

File No. 151044

Committee Item No. 15

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance

Date December 2, 2015

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

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| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
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Completed by: Victor Young Date November 23, 2015

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

1 Contract Amendment - Regents of the University of California San Francisco - Citywide Case  
2 Management - Behavioral Health Services - Not to Exceed \$34,343,322

3 **Resolution approving amendment number three to the Department of Public Health**  
4 **contract for behavioral health services with The Regents of the University of California**  
5 **San Francisco, for citywide case management, to extend the contract by two years,**  
6 **from July 1, 2010, through December 31, 2015, to July 1, 2010, through December 31,**  
7 **2017, with a corresponding increase of \$9,367,197 for a total amount not to exceed**  
8 **\$34,343,322.**

9  
10 WHEREAS, The mission of the Department of Public Health is to protect and promote  
11 the health of all San Franciscans; and

12 WHEREAS, The Department of Public Health provides health and behavioral health  
13 services through a wide network of approximately 300 Community-Based Organizations and  
14 service providers; and

15 WHEREAS, In 2010, the Department of Public Health selected The Regents of the  
16 University of California through a Request For Proposals process to provide behavioral health  
17 services for the period of July 1, 2010, through December 31, 2015; and

18 WHEREAS, The Board of Supervisors approved the original agreement for these  
19 services under Resolution No. 563-10; and

20 WHEREAS, The Department of Public Health wishes to extend the term of that  
21 contract in order to allow the continuation of services while Requests For Proposals are  
22 administered to take into account the changes to behavioral health services business needs  
23 related to the Affordable Care Act and the State Department of Health Care Services' 1115  
24 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded  
25 services; and

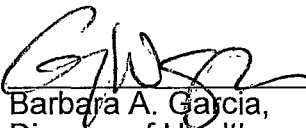
1 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered  
2 into by a department or commission having a term in excess of ten years, or requiring  
3 anticipated expenditures by the City and County of ten million dollars, to be approved by the  
4 Board of Supervisors; and

5 WHEREAS, The Department of Public Health requests approval of an amendment to  
6 the Department of Public Health contract for behavioral health services with The Regents of  
7 the University of California to extend the contract by two years, from July 1, 2010, through  
8 December 31, 2015, to July 1, 2010, through December 31, 2017, with a corresponding  
9 increase of \$9,367,197 for a total not-to-exceed amount of \$34,343,322; now, therefore, be it

10 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health  
11 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and  
12 County of San Francisco to amend the contract with The Regents of the University of  
13 California, extending the term of the contract by two years, through December 31, 2017, and  
14 increasing the total, not-to-exceed amount of the contract by \$9,367,197 to \$34,343,322; and,  
15 be it

16 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being  
17 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract  
18 Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board  
19 for inclusion into the official file (File No. 151044).

20  
21 RECOMMENDED:

22   
23 Barbara A. Garcia,  
24 Director of Health

APPROVED:

25   
Mark Morewitz,  
Health Commission Secretary



City and County of San Francisco

## San Francisco Department of Public Health

Barbara A. Garcia, MPA  
Director of Health

October 5, 2015

Angela Calvillo, Clerk of the Board  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find a proposed resolution for Board of Supervisors approval for the extension of 22 behavioral health services contracts for two years, with corresponding increases in each contract amount, as shown in the resolution.

These contract amendments require Board of Supervisors approval under San Francisco Charter Section 9.118, as they have either already been approved by the Board and the proposed amendment exceeds \$500,000, or they have not previously been approved by the Board and the total contract amount exceeds \$10 million.

The following is a list of accompanying documents:

- o Resolution
- o Proposed amendments
- o Original agreements and any previous amendment
- o Forms SFEC-126 for the Board of Supervisors and Mayor

The following person may be contacted regarding this matter: Jacquie Hale, Director, Office of Contracts Management and Compliance, Department of Public Health, (415) 554-2609 ([Jacquie.Hale@SFDPH.org](mailto:Jacquie.Hale@SFDPH.org)).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale  
Director  
DPH Office of Contracts Management and Compliance

RECEIVED  
SAN FRANCISCO  
DEPARTMENT OF PUBLIC HEALTH  
OCT 5 AM 11:17

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The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~  
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

Jacquie.hale@sfdph.org – office 415-554-2509 fax 415 554-2555  
101 Grove Street, Room 307, San Francisco, CA 94102

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

**Third Amendment**

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 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 for fiscal year 2015/16, decrease 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 and DPHM12000133;
- The Second Amendment, Contract Numbers BPHM11000058 and DPHM15000255; and
- This Third 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 2 is hereby amended in its entirety to read as follows:**

- 2. Term of Agreement.** The term of this Agreement shall be July 1, 2010 to December 31, 2017.

**b. 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.

**c. 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 **Thirty Four Million Three Hundred Forty Three Thousand Three Hundred Twenty Two Dollars (\$34,343,322)**. 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.

**d. 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.

**e. 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.

**f. 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.

**g. 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.

**h. 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**.

- i. **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.

**j. 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.

**k. 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.

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

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

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

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

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

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

**o. 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.

p. **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.

q. **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**.
- r. **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  
Department of Public Health  
1380 Howard Street, 4<sup>th</sup> floor  
San Francisco, CA 94102  
Attn: Sharon Jones

fax: (415) 252-3088

email: [sharon.jones@sfdph.org](mailto:sharon.jones@sfdph.org)

TO CONTRACTOR: The Regents of the University of California fax: (415) 476-8158  
UCSF Office of Sponsored Research  
Government and Business Contracts  
3333 California Street, Suite 315  
San Francisco, CA 94143  
(if overnight, use zip code 94118)  
Attn: Joti Mahal-Gill

email: [navjot.mahal-gill@ucsf.edu](mailto:navjot.mahal-gill@ucsf.edu)

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

Any notice of default must be sent by registered mail.

s. 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.

t. 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.

**u. 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.

**v. 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.

**w. 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).

x. 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.

y. 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.

z. 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.

aa. 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).

bb. 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.

cc. 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.

dd. 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.

ee. 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.

ff. 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.

**gg. 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).

**hh. 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.

**ii. 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.

**jj. 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.

**kk. 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.

**ll. 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.

**mm. 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.

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

**58. Reserved.**

**oo. 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).

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

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

**qq. 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.

**rr. 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.

**ss. 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.

**tt. Appendices A and A-1 through A-6 dated 07/01/15 (i.e. July 1, 2015) are hereby added for fiscal year 2015/16.**

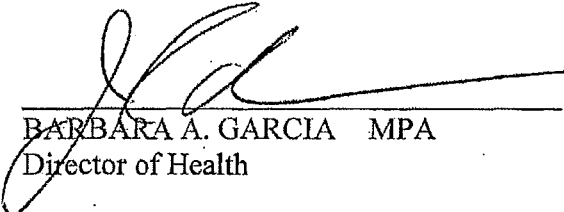
**uu. Appendices B and B-1 through B-6 dated 07/01/15 (i.e. July 1, 2015) are hereby added for fiscal year 2015/16.**

- 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**

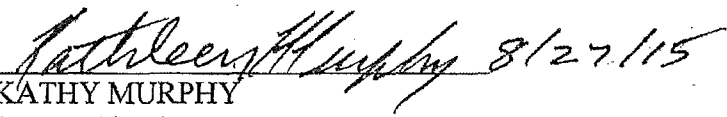
The Regents of the University of California A  
Constitutional Corporation, on behalf of its San  
Francisco Campus

 8/26/15  
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:

 8/27/15  
KATHY MURPHY  
Deputy City Attorney

Approved:

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

## **Appendices**

A: Services to be Delivered by Contractor

A-1: Services to be Delivered by Contractor – Citywide Linkage Team

A-2: Services to be Delivered by Contractor – NOVA

A-3: Services to be Delivered by Contractor – Citywide Roving Team

A-4: Services to be Delivered by Contractor – Citywide Services for Supportive Housing

A-5: Services to be Delivered by Contractor – Citywide STOP

A-6: Services to be Delivered by Contractor – Citywide First Impressions

B: Calculation of Charges

B-1: Budget Summary – Citywide Linkage Team

B-2: Budget Summary – NOVA

B-3: Budget Summary – Citywide Roving Team

B-4: Budget Summary – Citywide Services for Supportive Housing

B-5: Budget Summary – Citywide STOP

B-6: Budget Summary – Citywide First Impressions

**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 Roving Team

Appendix A-4: Citywide Services for Supportive Housing

Appendix A-5: Citywide STOP

Appendix A-6: Citywide First Impressions

Contractor: UC Regents/UCSF/UC Citywide  
City Fiscal Year: 15/16  
CMS#: 6906

Appendix A-1  
Contract Term: 07/01/15 – 06/30/16

**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 Three

**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, measurable, 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 FY15-16."**

**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**

Contractor: UC Regents/UCSF/UC Citywide  
City Fiscal Year: 15/16  
CMS#: 6906

Appendix A-2  
Contract Term: 07/01/15 – 06/30/16

**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 Three

**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 FY15-16.**

**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**

Contractor: UC Regents/UCSF/UC Citywide  
City Fiscal Year: 15/16  
CMS#: 6906

Appendix A-3  
Contract Term: 07/01/15 – 06/30/16

**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 Three

**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 7/1/15-9/30/15, the report is due on 10/15/15.
- 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, 2016.
- 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 FY15-16."**

**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 Three

**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

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

<http://www.sfrdh.org/dph/housing/forproviders/DAH/rdAccess.asp>

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.

**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 FY15-16."**

**And**

**"All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled HUH Performance Objectives FY15-16."**

**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 Three

**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 FY15-16."**

## **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.

**Contractor:** UC Regents/UCSF/UC Citywide

**Appendix A-5**

**City Fiscal Year:** 15/16

**Contract Term:** 07/01/15 – 06/30/16

**CMS#:** 6906

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**

Contractor: UC Regents/UCSF/UC Citywide  
City Fiscal Year: 15/16  
CMS#: 6906

Appendix A-6  
Contract Term: 07/01/15 – 06/30/16

**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 Three

**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 be 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, 2016, 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>, 2016.

**9. Required Language: Not applicable**

**Appendix B  
Calculation of Charges**

**1. Method of Payment**

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

**2. Program Budgets and Final Invoice**

**A. Budget Summary**

- B-1: Citywide Linkage Team
- B-2: NOVA
- B-3: Citywide Roving Team
- B-4: Citywide Services for Supportive Housing
- B-5: Citywide STOP
- B-6: Citywide First Impressions

- B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **\$1,003,628** 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 – June 30, 2011	\$5,930,755
July 1, 2011 – June 30, 2012	\$6,638,684
July 1, 2012 – June 30, 2013	\$2,723,728
July 1, 2013 – June 30, 2014	\$3,693,203
July 1, 2014 – June 30, 2015	\$3,993,170
July 1, 2015 – December 31, 2015	\$1,996,585
January 1, 2016 – June 30, 2016	\$1,996,585
July 1, 2016 – June 30, 2017	\$4,276,092
July 1, 2017 – December 31, 2017	\$2,090,892
Contingency	<u>\$1,003,628</u>
<b>TOTAL</b>	<b>\$34,343,322</b>

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

Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

- E. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) 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.

# DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number: 00117

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

Fiscal Year: 15/16

Contractor Name: UC Regents/UC Citywide

Document Date: 07/01/15

Page 3 of 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:	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	
<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	184,317	356,003
Capital Expenses:	-	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>755,643</b>	<b>151,996</b>	<b>817,671</b>	<b>1,493,510</b>	<b>59,753</b>	<b>286,760</b>	<b>3,565,333</b>
Indirect Expenses:	90,677	18,239	98,120	179,220	7,170	34,411	427,837
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>321,171</b>	<b>3,993,170</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)						317,500	317,500
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>321,171</b>	<b>3,926,247</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>321,171</b>	<b>3,993,170</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>321,171</b>	<b>3,993,170</b>

**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: 07/01/15	
Provider Number: 8911					Fiscal Year: 15/16	
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>
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16		
<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:	-	-	-	-		-
Subtotal Direct Expenses:	347,326	364,036	33,130	11,151		755,643
Indirect Expenses:	41,679	43,684	3,976	1,338		90,677
TOTAL FUNDING USES:	389,005	407,720	37,106	12,489	-	846,320
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	88,369	92,621	8,429	2,838	192,257
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
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		389,005	407,720	37,106	12,489	846,320
<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		389,005	407,720	37,106	12,489	846,320
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		389,005	407,720	37,106	12,489	846,320
<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:</b>
						315

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393,157  
153,331  
2831

TOTAL SALARIES & BENEFITS	\$733,702	\$733,702	\$0	\$0	\$0	\$0
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**DPH 4: Operating Expenses Detail**

Program Code: 89114MH

Program Name: Citywide Linkage

Document Date: 07/01/15

Appendix/Page #: B-1, Page 3

Expenditure Category	TOTAL	SDMC Regular FFP (50%) MH Realignment      General Fund HMMCC730515				
	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	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: 07/01/15	
Provider Number: 8911				Fiscal Year: 15/16	
Program Name:	NOVA				
Program Code:	8911NO				
Mode/SFC (MH) or Modality (SA):	60/78				
Service Description:	Other Non-Medical Client Support Exp				<b>TOTAL</b>
FUNDING TERM:	07/01/15-06/30/16				
<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>					
	Index Code				
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):					30

### DPH 3: Salaries & Benefits Detail

Program Code: 8911NO

Program Name: NoVA

Document Date: 07/01/15

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

<b>Employee Fringe Benefits:</b>	39%	\$	41,295	0%	\$610	39%	\$40,685								
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**TOTAL SALARIES & BENEFITS**

**\$147,181**

**\$2,175**

**\$145,006**

\$0

**\$0**

\$0

## DPH 4: Operating Expenses Detail

Program Code: 8911NO

Program Name: NOVA

Document Date: 07/01/15

Appendix/Page #: B-2, Page 3

Expenditure Category	TOTAL	WO - CODB HMHMCC730515	Sheriff's WO-NOVA HMHMNOVAPRWO			
	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -					
Utilities(telephone, cell, pagers)	\$ -					
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 457	\$ 7	\$ 450			
Photocopying	\$ -					
Postage and Mail	\$ -					
Medical Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ -					
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
	\$ -					
	\$ -					
	\$ -					
Other UC Direct Costs						
Data Network Recharge	\$ 704	10	694			
CCDSS: Computing and Communication Device Support Services	\$ 789	12	777			
GAIL: General Automobile and Employee Liability Charges	\$ 826	12	814			
UCSF Faculty and Staff Recharge	\$ 1,439	21	1,418			
Other:						
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: 07/01/15	
Provider Number: 8911					Fiscal Year: 15/16	
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>
<b>FUNDING TERM:</b>	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16			
<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:		-	-			-
<b>Subtotal Direct Expenses:</b>	<b>57,237</b>	<b>752,257</b>	<b>8,177</b>			<b>817,671</b>
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>						
	Index Code					
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>
						<b>120</b>

### DPH 3: Salaries & Benefits Detail

Program Code: 8911RT

Program Name: Citywide Roving Team

Document Date: 07/01/15Appendix/Page #: B-3, Page 2

	TOTAL		General Fund & WO CODB HMHMCC730515		Human Service Agency WO HMHMROVINGWO							
	Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		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						

<b>Employee Fringe Benefits:</b>	38%	\$	210,525	38%	\$98,947	38%	\$111,578						
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TOTAL SALARIES & BENEFITS	\$764,861	\$359,485	\$405,376	\$0	\$0	\$0
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**DPH 4: Operating Expenses Detail**

Program Code: 8911RT

Program Name: Citywide Roving Team

Document Date: 07/01/15

Appendix/Page #: B-3, Page 3

Expenditure Category	TOTAL	General Fund & WO CODB HMHMCC730515	Human Service Agency WO HMHMROVINGWO			
	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	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					Appendix/Page #: B-4, Page 1	
Provider Name: Citywide Case Management					Document Date: 07/01/15	
Provider Number: 8911					Fiscal Year: 15/16	
Program Name:	Citywide Services for Supportive Housing	Citywide Services for Supportive Housing	Citywide Services for Supportive Housing	Citywide Services for Supportive Housing	Citywide Services for Supportive Housing	
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>
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	
<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:	-	-	-	-	-	-
Subtotal Direct Expenses:	52,160	666,161	423,197	10,268	341,724	1,493,510
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>						
	Index Code					
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	7,435	
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>
						<b>210</b>

### DPH 3: Salaries & Benefits Detail

Program Code: 8911SH

Program Name: Citywide Services for Supportive Housing

Document Date: 07/01/15

Appendix/Page #: B-4, Page 2

	TOTAL		General Fund - CODB HMHMCC730515		Citywide Services for Supportive Housing (CR) General Fund HMHMCC730515							
	Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Asst Clinical/Clinical Professor	0.40	\$ 71,190	0.40	\$ 71,190	0.00	\$ -						
Clinical Social Workers II - Supervisor	2.00	\$ 173,396	1.50	\$ 130,047	0.50	\$ 43,349						
Clinical Social Workers I/II	6.00	\$ 394,448	5.40	\$ 349,178	0.60	\$ 45,270						
Clinical Nurse	2.00	\$ 279,188	1.80	\$ 251,269	0.20	\$ 27,919						
Administrative Assistant II	2.00	\$ 89,304	0.00	\$ -	2.00	\$ 89,304						
Community Health Program Manager	0.05	\$ 3,537	0.00	\$ -	0.05	\$ 3,537						
Social Work Associate	0.15	\$ 8,891	0.00	\$ -	0.15	\$ 8,891						

<b>Employee Fringe Benefits:</b>	38%	\$	387,584	38%	\$304,640	38%	\$82,944								
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**TOTAL SALARIES & BENEFITS**

**\$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: 07/01/15

Appendix/Page #: B-4, Page 3

Expenditure Category	TOTAL	General Fund - CODB HMHMCC730515	Citywide Services for Supportive Housing (CR) General Fund HMHMCC730515			
	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	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: 07/01/15
Provider Number: 383832					Fiscal Year: 15/16
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		
	SA-Nonresidnt ODF Grp	SA-Nonresidnt ODF Indv	SA-Support Training		
Service Description:					TOTAL
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16		
<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
TOTAL FUNDING USES:	54,780	4,123	8,020		66,923
<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
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		54,780	4,123	8,020	66,923
<b>OTHER DPH FUNDING SOURCES</b>					
					-
					-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>					
					-
TOTAL DPH FUNDING SOURCES		54,780	4,123	8,020	66,923
<b>NON-DPH FUNDING SOURCES</b>					
					-
					-
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
					-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		54,780	4,123	8,020	66,923
<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):					Total UDC: 60

