**CBHS**

INVOICE NUMBER: M08 JL 14

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: GF, Fed-SDMC Reg FFP, HSA Work Order

Invoice Period : July 2014

Final Invoice: (Check if Yes)

ACE Control Number:

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

PHP Division: Community Behavioral Health Services

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

\*Unduplicated Counts for AIDS Use Only

| DELIVERABLES<br>Program Name/Reptg. Unit<br>Modality/Mode # - Svc Func (MH Only) | Total Contracted |         | Delivered THIS PERIOD |         | Unit<br>Rate  | AMOUNT DUE | Delivered to Date       |        | % of TOTAL         |        | Remaining Deliverables  |         |               |
|--|------------------|---------|-----------------------|---------|---------------|------------|-------------------------|--------|--------------------|--------|-------------------------|---------|---------------|
|  | UOS              | CLIENTS | UOS                   | CLIENTS |               |            | UOS                     | CLIENT | UOS                | CLIENT | UOS                     | CLIENTS |               |
| <b>B-3 Citywide Roving Team PC# - 8911RT</b>                                     |                  |         |                       |         |               |            |                         |        |                    |        |                         |         |               |
| 15/ 01 - 09 Case Mgt Brokerage   | 37,709           |         |                       |         | \$ 1.70       | \$ -       | 0.000                   |        | 0.00%              |        | 37,709.000              |         | \$ 64,105.30  |
| 15/ 10 - 56 MH Svcs  | 351,053          |         |                       |         | \$ 2.40       | \$ -       | 0.000                   |        | 0.00%              |        | 351,053.000             |         | 842,527.20    |
| 15/ 70 - 79 Crisis Intervention-OP   | 2,482            |         |                       |         | \$ 3.69       | \$ -       | 0.000                   |        | 0.00%              |        | 2,482.000               |         | 9,158.58      |
|  |                  |         |                       |         |               |            |                         |        |                    |        |                         |         |               |
|  |                  |         |                       |         |               |            |                         |        |                    |        |                         |         |               |
|  |                  |         |                       |         |               |            |                         |        |                    |        |                         |         |               |
|  |                  |         |                       |         |               |            |                         |        |                    |        |                         |         |               |
| <b>TOTAL</b>   | 391,244          |         | 0.000                 |         |               |            | 0.000                   |        | 0.00%              |        | 391,244.000             |         | \$ 915,791.08 |
| <b>Budget Amount</b>   |                  |         |                       |         | \$ 915,791.00 |            | <b>Expenses To Date</b> |        | <b>% of Budget</b> |        | <b>Remaining Budget</b> |         |               |
|  |                  |         |                       |         |               |            | \$ -                    |        | 0.00%              |        | \$ 915,791.00           |         |               |

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

**NOTES:**  
 FED-SDMC Reg FFP, GF - HHMCC730515 - \$424,701.00  
 GF - WO CODB - HHMCC730515 - \$7,257.00  
 HSA WO - HHMROVINGWO - \$483,833.00

| Funding Source (Index Code):   | Encumbered    | Current Month | Year-to-Date |
|--------------------------------|---------------|---------------|--------------|
| Fed-SDMC Reg FFP (HHMCC730515) | \$ 431,956.00 | \$ -          | \$ -         |
| HSA WO (HHMROVINGWO)           | \$ 483,833.00 | \$ -          | \$ -         |
| <b>TOTAL FUNDING</b>           | \$ 915,791.00 | \$ -          | \$ -         |

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

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

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

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

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F  
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|                 |     |    |    |
|-----------------|-----|----|----|
| INVOICE NUMBER: | S01 | JL | 14 |
|-----------------|-----|----|----|

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: GF, Drug Medi-Cal #93.778

Invoice Period : July 2014

|                |  |                |
|----------------|--|----------------|
| Final Invoice: |  | (Check if Yes) |
|----------------|--|----------------|

ACE Control Number: [REDACTED]

\*Unduplicated Counts for AIDS Use Only.

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.

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

DPH Authorization for Payment

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

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A - 8

Control Number

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

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

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

**Fax No.:**

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

**PHP Division:** Community Behavioral Health Services

**INVOICE NUMBER:**

S02 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>B-5 Citywide STOP PC# - 38321</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |     |
| Supt-02 SA-Support Training          | 40               |     |                       |     |                   |     | 0%         |     | 40                     |     | 100%       |     |

Unduplicated Counts for AIDS Use Only.