### DPH 3: Salaries & Benefits Detail

Program Code: 38321

Program Name: Citywide STOP

Document Date: 07/01/15

Appendix/Page #: B-5, Page 2[illegible][illegible]**TOTAL SALARIES & BENEFITS**

**\$53,605**

**\$46,565**

**\$7,040**

**\$0**

**\$0**

\$0

**DPH 4: Operating Expenses Detail**

Program Code: 38321

Program Name: Citywide STOP

Document Date: 07/01/15

Appendix/Page #: B-5, Page 3

Expenditure Category	TOTAL	Drug Medi-Cal, PSR Drug Medi-Cal & General Fund (FFS) HMHSCCRES227	General Fund (CR) HMHSCCRES227			
	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	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: 07/01/15
Provider Number: 8911				Fiscal Year: 15/16
Program Name:	First Impressions			
Program Code:	8911FI			
Mode/SFC (MH) or Modality (SA):	6078			
Service Description:	Other Non-Medi-Cal Client Support Exp			
FUNDING TERM:	07/01/15-06/30/16			<b>TOTAL</b>
<b>FUNDING USES</b>				
Salaries & Employee Benefits:	102,443			102,443
Operating Expenses:	184,317			184,317
Capital Expenses:	-			-
Subtotal Direct Expenses:	286,760			286,760
Indirect Expenses:	34,411			34,411
<b>TOTAL FUNDING USES:</b>	<b>321,171</b>			<b>321,171</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code</b>			
MH STATE - MHSA (INN)	HMHMPROP63 PMHS63-1513	317,500		317,500
MH COUNTY - General Fund - CODB	HMHMCC730515	3,671		3,671
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>321,171</b>		<b>321,171</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>321,171</b>		<b>321,171</b>
<b>NON-DPH FUNDING SOURCES</b>				-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-		-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>321,171</b>		<b>321,171</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):	CR			
DPH Units of Service:	4,324			
Unit Type:	Client Contact Hours			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	74.28			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	74.28			
Published Rate (Medi-Cal Providers Only):				<b>Total UDC:</b>
Unduplicated Clients (UDC):				20

### DPH 3: Salaries & Benefits Detail

Program Code: 8911FI  
Program Name: First Impressions  
Document Date: 07/01/15

Appendix/Page #: B-6, Page 2[illegible][illegible]**TOTAL SALARIES & BENEFITS**

\$	102,443
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**\$ 2,049**

\$	100,394
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**DPH 4: Operating Expenses Detail**

Program Code: 8911FI

Program Name: First Impressions

Document Date: 7/1/15

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Expenditure Category	TOTAL	WO - CODB HMHMCC730515	MHSA (INN) HMHMPROP63 PMHS63-1513			
	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	Term: 07/01/15-06/30/16	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)	\$ 181,169	\$ 3,623	\$ 177,546			
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			
GAIL: 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

\$184,317

\$3,686

\$180,632

\$0

\$0

\$0

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

Contractor Name UC Citywide

Document Date: 07/01/15

Fiscal Year: 15/16

**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	\$ 34,411
<b>TOTAL OPERATING COSTS</b>	<b>\$ 427,837</b>

**TOTAL INDIRECT COSTS**

(Salaries &amp; Benefits + Operating Costs)

\$ 427,837

page 1 of 1

**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](mailto: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.**

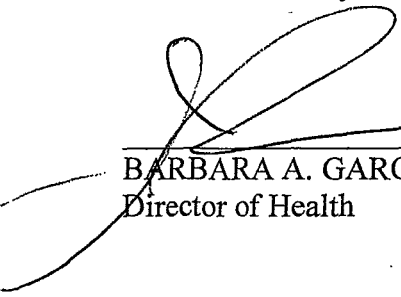
**3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the effective date of this Agreement.

**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.

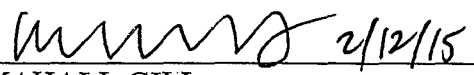
**CITY**

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

 2/12/15  
JOTI MAHALL GILL  
CONTRACTS SPECIALIST  
3333 CALIFORNIA STREET, SUITE 315  
SAN FRANCISCO, CA 94102

Approved as to Form:

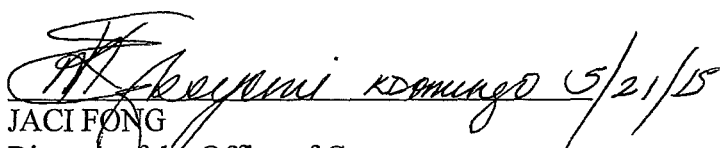
DENNIS J. HERRERA  
City Attorney

City vendor number: 44467

By:

 2/23/15  
KATHY MURPHY  
Deputy City Attorney

Approved:

 5/21/15  
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.sfdph.org/dph/comupg/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.

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 – 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

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	340,377
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>	846,320	170,235	915,791	1,672,730	66,923	303,671	3,975,670
					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>	846,320	170,235	915,791	1,672,730	-	303,671	3,908,747
<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>	-	-	-	-	66,923	-	66,923
<b>OTHER DPH FUNDING SOURCES</b>							
							-
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>	846,320	170,235	915,791	1,672,730	66,923	303,671	3,975,670
<b>NON-DPH FUNDING SOURCES</b>							
							-
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	846,320	170,235	915,791	1,672,730	66,923	303,671	3,975,670

**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>FUNDING TERM:</b>	<b>07/01/14-06/30/15</b>	<b>07/01/14-06/30/15</b>	<b>07/01/14-06/30/15</b>	<b>07/01/14-06/30/15</b>		<b>TOTAL</b>
<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:	-	-	-	-		-
Subtotal Direct Expenses:	347,326	364,036	33,130	11,151		755,643
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	192,257
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 COSTS</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:</b>
						<b>315</b>

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393,157  
153,331  
2831

**\$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%) MH Realignment Fund HMHMCC730515				
	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 Client Support Exp				
FUNDING TERM:		07/01/14-06/30/15				<b>TOTAL</b>
<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
<b>TOTAL FUNDING USES:</b>		<b>170,235</b>				<b>170,235</b>
<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
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>170,235</b>	-	-	-	<b>170,235</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>170,235</b>	-	-	-	<b>170,235</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>170,235</b>	-	-	-	<b>170,235</b>
<b>BHS UNITS OF SERVICE AND UNITS OF 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								
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**TOTAL SALARIES & BENEFITS**

**\$147,181**

**\$2,175**

**\$145,006**

**\$0**

**\$0**

**\$0**

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 HMHMCC730515	Sheriff's WO-NOVA HMHMNOVAPRWO			
	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>FUNDING TERM:</b>	<b>07/01/14-06/30/15</b>	<b>07/01/14-06/30/15</b>	<b>07/01/14-06/30/15</b>		<b>TOTAL</b>
<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:					
<b>Subtotal Direct Expenses:</b>	<b>57,237</b>	<b>752,257</b>	<b>8,177</b>		<b>817,671</b>
Indirect Expenses:	6,868	90,271	981		98,12
<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: 120</b>

Program Code: 8911RT  
Program Name: Citywide Roving Team  
Document Date: 07/01/14

Program Code: 8911RT  
Program Name: Citywide Roving Team  
Document Date: 07/01/14

<b>Employee Fringe Benefits:</b>	38%	\$	210,525	38%	\$98,947	38%	\$111,578							
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\$764,861	\$359,485	\$405,376	\$0	\$0	\$0
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**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 HMHMCC730515	Human Service Agency WO 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: <u>UC Regents</u>					Appendix/Page #: <u>B-4, Page 1</u>	
Provider Name: <u>Citywide Case Management</u>					Document Date: <u>07/01/14</u>	
Provider Number: <u>8911</u>					Fiscal Year: <u>14/15</u>	
Program Name:	Citywide Services for Supportive Housing	Citywide Services for Supportive Housing	Citywide Services for Supportive Housing	Citywide Services for Supportive Housing	Citywide Services for Supportive Housing	
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>	<b>07/01/14-06/30/15</b>	<b>07/01/14-06/30/15</b>	<b>07/01/14-06/30/15</b>	<b>07/01/14-06/30/15</b>	<b>07/01/14-06/30/15</b>	
<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>1,493,51</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 UNITS 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> 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

<b>Employee Fringe Benefits:</b>	38%	\$	387,584	38%	\$304,640	38%	\$32,944								
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**\$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 HMMCC730515	Citywide Services for Supportive Housing (CR) General Fund HMMCC730515			
	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	\$ 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-Nonres Unit ODF Grp	SA-Nonres Unit 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			TOTAL
<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			7,171
TOTAL FUNDING USES:	54,780	4,123	8,020			66,923
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES						-
<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
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		54,780	4,123	8,020		66,923
<b>OTHER DPH FUNDING SOURCES</b>						
						-
TOTAL OTHER DPH FUNDING SOURCES						-
TOTAL DPH FUNDING SOURCES		54,780	4,123	8,020		66,923
<b>NON-DPH FUNDING SOURCES</b>						
						-
TOTAL NON-DPH FUNDING SOURCES						-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		54,780	4,123	8,020		66,923
<b>BHS UNITS OF SERVICE AND UNIT COSTS</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):						60

### DPH 3: Salaries & Benefits Detail

**Program Code: 38321**

Program Name: Citywide STOP

Document Date: 07/01/14

Appendix/Page #: B-5, Page 2[illegible][illegible]**TOTAL SALARIES & BENEFITS**

**\$53,605**

**\$46,565**

**\$7,040**

**\$0**

**\$0**

**\$0**

**DPH 4: Operating Expenses Detail**

Program Code: 38321  
 Program Name: Citywide STOP  
 Document Date: 07/01/14

Appendix/Page #: B-5, Page 3

Expenditure Category	TOTAL	Drug Medi-Cal, PSR Drug Medi-Cal & General Fund (FFS) HMHSCCRES227	General Fund (CR) 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			
<b>TOTAL OPERATING EXPENSE</b>	<b>\$6,148</b>	<b>\$6,027</b>	<b>\$121</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				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 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 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 COSTS</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 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):					<b>Total UDC:</b>
Unduplicated Clients (UDC):					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
----	---------

**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 HMHMCC730515	MHSA (INN) HMHMPROP63 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**

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

Appendix F  
PAGE A - 1

Control Number

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.

**CBHS**

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

M01 JL 14

Ct. Blanket No.: BPHM

TBD

Ct. PO No.: POHM

TBD

Fund Source:

GF, SDMC Regular FFP, Realignment

Invoice Period :

July 2014

Final Invoice:

(Check if Yes)

ACE Control Number:

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS	
<b>B-1 Citywide Linkage PC# - 89114MH</b>													
15/ 01 - 09 Case Mgt Brokerage	217,321				\$ 1.79	\$ -	0.000		0.00%		217,321.000		\$ 389,004.59
15/ 10 - 56 MH Svcs	159,266				\$ 2.56	\$ -	0.000		0.00%		159,266.000		407,720.96
15/ 60 - 69 Medication Support	7,980				\$ 4.65	\$ -	0.000		0.00%		7,980.000		37,107.00
15/ 70 - 79 Crisis Intervention-OP	3,773				\$ 3.31	\$ -	0.000		0.00%		3,773.000		12,488.63
<b>TOTAL</b>	<b>388,340</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>388,340.000</b>		<b>\$ 846,321.18</b>
	<b>Budget Amount</b>				<b>\$ 846,320.00</b>		<b>Expenses To Date</b>		<b>% of Budget</b>		<b>Remaining Budget</b>		
							<b>\$ -</b>		<b>0.00%</b>		<b>\$ 846,320.00</b>		

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

NOTES:

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

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

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

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

Send to:

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

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F  
PAGE A - 2

**INVOICE NUMBER:**

M02	JL	14
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Ct. Blanket No.: BPHM

**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:**

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

**PHP Division: Community Behavioral Health Services**

\*Unduplicated Counts for AIDS Use Only.

\$	58,418.80
	746,100.00
	473,981.25
	11,500.00
\$	1,290,000.05

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

**NOTES:**

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

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

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

**DPH Authorization for Payment**

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

**Authorized Signatory**

Date \_\_\_\_\_

**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-4 Citywide-Svcs for Supportive Housing PC# - 8911SH												
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>	<b>\$ 301,214.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 301,214.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Vocational Svcs, Client Food, Misc.	\$ 31,632.00	\$ -	\$ -	0.00%	\$ 31,632.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Other: UC Direct Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
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%	\$ -
GAEL: 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>	<b>\$ 40,510.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 40,510.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 341,724.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 341,724.00</b>
<b>Indirect Expenses</b>	<b>\$ 41,006.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 41,006.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 382,730.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 382,730.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

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

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

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

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

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

Send to:  
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>	<b>\$ 102,443.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 102,443.00</b>
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>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
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>	<b>\$ 168,692.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 168,692.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 271,135.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 271,135.00</b>
<b>Indirect Expenses</b>	<b>\$ 32,536.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 32,536.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 303,671.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 303,671.00</b>
<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:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul Amendmend#2 7-1-14

Prepared: 3/18/2015

# ARTMENT OF PUBLIC HEALTH CON. AL OR 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-2 NOVA PC# - 8911NO - HMHMNOVAPRWO												
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>
Operating Expenses:					
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>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 151,996.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 151,996.00</b>
Indirect Expenses	\$ 18,239.00	\$ -	\$ -	0.00%	\$ 18,239.00
<b>TOTAL EXPENSES</b>	<b>\$ 170,235.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 170,235.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<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

Appendix F  
PAGE A - 6

Control Number

INVOICE NUMBER:	M08	JL	14
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Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

**CBHS**Fund Source: GF.Fed-SDMC Reg FFP. HSA Work Order

Invoice Period : July 2014

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

ACE Control Number: [REDACTED]

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

\*Unduplicated Counts for AIDS Use Only.

Unduplicated Counts for AIDS Use Only.

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables		
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS				UOS	CLIENT	UOS	CLIENT	UOS	CLIENTS
B-3 Citywide Roaming Team PC# - 8911RT													
15/ 01 - 09 Case Mgt Brokerage	37,709				\$ 1.70	\$ -	0.000			0.00%		37,709.000	
15/ 10 - 56 MH Svcs	351,053				\$ 2.40	\$ -	0.000			0.00%		351,053.000	
15/ 70 - 79 Crisis Intervention-OP	2,482				\$ 3.69	\$ -	0.000			0.00%		2,482.000	

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

NOTES:  
FED-SDMC Reg FFP, GF - HHMMCC730515 - \$424,701.00  
GF - WO CODB - HHMMCC730515 - \$7,257.00  
HSA WO - HHMMROVINGWO - \$483,833.00

Funding Source (Index Code):	Encumbered	Current Month	Year-to-Date
Fed-SDMC Reg FFP (HHHMCCT30515)	\$ 431,958.00	\$ -	\$ -
HSA WO (HHHMRVINGWO)	\$ 483,833.00	\$ -	\$ -
TOTAL FUNDING	\$ 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  
PAGE A-7

Control Number:

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

\*Unduplicated Counts for AIDS Use Only.

UNAPPORTIONED FUNDS FOR ALL													
DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables		
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MFI Only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS		UOS	CLIENTS	
B-5 Citywide STOP PC# - 38321													
Nonres-33 SA-Nonresidnt/ ODF Grp		1,775				\$ 30.86	\$ -	0.000		0.00%		1,775.000	\$ 54,776.50
Nonres-33 SA-Nonresidnt/ ODF Ind		80				\$ 51.54	\$ -	0.000		0.00%		80.000	4,123.20

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

**NOTES:**

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

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

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

**DPH Authorization for Payment**

**Authorized Signatory**

Date \_\_\_\_\_

# 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-5 Citywide STOP PC# - 38321												
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%	\$ -
GAEL: 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>
Indirect Expenses	\$ 859.00	\$ -	\$ -	0.00%	\$ 859.00
<b>TOTAL EXPENSES</b>	<b>\$ 8,020.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 8,020.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

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

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

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

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

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

Send to:

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

DPH Authorization for Payment

Authorized Signatory

Date

JUL Amendment#2 7-1-14

Prepared: 3/18/2015

# 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**

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

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	<b>GENERAL LIABILITY</b>	Self-Insured	July 1, 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 Anne Lloyd*

CHERYL A. LLOYD, CHIEF RISK OFFICER

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

**FIRST Amendment**

This AMENDMENT (this "Amendment") is made as of October, 2011, 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, City and Contractor have entered into the Agreement (as defined below); and  
WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to add funding and additional programmatic information;

WHEREAS, approval for this Amendment 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 October 1, 2010 (BPHM11000058/DPHM11000308), between Contractor and City, as amended by this First 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 05. Section 05 Compensation, 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 Public Health Department, in his or her sole discretion, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty Six Million, Six Hundred Forty Four Thousand, and Three Hundred and Thirty One DOLLARS (\$36,644,331)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

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

**5. Compensation.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty Seven Million, One Hundred Thirty Eight Thousand, and 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. 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.

---

**The following Appendices are being added to or substituted for the Exhibits and/or Appendices, as indicated, in the "Original Agreement" and any subsequent "Amendments", and are titled to support the period of 07/01/2011-06/30/2012.**

- b. Delete Appendix A 07/01/2010-12/31/2015, Pages 1-4, and substitute Appendix A 07/01/2010-12/31/2015, Pages 1-5.
- c. Add Appendix A-1, 07/01/2011-06/30/2012 Pages 1-3.
- d. Add Appendix A-2, 07/01/2011-06/30/2012 Pages 1-3.
- e. Add Appendix A-3, 07/01/2011-06/30/2012 Pages 1-4.
- f. Add Appendix A-4, 07/01/2011-06/30/2012 Pages 1-3.
- g. Add Appendix A-5, 07/01/2011-06/30/2012 Pages 1-5.
- h. Add Appendix A-6, 07/01/2011-06/30/2012 Pages 1-5.
- i. Delete Appendix B, 07/01/2010-12/31/2015, Pages 1-6, and substitute Appendix B, 07/01/2010-12/31/2015, Pages 1-6
- j. Add Appendix B-1, 07/01/2011-06/30/2012 Pages 1-3.
- k. Add Appendix B-2, 07/01/2011-06/30/2012 Pages 1-3.
- l. Add Appendix B-3, 07/01/2011-06/30/2012 Pages 1-3.
- m. Add Appendix B-4, 07/01/2011-06/30/2012 Pages 1-3.
- n. Add Appendix B-5, 07/01/2011-06/30/2012 Pages 1-3.
- o. Add Appendix B-6, 07/01/2011-06/30/2012 Pages 1-3.
- j. Add Appendix F-1, 07/01/2011-06/30/2012 .
- k. Add Appendix F-2, 07/01/2011-06/30/2012 .
- l. Add Appendix F-3, 07/01/2011-06/30/2012
- m. Add Appendix F-4, 07/01/2011-06/30/2012 .
- n. Add Appendix F-5, 07/01/2011-06/30/2012
- o. Add Appendix F-6, 07/01/2011-06/30/2012 Page 1-2.

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

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


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

CITY

CONTRACTOR

Recommended by:

Regents of the University of California

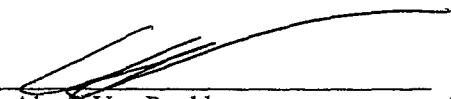
  
BARBARA A. GARCIA, M.P.A. / 10/19/11  
Director of Health / Date


By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

Approved as to Form:

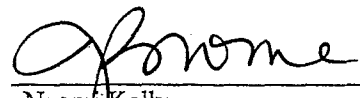
Dennis J. Herrera  
City Attorney

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

By:   
Aleeta Van Runkle / 10/20/11  
Deputy City Attorney / Date

  
NAVJOT MAHAL-GILL / 10/19/11  
CONTRACTS & GRANTS OFFICER / Date  
3333 California Street #315  
San Francisco, CA 94143

Approved:

  
Naomi Kelly / 11/1/11  
Director Office of Contract / Date  
Administration and Purchaser

City vendor number: 44467

**Appendices**

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: Reserved
- D: Additional Terms
- E: Business Associate Addendum
- F: Invoice

11 OCT 58 PM 3:03

RECEIVED

RECEIVED  
PURCHASING DEPARTMENT  
11 OCT 28 AM 9:09

**Appendix A**  
**Services to be provided by Contractor**

**1. Terms**

**A. Contract Administrator:**

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

**B. Reports:**

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

**C. Evaluation:**

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

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

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

**E. Adequate Resources:**

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

**F. Admission Policy:**

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

**G. San Francisco Residents Only:**

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

**H. Infection Control, Health and Safety:**

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements

including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

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

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

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

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

I. 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,"

J. 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.

K. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

L. 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.

M. 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 completed on an annual basis.
- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Assurance Plan.

**Other Miscellaneous Optional Provisions:**

N. Compliance With Grant Award Notices:

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

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

**2. Description of Services**

Detailed description of services are listed below and are attached hereto:

Appendix A-1 Citywide Case Management (fee for service)

Appendix A-2 Citywide Linkage Team (fee for service)

Appendix A-3 STOP (fee for service)

Appendix A-4 NOVA

Appendix A-5 Citywide Roving Team (fee for service)

A-6 -Supportive Housing

Contractor: Regents of UC/UCSF  
Program: Citywide Case Management

Appendix A;  
Appendix Term:  
07/01/11-06/30/12

CMS Contract #: 6906

### SUMMARY

Service Providers:	Regents of UC/UCSF
Fiscal Agency:	Regents of UC/UCSF
Total Contract Amount:	\$6,442,504
System of Care	CBHS-Adult (includes some MHSA)
Provider Address:	Citywide Case Management 982 Mission Street, 2 <sup>nd</sup> Floor, San Francisco, CA 94103
Provider Phone:	(415) 597-8000
Contact Person:	David Fariello 982 Mission Street, 2 <sup>nd</sup> Floor, San Francisco, CA 94103 Ph: (415) 597-8065 Fax: (415) 597-8004 David.fariello@ucsf.edu

Appendix A-1	
Program Name:	Citywide Case Management/Forensics
Amount :	\$4,229,533
Term :	07/01/11-06/30/12
Definition of Services:	Mode 15 MH-OP/Units are Minutes: Case Management Brokerage, MH services, Medication Support, Crisis Intervention
Number of UDC/NOC:	434
Target Population	Severely Mentally Ill (SMI) Adults, including Forensic population
Description of services	Intensive Case Management (ICM) services to SMI adults.

Appendix A-2	
Program Name:	Citywide Linkage Team
Amount :	\$854,472
Term :	07/01/11-06/30/12
Definition of Services:	Mode 15 MH-OP/Units are Minutes: Case Management Brokerage, MH services, Medication Support, Crisis Intervention
Number of UDC/NOC:	315
Target Population	Severely Mentally Ill (SMI) Adults from PES or those discharged from inpatient psychiatric hospitalization.
Description of services	Intensive Case Management (ICM) services to link client to community follow-up care (usually OP).

Appendix A-3	
Program Name:	Citywide STOP
Amount :	\$48,000
Term :	07/01/11-06/30/12
Definition of Services:	Substance Abuse Non-Residential Individual (34) & Group (33) services.
Number of UDC/NOC:	55
Target Population	Citywide Case Management clients who need OP-SA services.
Description of services	Services to Citywide Case Management clients who need OP-SA services.

CMS Contract #: 6906

<b>Appendix A-4</b>	
<b>Program Name:</b>	Citywide Case Management -NOVA
<b>Amount :</b>	\$162,000 <b>Funding Source:</b> Sheriff's WO
<b>Term :</b>	07/01/11-06/30/12
<b>Definition of Services:</b>	Mode 15 MH-OP: Case Management Brokerage, MH services, Medication Support, Crisis Intervention (Cost Reimbursement)
<b>Number of UDC/NOC:</b>	30 <b>Total UOS:</b> See CRDC for details.
<b>Target Population</b>	SF Jail residents who need CBHS Services.
<b>Description of services</b>	Services to SF jail residents to help their transition back into the community.
<b>Appendix A-5</b>	
<b>Program Name:</b>	Citywide Case Management Roving Team
<b>Amount :</b>	\$648,500 <b>Funding Source:</b> HSA WO, Medi-Cal
<b>Term :</b>	07/01/11-06/30/12
<b>Definition of Services:</b>	Mode 15 MH-OP/Units are Minutes: Case Management Brokerage, MH services, Medication Support, Crisis Intervention
<b>Number of UDC/NOC:</b>	120 <b>Total UOS:</b> See CRDC for details.
<b>Target Population</b>	Formerly homeless individuals living in the Human Services Agency's Housing First Master Lease Program residential hotels.
<b>Description of services</b>	CBHS services to help residents maintain their housing.
<b>Appendix A-6</b>	
<b>Program Name:</b>	Citywide-Services for Supportive Housing
<b>Amount :</b>	\$499,999 <b>Funding Source:</b> HUH-GF, Medi-Cal
<b>Term :</b>	07/01/11-06/30/12
<b>Definition of Services:</b>	Mode 15 MH-OP/Units are Minutes: Case Management Brokerage, MH services, Medication Support, Crisis Intervention
<b>Number of UDC/NOC:</b>	120 <b>Total UOS:</b> See CRDC for details.
<b>Target Population</b>	Residents at the DAH funded Drs: Julian & Raye Richardson Apartments.
<b>Description of services</b>	Behavioral health and other onsite support services to assist tenants at the Drs. Julian & Raye Richardson Apartments maintain housing stability and improve access to resources.

Contractor: UC Regents/UCSF  
Program: Citywide Case Management/Forensics  
City Fiscal Year: 11/12  
CMS#: 6906

Appendix A-1  
Contract Term: 07/01/11/ through 06/30/12

**1. Program Name: Citywide Case Management/ Forensics**

**Program Address: 982 Mission Street, 2<sup>nd</sup> Floor**

**City, State, Zip Code: San Francisco, CA 94103**

**Telephone: (415) 597-8000**

**Facsimile: (415) 597-8004**

**Program Code: Citywide Case Management-89113/ Citywide Forensics-89119**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

Citywide Case Management/Forensics reduces unnecessary institutional care (hospitals, IMD, MRF and/or jail) of high risk, seriously mentally ill transitional aged youth, adults, and older adults.

**4. Target Population**

Citywide Case Management renews a full-service integrated outpatient behavioral health center treating 434 transitional age youth, adult, and/or older-adult consumers identified by CBHS. We focus on San Francisco adult residents with the highest mental health and social service needs. Over 75% are diagnosed with complicating substance abuse problems, over 65% have been homeless, and many will also have criminal justice involvement. Approximately 64% will be men, 36% women, 32% will be white, 35% African-American, 24% Asian, and 9% Latino. We treat consumers in every district of the city, but the largest numbers are in the Tenderloin, South of Market, Bayview and Inner-Mission and Chinatown areas. Many consumers live in SROs, but a significant number (especially Asian and Latino consumers) live with families of origin and others in Residential Care group homes.

**5. Modalities/Interventions**

See CRDC.

**6. Methodology**

- Consumers are assertively engaged and followed throughout the system, as they transition through hospitals, jail, IMDs, shelters, or residential facilities. High-risk consumers in Board & Care are seen at their home regardless of the facility's location. Over 50% of services are delivered in the community. Medication services can be delivered in the community. Case managers (referred to, in RFP 23-2009 as a Personal Service Coordinator-PSC) accompany consumers on public transportation or use the Division van to access the community.

- The programs engage family and informal resources in the community to support consumers: for example, restaurant owners to provide prepaid meal plans, hotel owners to help monitor consumer functioning, store owners to support grocery budgeting, etc.
- Hands-on, case management activities to address both the immediate support system issue and the acquisition of problem-solving skills, building independence.
- Treatment team members are quick to intervene in the community when a consumer is headed toward a crisis. Daily medications, supportive counseling, and on-call phone support can help consumers avoid a hospitalization or arrest.

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

Referrals for the programs come from hospitals, jails, Sheriff's Department, Behavioral Health Court, and CBHS.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

Consumers are referred to a central intake staff by phone and fax that screens referrals to make sure they meet Target Population criteria. Within 72 hours a case manager will conduct a face-to-face interview with the consumer to begin a treatment alliance and to make sure the consumer's behavior will be safe for staff and consumers. The case manager will accompany the consumer on the day of discharge to his/her residence and first appointments. Program will adhere to the guidelines, definitions and services as described in the intensive case management guidelines. The Program will accept consumers authorized by CBHS.

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

Citywide Case Management Master's level clinicians provide comprehensive case management, crisis, family, and individual therapy services. Medical staff work closely with case managers to provide psychotropic medications including drop-in, at consumer's home, or daily medications if needed. Treatment is provided continuously, wherever the consumer is located. Thus home or hotel visits, outreaches to community agencies and businesses, visits in custody or in the hospital, are all routine modes of delivery of services. The programs incorporate the principles of the "Wellness and Recovery" model of services. Consumers work with case managers to develop a Wellness and Recovery Action Plan, specifying goals for increased skills, increased

functioning, increased personal resources and illness management. We maintain a special emphasis on helping consumers locate and maintain productive activity including education, prevocational training, volunteer work and paid employment. Involving consumers in group therapy, dual diagnosis groups, pre-vocational training and stipend jobs, as well as social activities is a central aspect of Division programs. Consumers are seeing as often as is clinically indicated, which may be daily for consumers in crisis or bi-weekly for stable consumers transitioning to a lower level of care. Program hours are 8:30 am to 5:00 pm, Monday through Friday and 10:00 am to 1:00 pm on Saturdays. After hours and weekends are covered by on-call staff who provide phone consultation and support top consumers, support members or other agencies.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

1. Treatment engagement sufficient to manage acute symptoms and sustained MORS score of 6 and above coupled with decreased staff intervention levels.
2. No psychiatric inpatient stays for 18 months
3. No more than one PES visit in the last year
4. Stable housing, entitlements, health care
5. No pending criminal justice charges, and consumer demonstrates 6 months of unassisted management of probation or BHC involvement
6. Some productive use of time activities; hobbies, clubs. Work, school, etc. Many Division high-risk consumers will not need intensive services, but be unable to negotiate usual outpatient clinic structure. These consumers will be transitioned to our step-down program in which can continue to receive medications, group therapy and case management at a much reduced level [see Section 3 above]. Additionally consumers will transition to primary care providers, neighborhood clinics, or private health care plans and providers as they engage with the larger community and increase their ability to manage usual health care providers.

E. 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 CBHS document entitled Performance Objectives FY 11-12.

## **8. Continuous Quality Assurance and Improvement**

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

Contractor: UC Regents/UCSF  
Program: Citywide Linkage Team (CLT)  
City Fiscal Year: 11/12  
CMS#: 6906

Appendix A-2  
Contract Term: 07/01/11/ through 06/30/12

**1. Program Name: Citywide Linkage Team**

**Program Address (primary program site address): 982 Mission Street, 2<sup>nd</sup> Floor**

**City, State, Zip Code: San Francisco, CA 94103**

**Telephone: (415) 597-8000**

**Facsimile: (415) 597-8004**

**Program Code: 89114/89114MH**

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

☐ New      ☐ Renewal      ☒ Modification

**3. 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(ies)/Interventions**

See CRDC.

**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 CBHS document entitled Performance Objectives FY 11-12.

**8. Continuous Quality Assurance and Improvement**

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

Contractor: UC Regents/UCSF  
Program: UCSF Citywide-STOP  
City Fiscal Year: 11/12  
CMS#: 6906

Appendix A-3  
Contract Term: 07/01/11/ through 06/30/12

1. **Program Name: UCSF Citywide-STOP**  
(Substance [aka Stimulant] Treatment Outpatient Program)  
**Program Address: 982 Mission 2<sup>nd</sup> Floor**  
**City, State, Zip Code: San Francisco, CA 94103**  
**Telephone: (415) 597-8000**  
**Facsimile: (415) 597-8004**  
**Program Code: 38321**

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

☐ New      ☐ Renewal      ☒ Modification

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 Citywide and Community Focus 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(ies)/Interventions**

See CRDC.

6. **Methodology**

## **A. Outreach, Recruitment**

Information about STOP services is posted throughout the Citywide/Community Focus 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 Citywide/Community Focus 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 Citywide/Community Focus case manager, and shared with STOP staff. Clients must consent to exchange of information between STOP and Citywide/Community Focus 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 Citywide Case Management/Community Focus. Home visits may be scheduled as needed, after consultation with the client's Citywide/Community Focus 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 Citywide Case Management/Community Focus, 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 CBHS integration process, STOP is integrated onsite at Citywide Case Management/Community Focus, and has partnered with a number of mental health and primary care clinics.

**E. Staffing**

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 Citywide/Community Focus staff, including the Division Administrator.

**7. Objectives and Measurements**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 11-12.

**Individualized Program Objectives**

#1. During FY 2011-2012, 100% of unduplicated clients in attendance at the program on the targeted satisfaction survey days will be encouraged to complete the citywide client satisfaction survey.

**8. Continuous Quality Assurance and Improvement**

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

Contractor: UC Regents/UCSF  
Program: Citywide Case Management-NOVA  
City Fiscal Year: 11/12  
CMS#: 6906

Appendix A-4  
Contract Term: 07/01/11/ through 06/30/12

**1. Program Name: Citywide Case Management-NOVA**

**Program Address (primary program site address): 982 Mission Street, 2<sup>nd</sup> Floor**

**City, State, Zip Code: San Francisco, CA 94103**

**Telephone: (415) 597-8000**

**Facsimile: (415) 597-8004**

**Program Code : 8911NO**

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

☐ New      ☐ Renewal      ☒ Modification

**3. 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(ies)/Interventions**

See CRDC.

**6. Methodology**

**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**

Rather than the standardized CBHS program objectives in "Performance Objectives FY 11-12", the following individualized objectives will apply.

**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.

**8. Continuous Quality Assurance and Improvement**

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

Contractor: UC Regents/UCSF  
Program: CWCW Roving Team  
City Fiscal Year: 11/12  
CMS#: 6906

Appendix A-5  
Contract Term: 07/01/11/ through 06/30/12

1. **Program Name:** Citywide Case Management Roving Team  
**Program Address:** 982 Mission Street, 2<sup>nd</sup> Floor  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone:** (415) 597-8000  
**Facsimile:** (415) 597-8004  
**Program Code (formally known as Reporting Unit):** 8911RT

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

☐ New      ☐ Renewal      ☒ Modification

3. **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(ies)/Interventions**  
CRDC

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.

7. **Services to be Provided**

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.

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.

**Program Staffing:**  
See Appendix B.

## 8. Objectives and Measurements

Rather than the standardized CBHS program objectives in "Performance Objectives FY 11-12", the following will apply.

### Service Objectives 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 Objectives

- 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.

### VIII. 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 7/1/10-9/30/10, the report is due on 10/15/10.
- 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, 2012.

**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. Larry Chatmon, Contract Manager, Office of Contract Management  
Larry.Chatmon@sfgov.org  
San Francisco Human Services Agency  
P.O. Box 7988  
SAN FRANCISCO, CA 94120

**9. Continuous Quality Assurance and Improvement**

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

Contractor: UC Regents/UCSF  
Program: Citywide-Services for Supportive Housing  
City Fiscal Year: 11/12  
CMS#: 6906

Appendix A-6  
Contract Term: 07/01/11/ through 06/30/12

**1. Program Name: Citywide-Services for Supportive Housing**

**Program Address: Richardson Apartments**

**365 Fulton Street**

**City, State, Zip Code: San Francisco, CA 94102**

**Telephone: (415) 857-6600**

**Facsimile: (415) 861-3731**

**Program Code (formally known as Reporting Unit): 8911SH**

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

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

The target population is the 120 tenants of the Richardson 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(ies)/Interventions**

See CRDC.

These services shall include (but not be limited to) individual and group behavioral health counseling and case management as defined for Medi-Cal FFP, referral and follow up to 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. Program Start-Up and Rent up:**

Richardson Apartments is a 120 unit building 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 Richardson Apartments, thus ensuring outreach to a cross-section of racially, ethnically, and geographically diverse homeless adults.

Community Housing Partnership (CHP) and Citywide Richardson team provide a joint orientation and housing screening for applicants. Housing eligibility is determined by CHP property management. Citywide clinicians will 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.

1. Program Start

Activities of program start include hiring of staff, staff orientation and training, work space, systems, and program policy & procedures development, rent up activities, and participation with Property Management in MOU development with partnering agencies and services, etc.