| Description                             | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE  |
|---|--------------------|----------------------|------------------|--------------|--------------------|
| Total Salaries                          | \$ 5,265.00        | \$ -                 | \$ -             | 0.00%        | \$ 5,265.00        |
| Fringe Benefits                         | \$ 1,775.00        | \$ -                 | \$ -             | 0.00%        | \$ 1,775.00        |
| <b>Total Personnel Expenses</b>         | <b>\$ 7,040.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 7,040.00</b> |
| Operating Expenses:                     |                    |                      |                  |              |                    |
| Occupancy                               | \$ -               | \$ -                 | \$ -             | 0.00%        | \$ -               |
| Materials and Supplies                  | \$ -               | \$ -                 | \$ -             | 0.00%        | \$ -               |
| General Operating                       | \$ -               | \$ -                 | \$ -             | 0.00%        | \$ -               |
| Staff Travel                            | \$ -               | \$ -                 | \$ -             | 0.00%        | \$ -               |
| Consultant/Subcontractor                | \$ -               | \$ -                 | \$ -             | 0.00%        | \$ -               |
| Other: UC Direct Costs:                 | \$ -               | \$ -                 | \$ -             | 0.00%        | \$ -               |
| Data Network Recharge                   | \$ 17.00           | \$ -                 | \$ -             | 0.00%        | \$ 17.00           |
| CCDSS: Computing and Communication      | \$ 19.00           | \$ -                 | \$ -             | 0.00%        | \$ 19.00           |
| Device Support Services                 | \$ -               | \$ -                 | \$ -             | 0.00%        | \$ -               |
| GAL: General Automobile and Employee    | \$ 41.00           | \$ -                 | \$ -             | 0.00%        | \$ 41.00           |
| Liability Charges                       | \$ -               | \$ -                 | \$ -             | 0.00%        | \$ -               |
| UCSF Faculty and Staff Recharge         | \$ 44.00           | \$ -                 | \$ -             | 0.00%        | \$ 44.00           |
| <b>Total Operating Expenses</b>         | <b>\$ 121.00</b>   | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 121.00</b>   |
| <b>Capital Expenditures</b>             | <b>\$ -</b>        | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ -</b>        |
| <b>TOTAL DIRECT EXPENSES</b>            | <b>\$ 7,161.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 7,161.00</b> |
| <b>Indirect Expenses</b>                | <b>\$ 859.00</b>   | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 859.00</b>   |
| <b>TOTAL EXPENSES</b>                   | <b>\$ 8,020.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 8,020.00</b> |
| <b>Less: Initial Payment Recovery</b>   |                    |                      |                  |              |                    |
| <b>Other Adjustments (DPH use only)</b> |                    |                      |                  |              |                    |
| <b>REIMBURSEMENT</b>                    |                    | <b>\$ -</b>          |                  |              |                    |

NOTES:

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

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

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

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

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

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

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

DPH Authorization for Payment

Authorized Signatory

Date

# UNIVERSITY OF CALIFORNIA

## PROOF OF SELF-INSURANCE COVERAGE

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

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

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

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

Official Correspondence must be sent via postal mail to:

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

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

- Campus Risk Managers Directory
- Hospital Risk Managers Directory

# CERTIFICATE OF SELF-INSURANCE COVERAGE

Date: June 13, 2014

**PRODUCER/INSURED**

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

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

**ENTITIES AFFORDING COVERAGE**

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

**COVERAGES**

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

| CO<br>LTR | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | LIMITS   |
|-----------|---|---------------|-----------------------|------------------------|--|
| A         | <b>GENERAL LIABILITY</b>  | Self-Insured  | July 1, 2014          | June 30, 2015          | GENERAL AGGREGATE \$ Not applicable                      |
|           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                    |               |                       |                        | PRODUCTS-COMP/OP AGG \$ 2,500,000                        |
|           | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE |               |                       |                        | PERSONAL & ADV INJURY \$ 2,500,000                       |
|           |   |               |                       |                        | CONTRACTUAL LIABILITY \$ 2,500,000                       |
|           |   |               |                       |                        | EACH OCCURRENCE \$ 2,500,000                             |
| A         | <b>AUTOMOBILE LIABILITY</b>   | Self-Insured  | July 1, 2014          | June 30, 2015          | COMBINED SINGLE LIMIT \$ Not applicable                  |
|           | <input type="checkbox"/> ANY AUTO   |               |                       |                        | BODILY INJURY (PER PERSON) \$ 2,500,000                  |
|           | <input checked="" type="checkbox"/> ALL OWNED AUTOS                                 |               |                       |                        | BODILY INJURY (PER ACCIDENT) \$ 2,500,000                |
|           | <input type="checkbox"/> SCHEDULED AUTOS  |               |                       |                        | PROPERTY DAMAGE \$ 2,500,000                             |
|           | <input checked="" type="checkbox"/> HIRED AUTOS                                     |               |                       |                        |  |
| A         | <b>PROPERTY</b>   | Self-Insured  | July 1, 2014          | June 30, 2015          | EACH OCCURRENCE \$ 7,500,000                             |
|           | <input checked="" type="checkbox"/> FIRE & EXTENDED PERILS                          |               |                       |                        | AGGREGATE \$ Not applicable                              |
| A         | <b>WORKERS' COMPENSATION AND EMPLOYERS LIABILITY</b>                                | Self-Insured  | July 1, 2014          | June 30, 2015          | STATUTORY LIMITS   |
|           |   |               |                       |                        | EACH ACCIDENT \$ As required by California Law           |
|           |   |               |                       |                        | DISEASE - POLICY LIMIT \$ As required by California Law  |
|           |   |               |                       |                        | DISEASE - EACH EMPLOYEE \$ As required by California Law |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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

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

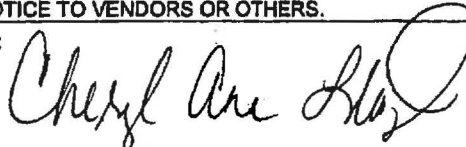
**CERTIFICATE HOLDER**

APPLICABLE PARTY AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

**CANCELLATION**

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

By:



CHERYL A. LLOYD, CHIEF RISK OFFICER