2. Rent up

Activities of program start include rent up activities. Support services staff will coordinate with Property Management in applicant screening as outlined in the DAH Access & Referral Process.

Everything that follows will be put into place and delivered ongoing.

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 Richardson tenant who agrees to accept services. Assessment efforts will identify the individual's mental health, substance abuse, medical and comprehensive service

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<sup>1</sup> Specific information regarding the DAH Access and Referral Process may be found here:  
<http://www.sfdph.org/dph/comupg/oprograms/DAH/refAccess.asp>

needs; including the risk for returning to homelessness. Citywide clinicians will use Avatar, the CBHS 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 of the Richardson Apartments 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. Citywide Richardson 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.

**Staff Hours:** Clinical Social Workers and the RN will be available as needed for resident services during regular business hours (9-5) and limited after-hours (evening). An on-call phone line will be available during the week from 5:00 pm to 10:00pm and 8:00 am to 10:00 pm on the 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.

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

- E. See CBHS Appendix B for staffing.

## 7. Objectives and Measurements

All non-individualized objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 11-12.

**Individualized Objectives:** The results of these objectives will be collected by the contractor and sent to the BOCC program manager after the 11-12 fiscal year but no later than 8/31/12.

### A. Outcome Objectives

1. By the end of the fiscal year and as documented in client files and agency logs, 85% of tenant lease violations will be resolved without loss of housing to tenants.

**Evaluation:** CHP property management staff will provide Citywide staff copies of all property management correspondence issued to tenants, including lease violations. The Team Leader will participate in weekly coordination meetings with property management to discuss housing retention issues. Citywide clinicians will document client services in Avatar and the Team Leader will track staff housing retention efforts.

2. By the end of the fiscal year and as documented in the client satisfaction survey summary and analysis, 80% of clients who respond to an anonymous client satisfaction survey will indicate that they are either "satisfied" or "very satisfied" with program services.

**Evaluation:** Client satisfaction will be surveyed annually by CRW staff. The Team Leader and/or the Program Director will review survey responses and prepare a summary to document the responses to submit to Housing and Urban Health. The survey results will be used to guide program development and for staff to address the concerns raised by the clients.

#### **B. Process Objectives**

1. By the end of the fiscal year and as documented in client files and agency logs, services staff will actively outreach to 100% of DAH tenants.

**Evaluation:** Citywide clinicians will document client contacts. The Program Director and the Team Leader will monitor documentation and report on outcomes.

2. By the end of the fiscal year and as documented in client records and agency logs, 100% of tenants who have jeopardized their housing due to program rule and/or lease violations will be offered support services at least once per incident.

**Evaluation:** Property management staff will inform the Team Leader of tenants who have problems with the house rules and/or lease violations. The Team Leader will develop a log to track client rule and lease violations. Citywide clinical staff will outreach tenants who are at risk of losing their housing. The clinical staff will document these interventions.

3. By the end of the fiscal year and as documented in client files, 100% of eligible clients who enter housing with zero-income will, within six months of program entry, have maximized their income and benefits.
4. Comply with all SFDPH reporting requirements. These include all reporting requirements including annual program monitoring, Cultural Competency reports, HMIS, and other reporting as requested.

**Contractor:** UC Regents/UCSF  
**Program:** Citywide-Services for Supportive Housing  
**City Fiscal Year:** 11/12  
**CMS#:** 6906

**Appendix A-6**  
**Contract Term:** 07/01/11/ through 06/30/12

## **8. Continuous Quality Assurance and Improvement**

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

**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 Case Management (fee for service)

Appendix B-2 Citywide Linkage Team (fee for service)

Appendix B-3 STOP (fee for service)

Appendix B-4 NOVA(Cost Reimbursement)

Appendix B-5 Citywide Roving Team (fee for service)

Appendix B-6 -Supportive Housing (fee for service)

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$3,944,178 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 shall be as follows:

July 1, 2010 through June 30, 2011	\$5,930,755
July 1, 2011 through June 30, 2012	\$6,442,504
July 1, 2012 through June 30, 2013	\$5,948,755
July 1, 2013 through June 30, 2014	\$5,948,755
July 1, 2014 through June 30, 2015	\$5,948,755
July 1, 2015 through December 31, 2015	\$2,974,378

Contingency:	\$ 3,944,178
<b>Total:</b>	<b>\$37,138,080</b>

CONTRACTOR further understands that \$2,035,938, of the period July 1, 2010 through December 31, 2010 in the contract Number BPHM08000062 is already included in this contract. Upon execution of this agreement, all the terms under this agreement will supersede any previous agreements for the fiscal year 2010-2011.

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

#### **FFS 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 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**

E. 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**

DMH Legal Entity Number (MH): <b>00117</b>		Prepared By/Phone #: <b>Constance Revore/597-8047</b>				Fiscal Year: <b>11/12</b>	
DMH Legal Entity Name (MH)/Contractor Name (SA): <b>UC Regents</b>		Document Date: <b>9/15/2011</b>				Proposal ID <b>P0045425 (internal UCSF)</b>	
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6	
Provider Number:	8911-CWCM/F	8911-CWL	383832-STOP	8911-NOVA	8911-CWRT	8911-CWSSH	Total
FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	3,358,603	742,659	39,117	143,080	490,430	385,669	5,159,559
Operating Expenses:	417,766	20,262	3,740	1,563	88,588	60,758	592,677
Capital Expenses:							
Subtotal Direct Expenses:	3,776,369	762,921	42,857	144,643	579,018	446,427	5,752,2
Indirect Expenses:	453,164	91,551	5,143	17,357	69,482	53,571	690,268
Indirect %:	12%	12%	12%	12%	12%	12%	12%
<b>TOTAL FUNDING USES</b>	<b>4,229,533</b>	<b>854,472</b>	<b>48,000</b>	<b>162,000</b>	<b>648,500</b>	<b>499,999</b>	<b>6,442,504</b>
					Employee Fringe Benefits %:		30%
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
MH FED - SDMC Regular FFP (50%)	1,587,486	247,987			315,500	132,293	2,283,266
MH Realignment	877,417	200,000					1,077,417
MH COUNTY - General Fund	921,106	406,485				367,706	1,695,297
MH STATE - MHSA	677,636						677,636
MH STATE - MHSA	165,888						165,888
MH WORK ORDER - Sheriff's Department				162,000			162,000
MH WORK ORDER - Human Services Agency					333,000		333,000
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>4,229,533</b>	<b>854,472</b>	<b>-</b>	<b>162,000</b>	<b>648,500</b>	<b>499,999</b>	<b>6,394,504</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA FED - Drug Medi-Cal #93.778			40,000				40,000
SA STATE - General Fund			8,000				8,000
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>48,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>48,000</b>
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>							
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>4,229,533</b>	<b>854,472</b>	<b>48,000</b>	<b>162,000</b>	<b>648,500</b>	<b>499,999</b>	<b>6,442,504</b>
<b>NON DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>4,229,533</b>	<b>854,472</b>	<b>48,000</b>	<b>162,000</b>	<b>648,500</b>	<b>499,999</b>	<b>6,442,504</b>

**BUDGET**  
**UCSF Citywide****Appendix B-1 (7/01/11 - 6/30/12):**  
**Citywide Case Management/Forensics**

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Case Management Brokerage	379,096	x	\$1.80	=	\$682,372
MH Services	1,163,659	x	\$2.35	=	\$2,734,598
Medication Support	168,337	x	\$4.60	=	\$774,350
Crisis Intervention OP	10,614		\$3.60		\$38,211
<b>TOTAL BUDGET FOR APPENDIX B-1</b>					<b>= \$4,229,533</b>

**Appendix B-2 (7/01/11 - 06/30/12):**  
**Citywide Linkage**

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Case Management Brokerage	226,800	x	\$1.84	=	\$417,312
MH Services	130,345	x	2.61	=	\$340,200
Medication Support	16,200	x	4.70	=	\$76,141
Crisis Intervention Op	6000		3.47		\$20,819
<b>TOTAL BUDGET FOR APPENDIX B-2</b>					<b>= \$854,472</b>

**Appendix B-3 (7/01/11 - 06/30/12):**  
**Citywide STOP**

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Non residential Group	1564	x	\$29.57	=	\$46,265
Non residential Individual	25	x	\$69.59	=	\$1,735
<b>TOTAL BUDGET FOR APPENDIX B-3</b>					<b>= \$48,000</b>

**Appendix B-4 (7/01/11 - 06/30/12):**Cost  
reimbursement

NOVA

<b>TOTAL BUDGET FOR APPENDIX B-4</b>					<b>= \$162,000</b>
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**Appendix B-5 (7/01/11 – 06/30/12):**

## Citywide Roving

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Case Management	49,600	x	\$1.98	=	\$ 98,209
MH Services	212,360	x	\$2.56	=	\$543,630
Crisis Intervention OP	1,753		\$3.80		\$6,661
<b>TOTAL BUDGET FOR APPENDIX B-5</b>					<b>= \$648,500</b>

**Appendix B-6 (7/01/11 – 06/30/12):**

## Citywide Roving

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Case Management	35,748	x	\$2.02	=	\$ 72,211
MH Services	106,140	x	\$2.61	=	\$277,026
Medication Support	17,519		\$4.82		\$84,442
Crisis Intervention OP	1,705		\$3.88		\$6,616
Client Support	CR		N/A		\$59,706
<b>TOTAL BUDGET FOR APPENDIX B-5</b>					<b>= \$499,999</b>

**TOTAL BUDGET FOR CITYWIDE****\$6,442,504**

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents

Contract Appendix #: B-1, Page 1

Provider Name: Citywide Case Management/Forensic

Document Date: 9/15/2011

Provider Number: 8911

Fiscal Year: FY 11-12

Program Name:	Citywide Case Management/Forensics	Citywide Case Management/Forensics	Citywide Case Management/Forensics	Citywide Case Management/Forensics		
Program Code (formerly Reporting Unit):	89113/89119	89113/89119	89113/89119	89113/89119		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP		TOTAL
FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012		
FUNDING USES						
Salaries & Employee Benefits:	541,860	2,171,499	614,899	30,343		3,358,603
Operating Expenses:	67,400	270,106	76,485	3,774		417,766
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:	609,260	2,441,605	691,384	34,117		3,775,366
Indirect Expenses:	73,111	292,993	82,966	4,094		453,164
TOTAL FUNDING USES:	682,372	2,734,598	774,350	38,211		4,229,533
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA #:					
MH FED - SDMC Regular FFP (50%)		256,117	1,026,387	290,640	14,342	1,587,486
MH Realignment		141,558	567,292	160,639	7,927	877,417
MH COUNTY - General Fund		148,607	595,540	168,638	8,322	921,106
MH STATE - MHSA		109,326	438,124	124,063	6,122	677,636
MH STATE - MHSA		26,764	107,255	30,371	1,499	165,888
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		682,372	2,734,598	774,350	38,211	4,229,533
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES	CFDA #:					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		682,372	2,734,598	774,350	38,211	4,229,533
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		682,372	2,734,598	774,350	38,211	4,229,533
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res.33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
Units of Service:	379,096	1,163,659	168,337	10,614		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	1.80	2.35	4.60	3.60	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	1.80	2.35	4.60	3.60	0.00	
Published Rate (Medi-Cal Providers Only):						Total UDC:
Unduplicated Clients (UDC):						434

### DPH 3: Salaries & Benefits Detail

Provider Number: 8911

**Provider Name:** Citywide Case Management/Forensic

Document Date: 9/15/11

Appendix #: B-1, Page 2

	TOTAL		General Fund		Funding Source 1 (overwrite here with Funding Source Name)		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
	Term: 07/01/2011-6/30/12		Term: 07/01/2011-6/30/12		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Mark O'Leary, MD, UCSF, PI	0.01	-	0.01	-								
Division Director	0.25	31,118	0.25	31,118								
Analyst V-Supervisor	0.10	9,000	0.10	9,000								
Clinical Social Worker I/II	17.11	1,174,995	17.11	1,174,995								
Clinical Social Worker III - Supervisor	4.00	314,903	4.00	314,903								
Supervising Clinical Social Worker	1.00	95,181	1.00	95,181								
Occupational Therapist	0.70	62,100	0.70	62,100								
Senior Psychiatric Technician	0.60	45,538	0.60	45,538								
Licensed Vocational Nurse	2.50	176,758	2.50	176,758								
Administrative Assistant	0.90	36,560	0.90	36,560								
Staff Psychiatrist	0.50	69,102	0.50	69,102								
Senior Employment Specialist	2.10	118,856	2.10	118,856								
Community Health Program Representative	0.75	23,855	0.75	23,855								
Community Health Program Manager	0.20	12,254	0.20	12,254								
Social Work Associate	0.15	8,102	0.15	8,102								
Associate Clinical Professor	2.28	370,844	2.28	370,844								
Hospital Assistant I	1.00	40,131	1.00	40,131								
Totals:	34.14	2,589,297	34.14	2,589,297	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

[illegible]**TOTAL SALARIES & BENEFITS**

3,358,603

3,358,603

\$0

\$0

\$0

\$0

**DPH 4: Operating Expenses Detail**

Provider Number: 8911

Appendix #: B-1, Page 3

Provider Name: Citywide Case Management/Forensic

Document Date: 9/15/11

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/12	Term: 7/01/11-6/30/12	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	\$ 243,310	243,310				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 35,000	35,000				
Office Supplies, Postage	\$ 3,629	3,629				
Building Maintenance Supplies and Repair	\$ 1,000	1,000				
Printing and Reproduction	\$ 265	265				
Insurance	\$ -					
Staff Training	\$ 1,000	1,000				
Staff Travel-(Local & Out of Town)	\$ 5,000	5,000				
Rental of Equipment	\$ 2,000	2,000				
Computer and computer related equipment	\$ 1,500	1,500				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts): Sofia	\$ 20,000	20,000				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
Other:	\$ -					
GAEL	\$ 13,723	13,723				
Network	\$ 14,339	14,339				
Client Food and Miscellaneous Expenses	\$ 10,000	10,000				
Client Stipend	\$ 25,000	25,000				
Resident	\$ 42,000	42,000				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 417,766</b>	<b>\$417,766</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents					Contract Appendix #: B-2, Page 1	
Provider Name: Citywide Linkage					Document Date: 9/15/2011	
Provider Number: 8911					Fiscal Year: FY 11-12	
Program Name:	Citywide Linkage	Citywide Linkage	Citywide Linkage	Citywide Linkage		
Program Code (formerly Reporting Unit):	89114/89114MH	89114/89114MH	89114/89114MH	89114/89114MH		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	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>	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012		
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	362,704	295,682	66,177	18,096		742,659
Operating Expenses:	9,895	8,068	1,806	494		62
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	372,599	303,750	67,983	18,590		762,92
Indirect Expenses:	44,712	36,450	8,158	2,231		91,551
<b>TOTAL FUNDING USES:</b>	<b>417,312</b>	<b>340,200</b>	<b>76,141</b>	<b>20,821</b>		<b>854,472</b>
<b>GBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>CFDA #:</b>					
MH FED - SDMC Regular FFP (50%)		121,114	98,734	22,098	6,041	247,987
MH COUNTY - General Fund		97,677	79,628	17,822	4,873	200,000
MH Realignment		198,521	161,838	36,221	9,905	406,485
<b>TOTAL GBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>417,312</b>	<b>340,200</b>	<b>76,141</b>	<b>20,819</b>	<b>854,472</b>
<b>GBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>CFDA #:</b>					
						-
						-
						-
<b>TOTAL GBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>CFDA #:</b>					
						-
						-
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>417,312</b>	<b>340,200</b>	<b>76,141</b>	<b>20,819</b>	<b>854,472</b>
<b>NON-DPH FUNDING SOURCES</b>						
						0
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	0	0	0	0
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>417,312</b>	<b>340,200</b>	<b>76,141</b>	<b>20,819</b>	<b>854,472</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
Units of Service:	226,800	130,345	16,200	6,000		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	1.84	2.61	4.70	3.47	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	1.84	2.61	4.70	3.47	0.00	
Published Rate (Medi-Cal Providers Only):						<b>Total UDC:</b>
Unduplicated Clients (UDC):						315

### DPH 3: Salaries & Benefits Detail

Provider Number: 8911

Provider Name: Citywide Linkage

Document Date: 9/15/11Appendix #: B-2, Page 2

	TOTAL		General Fund		Funding Source 1 (overwrite here with Funding Source Name)		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
	Term: 07/01/2011-6/30/2012		Term: 07/01/2011-6/30/2012		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Mark O'Leary, MD, UCSF, PI	0.01	-	0.01	-								
Supervising Clinical Social Worker	1.00	93,965	1.00	93,965								
Nurse Practitioner II	0.35	49,461	0.35	49,461								
Clinical Social Worker I/II	6.00	385,007	6.00	385,007								
Administrative Assistant	1.00	38,482	1.00	38,482								
Totals:	8.35	\$566,915	8.35	\$566,915	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

[illegible]**TOTAL SALARIES & BENEFITS**

**\$742,659**

**\$742,659**

**\$0**

**\$0**

**\$0**

• \$0

# DPH 4: Operating Expenses Detail

Provider Number: 8911

Provider Name: Citywide Linkage

Document Date: 9/15/11

Appendix #: B-2, Page 3

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/2012	Term: 7/01/11-6/30/2012	Term:	Term:	Term:	Term:
Rental of Property	\$ -	-				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 5,000	5,000				
Office Supplies, Postage	\$ -	-				
Building Maintenance Supplies and Repair	\$ -	-				
Printing and Reproduction	\$ -	-				
Insurance	\$ -	-				
Staff Training	\$ 700	700				
Staff Travel-(Local & Out of Town)	\$ 4,050	4,050				
Rental of Equipment	\$ -	-				
Computer and computer related equipment	\$ -	-				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts):						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Other:						
GAEL	\$ 3,005	3,005				
Network	\$ 3,507	3,507				
Client Food and Miscellaneous Expenses	\$ 4,000	4,000				
Client Stipend	\$ -	-				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 20,262</b>	<b>\$20,262</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents				Contract Appendix #: B-3, Page 1	
Provider Name: Citywide STOP				Document Date: 9/15/2011	
Provider Number: 383832				Fiscal Year: FY 11-12	
Program Name:		Citywide STOP	Citywide STOP		
Program Code (formerly Reporting Unit):		38321	38321		
Mode/SFC (MH) or Modality (SA)		Nonres-33	Nonres-34		
Service Description:		SA-Nonresidnt ODF Grp	SA-Nonresidnt ODF Indv		
FUNDING TERM:		07/01/2011-06/30/2012	07/01/2011-06/30/2012		TOTAL
<b>FUNDING USES</b>					
Salaries & Employee Benefits:		37,703	1,417		39,117
Operating Expenses:		3,605	132		3,740
Capital Expenses (greater than \$5,000):					0
Subtotal Direct Expenses:		41,308	1,549		42,857
Indirect Expenses:		4,957	186		3
TOTAL FUNDING USES:		46,265	1,735		48,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
CFDA #:					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
CFDA #:					
SA FED - Drug Medi-Cal #93.778		38,554	1,446		40,000
SA COUNTY - General Fund		7,711	289		8,000
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		46,265	1,735		48,000
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>					
CFDA #:					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		46,265	1,735		48,000
<b>NON-DPH FUNDING SOURCES</b>					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		46,265	1,735		48,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS		
Units of Service:		1,564	25		
Unit Type:		Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		29.57	69.59		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		29.57	69.59		
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):					55

### DPH 3: Salaries & Benefits Detail

Provider Number: 383832

Provider Name: Citywide STOP

Document Date: 9/15/11

Appendix #: B-3, Page 2

	TOTAL		General Fund		Funding Source 1 (overwrite here with Funding Source Name)		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Valerie Gruber, PHD, UCSF, PI	0.15	20,035	0.15	20,035								
Social Work Associate	0.30	14,674	0.30	14,674								
Totals:	0.45	\$34,709	0.45	\$34,709	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

[illegible]

### **No benefits for the Social Work Associate**

**TOTAL SALARIES & BENEFITS**

**\$39,117**

**\$39,117**

**\$0**

**\$0**

**\$0**

\$0 .

**DPH 4: Operating Expenses Detail**

Provider Number: 383832  
 Provider Name: Citywide STOP  
 Document Date: 9/15/11

Appendix #: B-3, Page 3

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/12	Term: 7/01/11-6/30/12	Term:	Term:	Term:	Term:
Rental of Property	\$ -	-				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	-				
Office Supplies; Postage	\$ 3,367	3,367				
Building Maintenance Supplies and Repair	\$ -	-				
Printing and Reproduction	\$ -	-				
Insurance	\$ -	-				
Staff Training	\$ -	-				
Staff Travel-(Local & Out of Town)	\$ -	-				
Rental of Equipment	\$ -	-				
Computer and computer related equipment	\$ -	-				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts):						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Other:						
GAEL	\$ 184	184				
Network	\$ 189	189				
Client Food and Miscellaneous Expenses	\$ -	-				
Client Stipend	\$ -	-				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 3,740</b>	<b>\$3,740</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents				Contract Appendix #: B-4, Page 1	
Provider Name: Citywide NOVA - Cost Reimbursement				Document Date: 9/15/2011	
Provider Number: 8911				Fiscal Year: FY 11-12	
Program Name:		NoVA CR	NoVA	NoVA	
Program Code (formerly Reporting Unit):		8911NO	8911NO	8911NO	
Mode/SFC (MH) or Modality (SA)		15/01-09	15/10-57	15/70-79	
Service Description:		Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	TOTAL
FUNDING TERM:		07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	
<b>FUNDING USES</b>					
Salaries & Employee Benefits:		55,050	85,553	2,477	143,080
Operating Expenses:		601	934	27	1,562
Capital Expenses (greater than \$5,000):					0
Subtotal Direct Expenses:		55,652	86,487	2,504	144,643
Indirect Expenses:		6,678	10,378	300	17,357
TOTAL FUNDING USES:		62,330	96,866	2,804	162,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>CFDA #:</b>			
MH WORK ORDER - Sheriff's Department		62,330	96,866	2,804	162,000
					0
					0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		62,330	96,866	2,804	162,000
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>CFDA #:</b>			
					-
					-
					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		<b>CFDA #:</b>			
					-
					-
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		62,330	96,866	2,804	162,000
<b>NON-DPH FUNDING SOURCES</b>					0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		62,330	96,866	2,804	162,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR	CR	CR	
Units of Service:		1	1	1	
Unit Type:		N/A	N/A	N/A	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):					
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):					Total UDC: 30

### DPH 3: Salaries & Benefits Detail

Provider Number: 8911

**Provider Name:** Citywide NOVA - Cost Reimbursement

Document Date: 9/15/11

Appendix #: B-4, Page 2[illegible][illegible]**TOTAL SALARIES & BENEFITS**

**\$143,080.**

**\$0**

**\$143,080**

**\$0**

**\$0**

\$c

**DPH 4; Operating Expenses Detail**

Provider Number: 8911

Provider Name: Citywide NOVA - Cost Reimbursement

Document Date: 9/15/11

Appendix #: B-4, Page 3

Expenditure Category	TOTAL	General Fund	Sheriff's Department Work Order	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/2012	Term: 7/01/11-6/30/2012	Term: 7/01/11-6/30/2012	Term:	Term:	Term:
Rental of Property	\$ -					
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -					
Office Supplies, Postage	\$ 270		270			
Building Maintenance Supplies and Repair	\$ -					
Printing and Reproduction	\$ -					
Insurance	\$ -					
Staff Training	\$ -					
Staff Travel-(Local & Out of Town)	\$ -					
Rental of Equipment	\$ -					
Computer and computer related equipment	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts): Sofia	\$ -					
& Amounts)						
& Amounts)						
& Amounts)						
& Amounts)						
& Amounts)						
Other:						
GAEL	\$ 579		579			
Network	\$ 714		714			
Client Food and Miscellaneous Expenses	\$ -					
Client Stipend	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 1,563</b>	<b>\$0</b>	<b>\$1,563</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents				Contract Appendix #: B-5, Page 1	
Provider Name: Citywide Roving Team				Document Date: 9/15/2011	
Provider Number: 8911				Fiscal Year: FY 11-12	
Program Name:	Citywide Roving Team	Citywide Roving Team	Citywide Roving Team		
Program Code (formerly Reporting Unit):	8911RT	8911RT	8911RT		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP		<b>TOTAL</b>
<b>FUNDING TERM:</b>	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012		
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	74,271	411,122	5,037		490,430
Operating Expenses:	13,416	74,262	910		88,588
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:	87,686	485,384	5,947		579,017
Indirect Expenses:	10,522	58,246	714		69,482
<b>TOTAL FUNDING USES:</b>	<b>98,209</b>	<b>543,631</b>	<b>6,661</b>		<b>648,500</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>GFDA #:</b>				
MH FED - SDMC Regular FFP (50%)		47,779	264,480	3,241	315,500
MH WORK ORDER - Human Services Agency		50,429	279,150	3,420	333,000
					-
					-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>98,209</b>	<b>543,630</b>	<b>6,661</b>	<b>648,500</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>GFDA #:</b>				
					-
					-
					-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>GFDA #:</b>				
					-
					-
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>98,209</b>	<b>543,630</b>	<b>6,661</b>	<b>648,500</b>
<b>NON-DPH FUNDING SOURCES</b>					
					-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>98,209</b>	<b>543,630</b>	<b>6,661</b>	<b>648,500</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS		
Units of Service:	49,600	212,360	1,753		
Unit Type:	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	1.98	2.56	3.80		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	1.98	2.56	3.80		
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):					<b>Total UDC: 120</b>

### DPH 3: Salaries & Benefits Detail

Provider Number: 8911

Provider Name: Citywide Roving Team

Document Date: 9/15/11

Appendix #: B-5, Page 2[illegible]

<b>Employee Fringe Benefits:</b>	31%	\$116,056	31%	\$56,462	\$59,594							
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**TOTAL SALARIES & BENEFITS**

**\$490,430 .**

**\$238,598**

**\$251,832**

**\$0**

\$0

\$0

**DPH 4: Operating Expenses Detail**

Provider Number: 8911

Provider Name: Citywide Roving Team

Document Date: 9/15/11

Appendix #: B-5, Page 3

Expenditure Category	TOTAL	General Fund	WORK ORDER #1 Human Service Agency	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/12	Term: 7/01/11-6/30/12	Term: 7/01/11-6/30/12	Term:	Term:	Term:
Rental of Property	\$ 71,205	34,642	36,563			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 3,000	1,460	1,540			
Office Supplies, Postage	\$ 3,000	1,460	1,540			
Building Maintenance Supplies and Repair						
Printing and Reproduction						
Insurance						
Staff Training	\$ 500	243	257			
Staff Travel-(Local & Out of Town)	\$ 2,559	1,245	1,314			
Rental of Equipment	\$ -					
Computer and computer related equipment	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts): Sofia						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Other:						
Gael	\$ 1,984	965	1,019			
Network	\$ 2,339	1,138	1,201			
Client Food and Miscellaneous Expenses	\$ 4,000	1,946	2,054			
Client Stipend						
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 88,588</b>	<b>\$43,099</b>	<b>\$45,489</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents					Contract Appendix #: B-6, Page 1	
Provider Name: Citywide-Services for Supportive Housing					Document Date: 9/15/2011	
Provider Number: 8911					Fiscal Year: FY 11-12	
Program Name:	Citywide-Services for Supportive Housing (FFS)	Citywide-Services for Supportive Housing (FFS)	Citywide-Services for Supportive Housing (FFS)	Citywide-Services for Supportive Housing (FFS)	Citywide-Services for Supportive Housing (CR)	
Program Code (formerly Reporting Unit):	8911SH	8911SH	8911SH	8911SH	8911SH	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79	60/78	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	Client Support	TOTAL
FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	54,601	209,468	63,849	5,002	52,749	385
Operating Expenses:	9,873	37,876	11,545	904	560	60,758
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:	64,474	247,344	75,394	5,906	53,309	446,427
Indirect Expenses:	7,737	29,681	9,047	709	6,397	53,572
TOTAL FUNDING USES:	72,211	277,025	84,441	6,615	59,706	499,999
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)		21,697	83,237	25,372	1,988	132,293
MH COUNTY - General Fund		50,514	193,789	59,070	4,628	367,706
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		72,211	277,026	84,442	6,616	499,999
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		72,211	277,026	84,442	6,616	499,999
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		72,211	277,026	84,442	6,616	499,999
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	CR	
Units of Service:	35,748	106,140	17,519	1,705	1	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	N/A	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.02	2.61	4.82	3.88	N/A	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.02	2.61	4.82	3.88	N/A	
Published Rate (Medi-Cal Providers Only):						Total UDC:
Unduplicated Clients (UDC):						170

**DPH 3: Salaries & Benefits Detail**

Provider Number: 8911

Provider Name: Citywide-Services for Supportive Housing

Document Date: 9/15/11

Appendix #: B-6, Page 2

	TOTAL		General Fund		Citywide-Services for Supportive Housing (CR)		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
Position Title	Term: 07/01/2011-6/30/2012 FTE	Salaries	Term: 07/01/2011-6/30/2012 FTE	Salaries	Term: 07/01/2011-6/30/2012 FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries
Mark O'Leary, MD, UCSF, PI	0.01	-	0.01	-								
Supervising Clinical Social Worker	0.07	5,736	0.07	5,736								
Clinical Social Worker II-Supervisor	0.50	36,000	0.50	36,000								
Associate Clinical Professor	0.15	6,800	0.15	6,800								
Clinical Nurse II	0.50	60,000	0.50	60,000								
Clinical Social Worker I/II	2.00	139,800	2.00	139,800								
Administrative Assistant	0.50	19,653	0.00	-	0.5	19,653						
Analyst, Financial	0.25	15,128	0.00	-	0.25	15,128						
Social Worker Associate	0.15	8,101	0.08	2,616	0.08	5,486						
Community Health Program Manager	0.05	3,186	0.05	3,186								
<b>Totals:</b>	<b>4.17</b>	<b>\$294,404</b>	<b>3.35</b>	<b>\$254,138</b>	<b>0.83</b>	<b>\$40,267</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

<b>Employee Fringe Benefits:</b>	31%	\$91,265	31%	\$78,783	31%	\$12,483						
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$385,669</b>		<b>\$332,920</b>		<b>\$52,749</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>

# DPH 4: Operating Expenses Detail

Provider Number: 8911

Provider Name: Citywide-Services for Supportive Housing

Document Date: 9/15/11

Appendix #:B-6

Page 3

Expenditure Category	TOTAL	General Fund	Citywide-Services for Supportive Housing (CR)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/2012	Term: 7/01/11-6/30/2012	Term: 7/01/11-6/30/2012	Term:	Term:
Rental of Property					
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 5,000	5,000			
Office Supplies, Postage	\$ 2,000	2,000			
Building Maintenance Supplies and Repair	\$ -	-			
Printing and Reproduction	\$ 260	260			
Insurance	\$ -	-			
Staff Training	\$ 800	800			
Staff Travel-(Local & Out of Town)	\$ 2,000	2,000			
Rental of Equipment	\$ 2,000	2,000			
Computer and computer related equipment	\$ 6,400	6,400			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts): Sofia	\$ -	-			
Other:					
GAEL	\$ 1,347	1,347	213		
Network	\$ 1,751	1,751	346.5		
Client Food and Miscellaneous Expenses	\$ 14,640	14,640			
Client Stipend	\$ 24,000	24,000			
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 60,758</b>	<b>\$60,198</b>	<b>\$560</b>	<b>\$0</b>	<b>\$0</b>

### DPH 6: Contract-Wide Indirect Detail

Contractor Name UC-Regent

Document Date: 09/15/11

## 1. SALARIES & BENEFITS

[illegible]

## 2. OPERATING COSTS

Expenditure Category	Amount
B-1	\$ 453,164
B-2	\$ 91,551
B-3	\$ 5,143
B-4	\$ 17,357
B-5	\$ 69,482
B-6	\$ 53,571
<b>TOTAL OPERATING COSTS</b>	<b>\$ 690,268</b>

**Appendix C**  
**Insurance Waiver**

**RESERVED**

**THIS PAGE IS LEFT BLANK AND IS NOT BEING USED**




**CITY AND COUNTY OF  
SAN FRANCISCO**

**RISK MANAGEMENT  
PROGRAM**

**WILLIE L. BROWN, JR.**  
MAYOR

**MEMORANDUM**

**TO:** Galen Leung, Director  
DPH Office of Contract Management

**FROM:** Nancy Johnston-Bellard   
Deputy Risk Manager

**DATE:** October 22, 2003

**RE:** Request for Approval to Waive Requirement for Proof of Insurance  
for Regents of the University of California

**RECEIVED**  
03 OCT 27 AM 9:37  
SFPD  
OFFICE OF CONTRACTS MGT.  
& COMPLIANCE

In response to your request, Risk Management hereby grants authorization to use the following language in lieu of the Certificate of Insurance and Endorsements for contracts between the City and County of San Francisco and Regents of the University of California.

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.

We ask the Office of Contract Administration, Purchasing to share this information with their staff.

cc: Enrol Fitzpatrick  
Risk Management Staff  
Judith Blackwell  
Mike Ward

Appendix F-1  
PAGE A

INVOICE NUMBER:	M05	JL	1
Ct.Blanket No.: BPHM	TBD		
Ct. PO No.: POHM	TBD		
Fund Source:	MHSA-Prop63, GF, SDMC Reg FFP, Realignment		
Invoice Period :	July 2011		
Final Invoice:		(Check if Yes)	
ACE Control Number:	A0		

**PHP Division: Community Behavioral Health Services**

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

Appendix F-2  
PAGE A

Control Number

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: 07/01/2011 - 06/30/2012

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M01 JL 1

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: GF, SDMC Regular FFP, Realignment

Invoice Period: July 2011

Final Invoice: (Check if Yes)

ACE Control Number:

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-2 Citywide Linkage RU# 89114/ 89114MH												
15/ 01 - 09 Case Mgt Brokerage	226,800				\$ 1.84	\$ -	0.000		0.00%		226,800.000	
15/ 10 - 57 MH Svcs	130,345				\$ 2.61	\$ -	0.000		0.00%		130,345.000	
15/ 60 - 69 Medication Support	16,200				\$ 4.70	\$ -	0.000		0.00%		16,200.000	
15/ 70 - 79 Crisis Intervention-OP	6,000				\$ 3.47	\$ -	0.000		0.00%		6,000.000	
<b>TOTAL</b>	<b>379,345</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>#####</b>	

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

NOTES:

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

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

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

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

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment	
Authorized Signatory	Date

Appendix F-3  
PAGE A

INVOICE NUMBER: S01 JL 1

Ct. Blanket No.: BPHM TBD

User Cd

Cl. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period : July 2010

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

ACE Control Number: [REDACTED]

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-3 Citywide STOP RU# 38321												
Nonres-33 SA-Nonresidnt/ ODF Grp	1,565				\$ 29.57	\$ -	0.000		0.00%		1,565.000	
Nonres-33 SA-Nonresidnt/ ODF Ind	25				\$ 69.59	\$ -	0.000		0.00%		25.000	
<b>TOTAL</b>	1,590		0.000				0.000		0.00%		1,590.000	

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

**NOTES:**

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

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

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

**Send to:**  
DPH Fiscal/Invoice Processing  
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-4  
PAGE A

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:** 07/01/2011 - 06/30/2012

**PHP Division:** Community Behavioral Health Services

**INVOICE NUMBER:** M06 JL 1

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

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

**Fund Source:** Sheriff Department Work Order

**Invoice Period:** July 2011

**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 NoVA RU# 8911NO</b>												
15/ 01 - 09 Case Mgt Brokerage							#DIV/0!		-		#DIV/0!	
15/ 10 - 51 MH Svcs							#DIV/0!		-		#DIV/0!	
15/ 70 - 79 Crisis Intervention-OP							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 109,221.00	\$ -	\$ -	0.00%	\$ 109,221.00
Fringe Benefits	\$ 33,859.00	\$ -	\$ -	0.00%	\$ 33,859.00
<b>Total Personnel Expenses</b>	<b>\$ 143,080.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 143,080.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 270.00	\$ -	\$ -	0.00%	\$ 270.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: GAEL	\$ 579.00	\$ -	\$ -	0.00%	\$ 579.00
Network	\$ 714.00	\$ -	\$ -	0.00%	\$ 714.00
<b>Total Operating Expenses</b>	<b>\$ 1,563.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,563.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 144,643.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 144,643.00</b>
<b>Indirect Expenses</b>	<b>\$ 17,357.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 17,357.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 162,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 162,000.00</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:** DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

**DPH Authorization for Payment**

Authorized Signatory

Date

Appendix F-5  
PAGE A

INVOICE NUMBER: M08 JL 1

Ct.Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

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

Invoice Period : July 2011

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

ACE Control Number: [REDACTED]

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

**\*Unduplicated Counts for AIDS Use Only.**

Unsupervised Counts for Abuse Cases Only.

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate		Delivered to Date		% of TOTAL	Remaining Deliverables		
Program Name/Reptg. Unit		UOS	CLIENTS	UOS	CLIENTS		AMOUNT DUE	UOS	CLIENT	UOS	LIENT	UOS	CLIENTS
Modality/Mode # - Svc Func (MH Only)													
B-5 Citywide Roving Team RU# B911RT													
15/ 01 - 09 Case Mgt Brokerage	49,600					\$ 1.98	\$ -	0.000		0.00%		49,600.000	
15/ 10 - 57 MH Svcs	212,356					\$ 2.56	\$ -	0.000		0.00%		212,356.000	
15/70 + 79 Crisis Intervention-OP	1,753					\$ 3.80	\$ -	0.000		0.00%		1,753.000	
						</							

**SUBTOTAL AMOUNT DUE**

**Less: Initial Payment Recovery**

**(For DPH Use) Other Adjustments**

**NET REIMBURSEMENT**

NOTES: \$315,500.00 Medi-Cal - HMHMCC730515  
\$333,000.00 - HSA WO - HMHMROVINGWO

Funding Source (Index Code):	Encumbered	Current Month	Year-to-Date
Fed-SDMC Reg FFP (HMHMCC730515)	\$ 315,500.00	\$ -	\$ -
HSA WO (HMHMROVINGWO)	\$ 333,000.00	\$ -	\$ -
TOTAL FUNDING	\$ 648,500.00	\$ -	\$ -

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: 11/11/2014 11:11:11 AM

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

Send to: DPH Fiscal/Invoice Processing  
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-6  
PAGE A

Control Number

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

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

Phone No.: (415) 206-8431

Fax No.

Funding Term: 07/01/2011 - 06/30/2012

PH Division: Community Behavioral Health Services

INVOICE NUMBER: M02 JL 1

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: GF, Fed-SDMC Regular FFP

Invoice Period: July 2011

Final Invoice: (Check if Yes)

ACE Control Number:

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

Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
3-6 Citywide-Svcs for Supportive Housing RU# 8911SH												
5/ 01 - 09 Case Mgt Brokerage	35,748				\$ 2.02	\$ -	0.000		0.00%		35,748.000	
5/ 10 - 57 MH Svcs	106,140				\$ 2.61	\$ -	0.000		0.00%		106,140.000	
5/ 60 - 69 Medication Support	17,519				\$ 4.82	\$ -	0.000		0.00%		17,519.000	
5/ 70 - 79 Crisis Intervention-OP	1,705				\$ 3.88	\$ -	0.000		0.00%		1,705.000	
<b>TOTAL</b>	<b>161,112</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>161,112.000</b>	

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

NOTES:

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

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

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

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

Send to:  
DPH Fiscal/Invoice Processing  
1380 Howard St. - 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment  
\_\_\_\_\_  
Authorized Signatory Date

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

Appendix F-6  
PAGE 2

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: 07/01/2011 - 06/30/2012

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M04 JL 1

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2011

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-6 Citywide-Svcs for Supportive Housing RU# 8911SH												
60/ 78 Client Support							#DIV/0!				#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 40,266.00	\$ -	\$ -	0.00%	\$ 40,266.00
Fringe Benefits	\$ 12,483.00	\$ -	\$ -	0.00%	\$ 12,483.00
<b>Total Personnel Expenses</b>	<b>\$ 52,749.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 52,749.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: GAEL	\$ 213.00	\$ -	\$ -	0.00%	\$ 213.00
Network	\$ 347.00	\$ -	\$ -	0.00%	\$ 347.00
<b>Total Operating Expenses</b>	<b>\$ 560.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 560.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 53,309.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 53,309.00</b>
Indirect Expenses	\$ 6,397.00	\$ -	\$ -	0.00%	\$ 6,397.00
<b>TOTAL EXPENSES</b>	<b>\$ 59,706.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 59,706.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

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

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

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

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

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

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

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

**Agreement between the City and County of San Francisco and  
Regents of the University of California, San Francisco**

This Agreement is made this 1st day of October, 2010, in the City and County of San Francisco, State of California, by and between: **Regents of the University of California San Francisco, 94143**, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

**Recitals**

WHEREAS, the Department of Public Health, Community Programs, ("Department") wishes to secure citywide case management and reduce unnecessary institutional care; and,

WHEREAS, a Request for Proposal ("RFP") was issued on July 31, 2009 and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the services required by City as set forth under this Contract; and,

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

Now, THEREFORE, the parties agree as follows:

**1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

**THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.**

**2. Term of the Agreement.** Subject to Section 1, the term of this Agreement shall be from 07/01/2010 to 12/31/2015.

The City shall have the sole discretion to exercise the following options to extend the Agreement term:

- Option 1: 07/01/2011 - 06/30/2012.
- Option 2: 07/01/2012 - 06/30/2013.
- Option 3: 07/01/2013 - 06/30/2014.
- Option 4: 07/01/2014 - 06/30/2015.
- Option 5: 07/01/2015 - 12/31/2015.

**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.

**4. Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

**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 Public Health Department**, in his or her sole discretion, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty Six Million, Six Hundred Forty Four Thousand, and Three Hundred and Thirty One DOLLARS (\$36,644,331)**. 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.

**6. Guaranteed Maximum Costs**

a. The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification.

b. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law.

c. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller.

d. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

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. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. 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.

9. **Left blank by agreement of the parties. (Disallowance)**

10. **Taxes.** Payment 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. 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.

**11. Payment Does Not Imply Acceptance of Work.** The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

**12. Qualified Personnel.** Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. 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.

**13. Responsibility for Equipment.** City shall not be responsible for any damage to persons or property as 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.

**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 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.

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, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

## **15. Insurance**

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

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

(2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

(3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

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

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

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

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

d. All policies shall provide thirty (30) days' advance written notice to City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:

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

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

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

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

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

j. If a subcontractor will be used to complete any portion of this agreement, the Contractor shall ensure that the subcontractor shall provide all necessary insurance and shall name the City and County of San Francisco, its officers, agents and employees and the Contractor listed as additional insureds.

## **16. Indemnification**

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

**17. Incidental and Consequential Damages.** Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

**18. Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

**19. Left blank by agreement of the parties. (Liquidated damages)**

**20. Default; Remedies**

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

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

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|---|--|
| 8. Submitting false claims                          | 37. Drug-free workplace policy,                      |
| 10. Taxes   | 53. Compliance with laws                             |
| 15. Insurance                                       | 55. Supervision of minors                            |
| 24. Proprietary or confidential information of City | 57. Protection of private information                |
| 30. Assignment                                      | 58. Graffiti removal                                 |
|   | And, item 1 of Appendix D attached to this Agreement |

(2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

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

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

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific

performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

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

## **21. Termination for Convenience**

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, 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 a total of 10% of Contractor's direct costs for services or other work. 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. 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 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, 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; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

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

**22. Rights and Duties upon Termination or Expiration.** This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

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|---|---|
| 8. Submitting false claims                                      | 26. Ownership of Results                                |
| 9. Disallowance   | 27. Works for Hire                                      |
| 10. Taxes   | 28. Audit and Inspection of Records                     |
| 11. Payment does not imply acceptance of work                   | 48. Modification of Agreement.                          |
| 13. Responsibility for equipment                                | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue                 |
| 15. Insurance   | 51. Construction  |
| 16. Indemnification   | 52. Entire Agreement                                    |
| 17. Incidental and Consequential Damages                        | 56. Severability  |
| 18. Liability of City   | 57. Protection of private information                   |

**24. Proprietary or confidential information of City**

And, item 1 of Appendix D attached to this Agreement.

Subject to the immediately preceding subsection sentence, 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. 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 in connection with the performance of 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.

**23. Conflict of Interest.** Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

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

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

**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: Department of Public Health  
AIDS Office Contracts Unit  
25 Van Ness Avenue, Suite 500  
San Francisco, California 94102

FAX: (415) 431-1100  
e-mail: Kelly.Jackson@sfdph.org

and: David Fariello  
Contract Administrator  
San Francisco General Hospital  
1001 Portrero Ave. Room 2M17  
San Francisco, Ca 94110

Email: David.Fariello@ucsf.edu

To Contractor: **Regents of the University of California**  
For Notices: **3333 California St.**  
**San Francisco, CA 94143**

FAX: (415) 594-3995  
e-mail: cgccsfteam@ucsf.edu

For Payments: Same as For Notices

Any notice of default must be sent by registered mail.

**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 in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

**27. Works for Hire.** If, in connection with services performed under this Agreement, Contractor 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 the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

**28. Audit and Inspection of Records**

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain

such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

c. The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

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

**29. Subcontracting.** Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. 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.

**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 unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

**31. Non-Waiver of Rights.** The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

**32. Earned Income Credit (EIC) Forms.** Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this

Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 120 of the San Francisco Administrative Code.

### **33. Local Business Enterprise Utilization; Liquidated Damages**

**a. The LBE Ordinance.** Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

#### **b. Compliance and Enforcement**

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and

shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

#### **34. Nondiscrimination; Penalties**

**a. Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

**b. Subcontracts.** Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

**c. Nondiscrimination in Benefits.** Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

**d. Condition to Contract.** As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

**e. Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

**35. MacBride Principles—Northern Ireland.** Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do

business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

**36. Tropical Hardwood and Virgin Redwood Ban.** Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

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

**38. Resource Conservation.** Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

**39. Compliance with Americans with Disabilities Act.** Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

**40. Sunshine Ordinance.** In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

**41. Public Access to Meetings and Records.** If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

**42. Limitations on Contributions.** Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a

grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

#### **43. Requiring Minimum Compensation for Covered Employees**

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at [www.sfgov.org/olse/mco](http://www.sfgov.org/olse/mco). A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a

breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

**44. Requiring Health Benefits for Covered Employees.** Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.a of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at [www.sfgov.org/olse](http://www.sfgov.org/olse). Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission.

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

#### **45. First Source Hiring Program**

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be

bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

**b. First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

(1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

(2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

(3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

(4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

(5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by

each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

(6) Set the term of the requirements.

(7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

(8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

(9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

**c. Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

**d. Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

**e. Liquidated Damages.** Contractor agrees:

(1) To be liable to the City for liquidated damages as provided in this section;

(2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

(3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

(4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

(5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

A. The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

B. In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

(6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

**46. Prohibition on Political Activity with City Funds.** In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

**47. Preservative-treated Wood Containing Arsenic.** Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

**48. Modification of Agreement.** 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. Contractor shall cooperate with Department to submit to the Director of HRC any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (HRC Contract Modification Form).

**49. Administrative Remedy for Agreement Interpretation – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES***

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

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

**52. Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement".

**53. Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

**54. Services Provided by Attorneys.** Any services to be provided by a law firm or attorney 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.

**55. Supervision of Minors.** Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10) days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of

Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not limited any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

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

**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.

**58. Graffiti Removal.** Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

**59. Food Service Waste Reduction Requirements.** Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San

Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

**60. Left blank by agreement of the parties. (Slavery era disclosure)**

**61. 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.

**62. Dispute Resolution Procedure.** A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

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


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

CITY

CONTRACTOR

Recommended by:

Regents of the University of California

  
MITCHELL H. KATZ, M.D.  
Director of Health

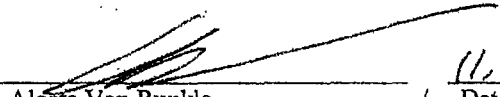
/ Date

Approved as to Form:

Dennis J. Herrera  
City Attorney

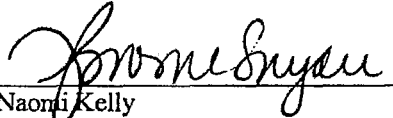
By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

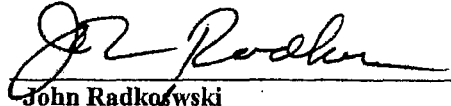
By:   
Alecia Van Runkle  
Deputy City Attorney

11.18.10  
/ Date

Approved:

  
Naomi Kelly  
Director Office of Contract  
Administration and Purchaser

1/12/11  
/ Date

  
John Radkowski  
Manager Contracts and Grants  
3333 California St. Suite 315  
San Francisco, CA 94143

1/10-29-10  
/ Date

City vendor number: 44467

**Appendices**

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution

RECEIVED  
PURCHASING DEPARTMENT  
11 JAN 14 PM 4:58

RECEIVED  
PURCHASING DEPARTMENT  
11 JAN -6 PM 4:28

**Appendix A**  
**Services to be provided by Contractor**

**1. Terms**

**A. Contract Administrator:**

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

**B. Reports:**

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

**C. Evaluation:**

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

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

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

**E. Adequate Resources:**

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

**F. Admission Policy:**

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

**G. San Francisco Residents Only:**

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

**H. Infection Control, Health and Safety:**

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements.

including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

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

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

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

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

I. 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."

J. 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.

K. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

L. Under-Utilization Reports:

**Contractor:** UCSF - Department of Psychiatry  
**Program:** Citywide Case Management/ Citywide Forensics

**Appendix A-1**  
**Contract Term (MM/DD/YY)**  
**07/01/10 through 06/30/11**

**City Fiscal Year (CBHS only):** 10-11

**Funding Source (AIDS Office & CHPP only):**

**1. Program Name:** Citywide Case Management/ Citywide Forensics

**Program Address:** 982 Mission Street, 2<sup>nd</sup> Floor

**San Francisco, CA 94103**

**Telephone:** (415) 597-8065

**Facsimile:** (415) 597-8004

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

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

**3. Goal Statement**

Citywide Case Management/Forensics will reduce unnecessary institutional care (hospitals, IMD, MRF and/or jail) of high risk, seriously mentally ill transitional aged youth, adults, and older adults.

**4. Target Population**

Citywide Case Management is a full-service integrated outpatient behavioral health center treating 434 transitional age youth, adult, and/or older-adult consumers identified by CBHS. We will focus on San Francisco adult residents with the highest mental health and social service needs. Over 75% will be diagnosed with complicating substance abuse problems, over 65% have been homeless, and many will also have criminal justice involvement. Approximately 64% will be men, 36% women, 32% will be white, 35% African-American, 24% Asian, and 9% Latino. It serves consumers in every district of the city, but the largest numbers are in the Tenderloin, South of Market, Bayview and Inner-Mission and Chinatown areas. Many consumers live in SROs, but a significant number (especially Asian and Latino consumers) live with families of origin and others in Residential Care group homes.

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

See CRDC.

In FY10-11, the RU's in current use ( 89113/89119/8911A3) will be reduced to Citywide Case Management (89113) & Citywide Forensics (89119)

**6. Methodology**

- Consumers are assertively engaged and followed throughout the system, as they transition through hospitals, jail, IMDs, shelters, or residential facilities. High-risk consumers in Board & Care are seen at their home regardless of the facility's location. Over 50% of services are delivered in the community. Medication services can be delivered in the community. Case managers (referred to, in RFP 23-2009 as a Personal Service Coordinator-PSC) accompany consumers on public transportation or use the Division van to access the community.
- The programs engage family and informal resources in the community to support consumers: for example, restaurant owners to provide prepaid meal plans, hotel owners to help monitor consumer functioning, store owners to support grocery budgeting, etc.
- Hands-on, case management activities to address both the immediate support system issue and the acquisition of problem-solving skills, building independence.
- Treatment team members are quick to intervene in the community when a consumer is headed toward a crisis. Daily medications, supportive counseling, and on-call phone support can help consumers avoid a hospitalization or arrest.

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

Contractor: UCSF – Department of Psychiatry  
Program: Citywide Case Management/ Citywide Forensics  
City Fiscal Year (CBHS only): 10-11

Appendix A-1  
Contract Term (MM/DD/YY)  
07/01/10 through 06/30/11  
Funding Source (AIDS Office & CHPP only):

Referrals for the programs come from hospitals, jails, Sheriff's Department, Behavioral Health Court, and CBHS.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

Consumers are referred to a central intake staff by phone and fax that screens referrals to make sure they meet Target Population criteria. Within 72 hours a case manager will conduct a face-to-face interview with the consumer to begin a treatment alliance and to make sure the consumer's behavior will be safe for staff and consumers. The case manager will accompany the consumer on the day of discharge to his/her residence and first appointments. Program will adhere to the guidelines, definitions and services as described in the intensive case management guidelines. The Program will only accept consumers authorized by CBHS.

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

Citywide Case Management Master's level clinicians provide comprehensive case management, crisis, family, and individual therapy services. Medical staff work closely with case managers to provide psychotropic medications including drop-in, at consumer's home, or daily medications if needed. Treatment is provided continuously, wherever the consumer is located. Thus home or hotel visits, outreaches to community agencies and businesses, visits in custody or in the hospital, are all routine modes of delivery of services. The programs incorporate the principles of the "Wellness and Recovery" model of services. Consumers work with case managers to develop a Wellness and Recovery Action Plan, specifying goals for increased skills, increased functioning, increased personal resources and illness management. We maintain a special emphasis on helping consumers locate and maintain productive activity including education, prevocational training, volunteer work and paid employment. Involving consumers in group therapy, dual diagnosis groups, pre-vocational training and stipend jobs, as well as social activities is a central aspect of Division programs. Consumers are seeing as often as is clinically indicated, which may be daily for consumers in crisis or bi-weekly for stable consumers transitioning to a lower level of care. Program hours are 8:30 am to 5:00 pm, Monday through Friday and 10:00 am to 1:00 pm on Saturdays. After hours and weekends are covered by on-call staff who provide phone consultation and support to consumers, support members or other agencies.

- D. **Discharge Criteria:** All three Division programs (CWCM/Forensics/SPR) will continue with comprehensive, wrap-around services as long as clinically needed. When the following criteria are met a step-down transition will be initiated.
1. Treatment engagement sufficient to manage acute symptoms and sustained MORS score of 6 and above coupled with decreased staff intervention levels.
  2. No psychiatric inpatient stays for 18 months
  3. No more than one PES visit in the last year
  4. Stable housing, entitlements, health care
  5. No pending criminal justice charges, and consumer demonstrates 6 months of unassisted management of probation or BHC involvement
  6. Some productive use of time activities; hobbies, clubs. Work, school, etc.
- Many Division high-risk consumers will not need intensive services, but be unable to negotiate usual outpatient clinic structure. These consumers will be transitioned to our step-down program in which they continue to receive medications, group therapy and case management at a much reduced level [see section 3 above]. Additionally consumers will transition to primary care providers, neighborhood clinics, or private health care plans and providers as they engage with the larger community and increase their ability to manage usual health care providers.

E. Describe your program's staffing:

Contractor: UCSF – Department of Psychiatry  
Program: Citywide Case Management/ Citywide Forensics  
City Fiscal Year (CBHS only): 10-11

Appendix A-1  
Contract Term (MM/DD/YY)  
07/01/10 through 06/30/11  
Funding Source (AIDS Office & CHPP only):

See Exhibit B

**7. Objectives and Measurements**

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

**OUTCOME 1: IMPROVE CLIENT SYMPTOMS**

**Objective A.1: Reduce Psychiatric Symptoms**

**A.1a. Applicable to:** Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

**A.1.a.** The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

**Data Source:**

CBHS Billing Information System - CBHS will compute.

**A.1.e. Applicable to:** Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

**A.1.e.** 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

**Note: if data available in AVATAR**

**Client Inclusion Criteria:**

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 2 months or more.

**Data Source:**

Avatar - Reason for Discharge Field

**Program Review Measurement:**

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

**A.1k. Applicable to:** *Intensive Case Management (ICM) Providers of Adult and Older Adult Behavioral Health Services*

**A.1.k.** Intensive Case Management providers will require that clinicians evaluate level of functioning for ALL CLIENTS by completing the Milestones of Recovery Scale (MORS). New clients will complete the MORS at intake, every month thereafter; and at discharge. Continuing clients will complete the MORS within 90 days of the new contract year, and every month thereafter, and at discharge. Providers must submit 75% of required MORS forms for all clients to pass this objective.

**A.1.l.** Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.

**Contractor:** UCSF – Department of Psychiatry  
**Program:** Citywide Case Management/ Citywide Forensics  
**City Fiscal Year (CBHS only):** 10-11

**Appendix A-1**  
**Contract Term (MM/DD/YY)**  
07/01/10 through 06/30/11  
**Funding Source (AIDS Office & CHPP only):**

**A.1.m.** Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

**Program Review Measurement:**

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

**Objective A.3: Increase Stable Living Environment**

**A.3.a. Applicable to:** *Providers of Behavioral Health Services for Children, Youth, Families, Adult or Older Adult Mental Health Programs, except 24-hour programs*

**A.3.a.** 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

**Data Source:**

Avatar - Living Situation Codes

**Program Review Measurement:**

*Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.*

**B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**

**Objective 1: Access to Services**

**B.1.a. Applicable to:** *All Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Adult and Older Adults Health Programs, except 24-hour programs*

**B.1.a.** 75% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011.

Programs are also strongly encouraged to refer eligible clients to Healthy San Francisco.

**Client Inclusion Criteria:**

Uninsured active clients (seen by the program at least once between April 1, 2010 and June 30, 2011) with a DSM-IV diagnosis code that likely indicates disability (list of DSM-IV diagnosis codes will be provided by CBHS) and open in the program as of July 1, 2010., will be included in the calculation.

**Data Source:**

Program Director will show proof of SSI applications submitted for/by clients (such as copies of applications, or proof of online application submission). Provider shall email DPH SSI Program Coordinator a list containing names and Social Security numbers of clients who applied for SSI through the Agency's assistance at [luciana.garcia@sfdph.org](mailto:luciana.garcia@sfdph.org).

Program Director shall keep in files proof of SSI applications submitted for/by clients (such as copies of applications or proof of online application submission).

**B.2.a.** During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of

**Contractor:** UCSF – Department of Psychiatry  
**Program:** Citywide Case Management/ Citywide Forensics  
**City Fiscal Year (CBHS only):** 10-11

**Appendix A-1**  
**Contract Term (MM/DD/YY)**  
07/01/10 through 06/30/11  
**Funding Source (AIDS Office & CHPP only):**

admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

**Program Review Measurement:**

Objective will be evaluated based on the first 12-month period from July 1, 2010 to June 30, 2011. Program Director shall send their lists to SSI Program Coordinator by June 30, 2011.

**C. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

**Objective C.1: Access to Services**

**C.1.a. Applicable to:** *All Adult and Older Adult & CYF Behavioral Health Intensive Case Management Programs including SPR's*

**C.1.a.** The program will have at least 20% new client episode openings for Fiscal Year 2010-11. The number of targeted new client episode openings during FY 2010-11 will be individually negotiated with the Program Manager for each specific Intensive Case Management Program based on historical rate of episode openings and baseline profile of psychiatric stability of caseload.)

**Client Inclusion Criteria:**

All new unique client episode openings into the ICM program during FY 2010-11.

**Data Source:**

CBHS Billing Information System - CBHS will compute.

**Objective C.2: Client Outcomes Data Collection**

**C.2.a** For clients on atypical antipsychotics, at least 50% will have metabolic monitoring as per American Diabetes Association – American Psychiatric Association Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS Avatar Health Monitoring, or for clinics without access to Avatar, documentation in the Antipsychotic Metabolic Monitoring Form or equivalent.

**Client Inclusion Criteria:**

Adult and Older Adult clients on any atypical antipsychotic medication (aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone) prescribed by Provider any time during July 1, 2010 to June 30, 2011.

**Data Source:**

Program Self Report and/or Client medical record audit/MUIC Metabolic Monitoring Subcommittee

**Program Review Measurement**

Objective will be evaluated based on a 12 month period from July 1, 2010 to June 30, 2011. To meet objective, Metabolic Monitoring Form should show at minimum annual monitoring of weight, blood pressure, and fasting glucose (or Hemoglobin A1C). Upon request, Provider to submit copies of Metabolic Monitoring Forms for randomly selected clients.

**Objective F.1: Health Disparity in African Americans**

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

**Contractor:** UCSF – Department of Psychiatry  
**Program:** Citywide Case Management/ Citywide Forensics  
**City Fiscal Year (CBHS only):** 10-11

**Appendix A-1**  
**Contract Term (MM/DD/YY)**  
07/01/10 through 06/30/11  
**Funding Source (AIDS Office & CHPP only):**

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

**F.1.a. Metabolic and health screening**

Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

**F.1.b. Primary Care provider and health care information**

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

*The Avatar system will allow electronic documentation of such information.*

**F.1.c. Active engagement with primary care provider**

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider

**Objective G.1: Alcohol Use/Dependency**

**G.1.a.** For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

*Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.*

**G.1.b.** All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

**Objective H.1: Planning for Performance Objective FY 2011-2012**

**H.1.a.** Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

*System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client's survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.*

**H.1.b.** Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

*Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.*

**8. Continuous Quality Improvement**

**Contractor:** UCSF – Department of Psychiatry  
**Program:** Citywide Case Management/ Citywide Forensics  
**City Fiscal Year (CBHS only):** 10-11

**Appendix A-1**  
**Contract Term (MM/DD/YY)**  
07/01/10 through 06/30/11

**Funding Source (AIDS Office & CHPP only):**

Citywide is compliant with Federal, State and County regulations and policies. Specifically, we maintain HIPPA standards of notification and confidentiality, Medi-Cal and Medicare charting standards, as well as CBHS standards of care and documentation. Twice a year all clients are encouraged to participate in completing Satisfaction questionnaires and are shown how to use the CBHS Grievance Procedure when dissatisfied with services.

The Program Director chairs a weekly PURQC committee, which reviews all program and Emergency Department High User charts for appropriate utilization of services and supporting documentation. Feedback from the weekly reviews is given to individual clinicians, clinical supervisors, the program's Leadership Team and to staff as a whole through memo, policies updates and regularly scheduled staff meetings. Program design is modified to respond to issues that arise through the PURQC process, for example: the need to inform clients at the beginning of their treatment that Citywide treatment is time limited.

Citywide is actively pursuing the implementation of a Wellness and Recovery model of services. Patient representatives participate on Division committees. Twice a month Community Meeting involving consumers and staff are held to discuss topics and concerns affecting all Department of Psychiatry programs. Patients function in stipend positions: running the site café, the weekly free food and clothing distribution, a janitorial service, clerical services, and other site activities. Currently two consumers fill paid staff position. A yearly staff in-service and discussion focuses on recovery and wellness.

Program services must be culturally informed and delivered by competent staff if they are to be effective. Toward this end, the 982 Mission site has an ongoing Cultural Competence Committee which: advises the Site Director and Program Directors about policy and programming support for increasing cultural resources and programming, organizes periodic mandatory cultural competency training for all site staff, assists in the recruitment and hiring of culturally and linguistically diverse staff, and helps organize on-site cultural events for clients and staff. The committee is also in charge of conducting an annual review of staff language/cultural resources as well as programming strengths and limitations and writing the CBHS Cultural Competency Plan. The Program delivers services in the preferred language of the consumer or make provisions for the use of trained interpreters when needed (including sign language).

Over 60% of the people Citywide serves also suffer from serious or severe substance abuse, but seldom are able or willing to link to substance abuse services. Therefore programs provide concurrent substance abuse treatment using a Harm Reduction approach. Our site at 982 Mission Street has over 110 staff, interns and residents from San Francisco General Hospital, Department of Psychiatry programs. Many bring substance abuse work experience, training, and/or personal recovery work to the job. Additionally:

- All clinical staff are trained through in-service and supervision to assess substance abuse disorders and to integrate harm reduction strategies.
- There are four hours each week of groups focusing on dual diagnosis issues; specifically harm reduction and early recovery topics.
- We have on-site, quick UA testing which helps the physicians in assessing patient's symptoms and diagnosis as well as helping case managers who are helping educate patients on the effects of substance use.
- If patients are able to link with 12 step programs, substance abuse outpatient or residential programs, Citywide/Community Focus provides close communication and treatment coordination. No services are dependent on patient attaining or maintaining abstinence.

Contractor: UCSF - Department of Psychiatry  
Program: Citywide Linkage Team

Appendix A-2  
Contract Term (MM/DD/YY)  
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 10-11

Funding Source (AIDS Office & CHPP only):

1. Program Name: Citywide Linkage Team (CLT)  
Program Address: 982 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 597-8065  
Facsimile: (415) 597-8004

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

The program will help 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 will be transitioned to ongoing mental health and/or substance abuse services within 60 to 90 days.

4. Target Population

CLT will treat 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 will be 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(ies)/Interventions

See CRDC

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.

Contractor: UCSF - Department of Psychiatry  
Program: Citywide Linkage Team

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Funding Source (AIDS Office & CHPP only):

- 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.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. See Exhibit B.

## 7. Objectives and Measurements

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

### OUTCOME 1: IMPROVE CLIENT SYMPTOMS

#### Objective A.1: Reduce Psychiatric Symptoms

- A.1a. Applicable to: Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

#### Data Source:

CBHS Billing Information System - CBHS will compute.

- A.1.e. Applicable to: Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

Contractor: UCSF - Department of Psychiatry  
Program: Citywide Linkage Team

Appendix A-2  
Contract Term (MM/DD/YY)  
07/ 01/ 10 through 06/30/11

City Fiscal Year (CBHS only): 10-11

Funding Source (AIDS Office & CHPP only):

A.1.e. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

**Note: if data available in AVATAR**

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 2 months or more.

Data Source:

Avatar - Reason for Discharge Field

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

A.1k. Applicable to: *Intensive Case Management (ICM) Providers of Adult and Older Adult Behavioral Health Services*

A.1.k. Intensive Case Management providers will require that clinicians evaluate level of functioning for ALL CLIENTS by completing the Milestones of Recovery Scale (MORS). New clients will complete the MORS at intake and at discharge. Providers must submit 75% of required MORS forms for all clients to pass this objective.

A.1.l. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.

A.1.m. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Program Review Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

## **B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**

### **Objective 1: Access to Services**

Applicable to: *All Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Adult and Older Adults Health Programs, except 24-hour programs*

B.1.a.

B.1.a. 75% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011.

Programs are also strongly encouraged to refer eligible clients to Healthy San Francisco.

Client Inclusion Criteria:

Uninsured active clients (seen by the program at least once between April 1, 2010 and June 30, 2011) with a DSM-IV diagnosis code that likely indicates disability (list of DSM-IV diagnosis codes will be provided by CBHS) and open in the program as of July 1, 2010., will be included in the calculation.

Data Source:

**Contractor: UCSF - Department of Psychiatry**  
**Program: Citywide Linkage Team**

**Appendix A-2**  
**Contract Term (MM/DD/YY)**  
**07/01/10 through 06/30/11**

**City Fiscal Year (CBHS only): 10-11**

**Funding Source (AIDS Office & CHPP only):**

Program Director will show proof of SSI applications submitted for/by clients (such as copies of applications, or proof of online application submission). Provider shall email DPH SSI Program Coordinator a list containing names and Social Security numbers of clients who applied for SSI through the Agency's assistance at [luciana.garcia@sfdph.org](mailto:luciana.garcia@sfdph.org).

Program Director shall keep in files proof of SSI applications submitted for/by clients (such as copies of applications or proof of online application submission).

**B.2.a.** During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

**Program Review Measurement:**

Objective will be evaluated based on the first 12-month period from July 1, 2010 to June 30, 2011. Program Director shall send their lists to SSI Program Coordinator by June 30, 2011.

**C CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

**Objective C.2: Client Outcomes Data Collection**

**C.2.a** For clients on atypical antipsychotics, at least 50% will have metabolic monitoring as per American Diabetes Association – American Psychiatric Association Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS Avatar Health Monitoring, or for clinics without access to Avatar, documentation in the Antipsychotic Metabolic Monitoring Form or equivalent.

**Client Inclusion Criteria:**

Adult and Older Adult clients on any atypical antipsychotic medication (aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone) prescribed by Provider any time during July 1, 2010 to June 30, 2011.

**Data Source:**

Program Self Report and/or Client medical record audit/MUIC Metabolic Monitoring Subcommittee

**Program Review Measurement**

Objective will be evaluated based on a 12 month period from July 1, 2010 to June 30, 2011. To meet objective, Metabolic Monitoring Form should show at minimum annual monitoring of weight, blood pressure, and fasting glucose (or Hemoglobin A1C). Upon request, Provider to submit copies of Metabolic Monitoring Forms for randomly selected clients.

**Objective F.1: Health Disparity in African Americans**

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

**F.1.a. Metabolic and health screening**

**Contractor: UCSF - Department of Psychiatry**  
**Program: Citywide Linkage Team**

**Appendix A-2**  
**Contract Term (MM/DD/YY)**  
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**City Fiscal Year (CBHS only): 10-11**

**Funding Source (AIDS Office & CHPP only):**

Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

**F.1.b. Primary Care provider and health care information**

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

*The Avatar system will allow electronic documentation of such information.*

**F.1.c. Active engagement with primary care provider**

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider

**Objective G.1: Alcohol Use/Dependency**

**G.1.a.** For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

*Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.*

**G.1.b.** All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

**Objective H.1: Planning for Performance Objective FY 2011-2012**

**H.1.a.** Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

*System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client's survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.*

**H.1.b.** Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

*Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.*

**A. Other Measurable Objectives**

**15% reduction in cost to the system of care/psychiatric hospitalization and/or PES visits compared to the cost used by the same consumers in the year previous to admission to CLT:** CLT provides a critical role in providing community based stabilization of consumers who are "high utilizers" in the system of care. Diversion of consumers from costly hospitalizations and PES visits is essential to this role. Consumer progress and quality of care is monitored in weekly supervision, to ensure appropriate interventions to reduce crisis visits. Reduction in the numbers of acute visits and cost to the system of care will be obtained from CBHS BIS data.

**60% of consumers referred from PES and SFGH Inpatient Psychiatric Units engaged into services as measured by 3 face-to-face visits:** In order to help consumers change the pattern of repeated decompensations and crisis visits, it is essential that they be engaged in recovery oriented treatment. The initial engagement (as described in a. 2. b. above) is one of the

**Contractor: UCSF - Department of Psychiatry**  
**Program: Citywide Linkage Team**

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most critical factors in successful treatment and stabilization of consumers who are "high utilizers" or at risk of repeated decompensation and crisis visits. Referrals and outcomes of engagement efforts and strategies are addressed in weekly clinical supervision with each PSC, to monitor success in engaging consumers. The program will track referrals in the CLT Referral Log. Data from BIS will track episode openings and the number of face-to-face visits.

**50% of open consumers linked to ongoing behavioral health services, including services at Primary Care Clinics, Private Providers, substance abuse programs or other appropriate supports:** The central role of CLT is to successfully link our consumers with the appropriate level of ongoing support to help them continue their trajectory towards increased stabilization and improved quality of life. One of the long-term consumers and program outcomes referenced in the CLT Logic Model is: At least 50% of opened consumers successfully discharged to a treating program: substance abuse, mental health, and/or primary care provider resulting in higher likelihood of continued consumer stability, well being, and quality of life. Mandatory weekly supervision addresses consumer progress toward linkage and efficacy of clinician's interventions to promote a secure linkage. The PSC documents where the consumer has been linked to, verifying that the consumer had at least one face to face meeting with the new provider, and verifying with the new provider that the consumer agreed to participate in treatment. For those consumers linked to CBHS programs, the CBHS BIS system will indicate an open episode for the consumer at the new program. Data on linkage to other supports, e.g. primary care, private providers, to be logged and tracked by program.

**60% of homeless consumers linked to housing:** As referred to in section 2. a. 2) above, 90 % of CLT's consumers are homeless when referred to CLT and housing is critical in the stabilization of consumers post psychiatric hospitalization or PES visit. Consumer housing status and needs are documented at opening in CLT services. Weekly supervision with the case manager monitors each consumer's housing status and effectiveness of clinician interventions to stabilize and improve consumer housing.

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

CLT is compliant with Federal, State and County regulations and policies. Specifically, we maintain HIPPA standards of notification and confidentiality, Medi-Cal and Medicare charting standards, as well as CBHS standards of care and documentation. Twice a year all clients are encouraged to participate in completing Satisfaction questionnaires and are shown how to use the CBHS Grievance Procedure when dissatisfied with services.

The CLT Program Director participates in the Division's weekly PURQC committee, which reviews all Citywide and Emergency Department High User charts for appropriate utilization of services and supporting documentation. Feedback from the weekly reviews is given to individual clinicians, clinical supervisors, the program's Leadership Team and to staff as a whole through memo, policies updates and regularly scheduled staff meetings. Program design is modified to respond to issues that arise through the PURQC process, for example: the need to inform clients at the beginning of their treatment that Citywide treatment is time limited.

CLT is actively pursuing the implementation of a Wellness and Recovery model of services.

Consumers are involved in program evaluation and CQI activities in multiple ways. Consumers complete the CBHS Client Satisfaction Survey bi-yearly to provide feedback on program functioning, and improvement in their own quality of life as a direct result of program activities. Feedback from the Client Satisfaction Surveys will be used to reevaluate what CLT program activities are providing measurable improvements in clients' quality of life, and which case management or therapeutic priorities need improvement. Clients will be asked to confirm the status of referrals to vital resources including housing, SSI, primary care, and ongoing mental health or substance abuse treatment before they are closed with CLT services to maximize linkage to all resources needed. Case managers approach working with clients as a partnership and seek ongoing feedback from clients regarding the relevance and effectiveness of services.

In addition, CLT consumer feedback is solicited at the Citywide/Community Focus steering committee, cultural competence committee, dual diagnosis task force, employment task force and safety committees. CLT will participate in the Citywide/Community Focus annual CQI meeting with the following agenda: proposal outcomes reviewed, client

**Contractor:** UCSF - Department of Psychiatry  
**Program:** Citywide Linkage Team

**Appendix A-2**  
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**Funding Source (AIDS Office & CHPP only):**

satisfaction results discussed, program changes elicited. Consumers, family members and interested community participants will be invited.

CLT services must be culturally informed and delivered by competent staff if they are to be effective. Toward this end, the 982 site has an ongoing Cultural Competence Committee which: advises the Site Director and Program Directors about policy and programming support for increasing cultural resources and programming, organizes periodic mandatory cultural competency training for all site staff, assists in the recruitment and hiring of culturally and linguistically diverse staff, and helps organize on-site cultural events for clients and staff. The committee is also in charge of conducting an annual review of staff language/cultural resources as well as programming strengths and limitations and writing the CBHS Cultural Competency Plan. The Program delivers services in the preferred language of the consumer or make provisions for the use of trained interpreters when needed (including sign language).

Over 60% of the people CLT serves also suffer from serious or severe substance abuse, but seldom are able or willing to link to substance abuse services. All CLT staff are trained in these interventions, and help consumers focus on the impact of substance use on their quality of life. Intervention is non-judgmental, collaborative, and oriented towards helping consumers develop intrinsic motivation for behavior change through exploring their ambivalence and discussing discrepancies between continued substance use and the consumer's identified goals. CLT staff support a safe and realistic plan for reduced use or abstinence when this is a goal for the consumer. Advocacy and linkage for medical detox, residential treatment, methadone detox/maintenance, or other ongoing substance abuse treatment is a key task of CLT staff. Mutual support from other dually diagnosed consumers is critical, and the peer Consumer Integration Specialist staff will be key to this task as well as 982 Mission Street harm reduction groups, co-lead by consumers.

Contractor: UCSF - Department of Psychiatry  
Program: NoVA (Fee for Service / Cost  
Reimbursement)

Appendix A-3a & 3b  
Contract Term (MM/DD/YY)  
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 10-11

Funding Source (AIDS Office & CHPP only):

1. **Program Name:** Citywide Case Management Forensic  
**Program Address:** 982 Mission Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94103  
**Telephone:** (415) 597-8065  
**Facsimile:** (415) 597-8004

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

☒ New      ☐ Renewal      ☐ Modification

3. **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. CWCMP 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.

Case Load Size

Forensic case managers (8911NO) treat a caseload of 13 patients each

Staffing for the programs are as follows:

	Forensic 8911NO
Case Managers	2.19
MDs/nurses	0
Clerical	0
Supervisors	0
Other	0
Caseload	30
New Clients	30

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

See CRDC; B-3a (Fee For Service) and B-3b (Cost Reimbursement)

6. **Methodology**

**Referral/Assessment and Engagement:** Within 3 days of 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

Contractor: UCSF – Department of Psychiatry  
Program: NoVA (Fee for Service / Cost  
Reimbursement)

Appendix A-3a & 3b  
Contract Term (MM/DD/YY)  
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 10-11

Funding Source (AIDS Office & CHPP only):

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 case manager contacts collateral members of the community with the permission of the individual to obtain more information regarding the clients' needs, barriers, and course of mental illness. The case manager coordinates with all involved legal parties concerning the individual including Jail Psychiatric Services, defense attorney, district attorney if appropriate, the Sheriff's Department, the court system, Probation and Parole departments. This ensures that all parties have a unified approach to discharging the client to the community, enhance increased compliance upon discharge with the help of the case management team. Once released a case manager accompanies the client to the identified housing secured and takes the client to 982 Mission Street to introduce the client to the outpatient clinic where daily services and supports are offered. Programming includes: Anger Management, Stress Management, Wellness Recovery Action Planning, Harm Reduction groups, Dual Diagnosis Groups, African American People's Group, Achieving Goals Group, LGBT Support Group; Women's Group; and a myriad of social opportunities through the Center's Tickets on the Town program which takes groups of clients to events such as the symphony, theater, baseball games, bowling, music events, etc. The client can attend programming 6 days per week at the clinic and is able to have medications dispensed daily, weekly, or monthly by the order of his or her psychiatrist.

**Forensic Assertive Community Treatment (FACT):** CWCMP meets the criteria to be designated as a FACT program, an evidence-based model identified by SAMHSA and described in the following: Assertive Community Treatment (ACT) is a service delivery model in which treatment is provided by a team of professionals with services determined by consumer needs for as long as needed. ACT combines treatment, rehabilitation, and support services in a self-contained clinical team made up of a mix of disciplines, including psychiatry, nursing, addiction counseling, and vocational rehabilitation. The ACT team operates on a 24/7 basis, providing services in the community to offer more effective outreach and to help the consumer generalize the skills to real life settings. ACT is intended for consumers who have severe (a subset of serious with a higher degree of disability) mental illness, are functionally impaired, and at high risk of inpatient hospitalization."

For the purposes of this program, each client is assigned a primary case manager, psychiatrist, licensed vocational nurse, occupational therapist, job developer/employment specialist and consumer life coach. Each client will have a 10-day supply of psychiatric medications upon release from jail and is assessed by a program psychiatrist within the first two weeks of discharge, receive ongoing medication management and is seen by his or her psychiatrist regularly..

While the clinic is open for service 6 days per week between 8:30 a.m. and 4:45 p.m. (M-F) and 10 a.m. to 1 p.m. on Saturdays, the participants in this program have access to an on-call clinician 24 hours per day. The Program Director and two Clinical Supervisors of the program rotate coverage of this phone service to address and assist in crises that occur after the clinic closes.

*Immediately upon a client's discharge from custody, the case manager initiates applications for entitlements (most being eligible for SSI and will receive his or her benefits within 6 months of discharge). All clients are referred and assisted with appointments to a primary care provider. CWCMP collaborates closely with the Housing and Urban Health Clinic allowing for high quality medical care for participants.*

**Supported Housing:** Each client has an individualized housing plan depending on need, functioning and stated desire by the client. The least restrictive housing options will be utilized but Supported Housing will be emphasized and facilitated as it has been noted to achieve positive results for individuals with histories of violence, incarceration, homelessness and mental illness. According to the

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**Funding Source (AIDS Office & CHPP only):**

American Psychiatric Association, in a guide to Best Clinical Practices published in 2007: "In this new paradigm, professionals no longer select the setting or determine what type of placement is best for the patient, nor do they place a person on the basis of open beds or slots in the residential service system. Rather, the person is helped to choose an appropriate living situation on the basis of personal criteria, preferences, resources, and needs. As such, the patient assumes the role of tenant, householder, neighbor, and mainstream community member, working together with staff on mutually agreed on goals and tasks geared toward the individual's success and stability in the home chosen. Additionally, social support, case management, crisis intervention, in-home skills training, and accessible psychiatric consultation, are flexibly wrapped around the changing needs of the patient." (<http://www.apa.org/practice/grid.html>)

CWCMF works closely with each client, over time, to obtain the desired and stated type of housing with the goal of placement in permanent housing. CWCMF has a long history of providing emergency vouchers through a network of SROs, a strong working relationship with the Housing and Urban Health Clinic and Human Services Agency in securing supported housing units, strong ties with Community Behavioral Health residential treatment programs, Acute Diversion Units, Board and Care homes and also has extensive experience in maneuvering through the substance abuse, faith-based programs and shelter systems.

**Supported Employment:** The CWCMF 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. Each client is assigned to a primary Job Developer/Employment Specialist who assists the client in pursuing meaningful productive activity in the community. Supported Employment is the one EBP with a "voluminous" amount of research showing significant results with the mentally ill. The definition of SE is "competitive work in integrated work settings, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals with the most significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability". The principles are clearly defined. They are: (1) 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.

The Job Developer/Employment Specialist initiates the first meeting in custody in order to develop goals and tentative discharge planning. Upon discharge, stipends are available to immediately engage clients in supported productive work activities at the Center. In addition the Job Developers/Employment Specialists utilize stipends to create stipended employment in the community with the goal that these positions will lead to competitive employment.

This model espouses the principle that there is no such thing as failure if a particular job does not last. Every job experience is an opportunity for learning and experience.  
**ILLNESS, MANAGEMENT AND RECOVERY (IMR):**

Research reviews have identified five specific EBPs included in IMR, each supported by multiple controlled studies: Psychoeducation; Behavioral Tailoring; Relapse Prevention; Coping Skills training; Social Skills training.

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The Illness Management and Recovery Program consists of a series of weekly sessions in which mental health practitioners help people who have experienced psychiatric symptoms develop personal strategies for coping with mental illness and moving forward in their lives.

CWCMF case managers encourage clients to participate in the in-custody IMR groups and continue to participate at CWCMF upon release. The weekly group, Achieving Goals, is extremely popular with participants and teaches the following principles: Recovery Strategies; Practical Facts About Mental Illness; The Stress-Vulnerability Model and Treatment Strategies; Building Social Support ; Reducing Relapses; Using Medication Effectively; Coping with Stress; Coping with Problems and Symptoms ; Getting Your Needs Met in the Mental Health System.

**E. 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.”

CWCM has published articles and spoken at conferences about integrated mental health and substance abuse services since 1989. The program offers 4 dual diagnosis and/or harm reductions group weekly at the clinic. A Dual Recovery Anonymous group takes place every Friday at the Center. Clinicians work with the Community Behavioral Health Services integrated mental health and substance abuse treatment framework and are knowledgeable about the clinical issues in treating two disorders concurrently. Program staff provide clinical treatment at every stage of a client’s addiction and are trained in the strategies of Motivational Interviewing and the Stages of Change model of treatment. Notably, the Supported Employment team does not eliminate their services to clients who are actively using substances viewing work and education as stabilizing factors in the clients’ lives.

- **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.

CWCMF, through its Sheriff’s Department WISH grant, 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 check-in group daily for participants. Clinicians are trained in Seeking Safety, a manualized, evidence-based treatment addressing issues of trauma. CWCMF has developed strong relationships with domestic violence resources as a majority of the women served have experienced profound violence perpetrated on them throughout their lives and even within 6 months of incarceration. Safe housing is a priority for these women (and access to Domestic Violence shelters has been necessary in some cases). CWCMF, through its role in BHC, has developed working relationships with the Dependency Drug Court with the goal of helping primarily women reunify with their children; Hamilton Transitional Family Housing; Jelani House; Ashbury House; and continues to build on the resources available to women.

**Dialectical Behavior Therapy (DBT):** The CWCMF team has 9 clinicians that are extensively trained and participate in the program’s DBT program which has been in existence for 6 years. DBT is an intensive treatment modality that was created specifically for individuals suffering from Borderline Personality Disorder. DBT consists of individual therapy, skills training groups, crisis intervention (after-hours

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coverage) and weekly consultation meetings for the therapists. DBT teaches client how to utilize new skills in coping with emotions (replacing self-harming behaviors with mindfulness, emotion regulation skills, distress tolerance skills, and interpersonal effectiveness skills). The Citywide/Community Focus DBT team has been in existence for over 6 years.

- **The unduplicated number of individuals served:** 30 clients are served at any one time. Current client retention averages 21.4 months.

- **Cultural Relevance of Program to Participants.**

Cultural competence is a key value for the programs at 982 Mission Street. An active Cultural Competence Committee advises the site director with two members on the Steering Committee, organizes mandatory staff training, and additional noon discussions, and maintains a directory of staff cultural/language resources. Additionally, the staff at 939 Mission Street represents a wide array of San Francisco's diversity in language, culture and sexual orientation. Center staff and clients organize yearly celebratory activities for Black History Month, Lunar New Year, Gay Pride, International Women's Day, Cinco De Mayo, Thanksgiving, and New Years. Languages spoken at the center include: Spanish, Korean, Cantonese, Mandarin, Toisanese, Portuguese, Tagalog, Russian, French, Italian and Farsi. CWCMP has implemented gender-specific services for women clients coming out of jail and prison. Groups focusing on trauma issues, parenting, loss of custody, women's reproduction and health issues are offered.

Consumers who have spent time in jail or prison are exposed to the culture of incarceration. Staff at Citywide understand and appreciate this unique culture and it's impact on those returning to the community. Dr. Terry Kupers, who has written and lectured on mental health issues in prisons, has met with staff of CWCMP and served as a consultant concerning program design.

- **Part 3: Program Capacity**

Program hours are Monday through Friday 8:30 am to 5:00 pm and Saturdays 10:00 am to 1:00 pm. New consumers funded through this RFP will be able to access resources and ongoing activities at the 982 Mission receives referrals of clients from many sources including: Jail Psychiatric Services, the Sheriff's Department, the Court, Attorneys, Probation Officers, other community providers, Parole Officers, psychiatric hospitals, family members and consumers themselves.

Program Staff engages in daily outreach in the community, jails, and hospitals bringing clinical case management services to the client rather than requiring office visits. Program staff spends a considerable amount of time providing collateral services and psychoeducation to other program staff, hotel staff, employers, family members and communities

- Identify resources available for the proposed program (i.e. facilities, office equipment). Specify if you intend to use Sheriff's facilities for all or part of the program. Describe how services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population.

CWCMP is headquartered at 982 Mission Street San Francisco, CA 94103 along with four other case management programs. This newly designed and refurbished facility is ADA compliant, bright, warm, attractive, spacious, and geographically close to most of the single occupancy room hotels that client's live in as well as readily accessible by public transportation. The interior was designed by Gensler Architects in close collaboration with the staff and consumers of all three programs. The building uses natural wood and light as well as warm colors with high ceilings to create areas that are inviting and functional. The client has

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two group rooms, a library, a large consumer-run café, 11 interview rooms, three medical examination rooms, a shower to help clients with delousing, and a large comfortable waiting room.

- Describe your program's staffing:  
See Exhibit B

## 7. Objectives and Measurements

### **Goal I: Identify and divert individuals with co-occurring disorders from jail to INTENSIVE CASE MANAGEMENT MENTAL HEALTH SERVICES IN THE COMMUNITY.**

Objective 1: Work closely with Jail Psychiatric Services and the San Francisco Sheriff's and conduct in-jail assessments of approximately 50 individuals over the 16-month grant period.

Objective 2: Enroll a minimum of 40 clients over the 16-month period while maintaining a constant caseload of a minimum of 30 clients.

Objective 3: Develop consumer-driven individualized discharge and treatment plans for every client incorporating goals that address every aspect of the clients' life: family, housing, income, employment, health, recreation, psychiatric and spiritual.

### **GOAL II: ACHIEVE VIOLENCE PREVENTION AND REDUCTION BY PARTICIPANTS IN THE PROGRAM**

Objective 1: Reduce new arrests for violence of participants by 45% one year post-enrollment into the program (in comparison to one-year prior to enrollment).

Objective 2: Coordinate and facilitate victim services as appropriate and requested by clients in order to provide healing for both the victim and the offender. This will be accomplished by linking clients to existing victim services agencies and supporting clients through the process.

Objective 3: Offer weekly Anger Management individual and group therapy to every participant in the program.

### **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: Maintain existing partnerships between CWCMP and the following: San Francisco Sheriff's Department; Jail Psychiatric Services; Community Behavioral Health Services; Behavioral Health Court; SF Public Defender's Office; SF District Attorney's Office; SF Adult Probation Dept; CA Dept of Corrections and State Parole; SF Police Department; Residential Substance Abuse Treatment programs (dual diagnosis, substance abuse, faith-based treatment programs); SF Pretrial Services; Child Dependency Court and Family Reunification Services; Housing and Urban Health; National Alliance on Mental Illness; and AA/NA/Dual Recovery Anonymous groups.

Objective 2: Develop new partnerships between Criminal Justice, Mental Health and Substance Abuse programs in order to expand the network of services available to clients and educate the community re: the needs and issues facing mentally ill offenders re-entering the community.

Objective 3: Develop partnerships between CWCMP and Victim Services programs in order to offer services addressing the violence and harm perpetrated by offenders and the trauma suffered by victims and supporting healing for both parties.

**Contractor: UCSF – Department of Psychiatry**  
**Program: NoVA (Fee for Service / Cost**  
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## **8. Continuous Quality Improvement**

Citywide is compliant with Federal, State and County regulations and policies. Specifically, we maintain HIPPA standards of notification and confidentiality, Medi-Cal and Medicare charting standards, as well as CBHS standards of care and documentation. Twice a year all clients are encouraged to participate in completing Satisfaction questionnaires and are shown how to use the CBHS Grievance Procedure when dissatisfied with services.

The Program Director chairs a weekly PURQC committee, which reviews all program and Emergency Department High User charts for appropriate utilization of services and supporting documentation. Feedback from the weekly reviews is given to individual clinicians, clinical supervisors, the program's Leadership Team and to staff as a whole through memo, policies updates and regularly scheduled staff meetings. Program design is modified to respond to issues that arise through the PURQC process, for example: the need to inform clients at the beginning of their treatment that Citywide treatment is time limited.

Citywide is actively pursuing the implementation of a Wellness and Recovery model of services. Patient representatives participate on Division committees. Twice a month Community Meeting involving consumers and staff are held to discuss topics and concerns affecting all Department of Psychiatry programs. Patients function in stipend positions: running the site café, the weekly free food and clothing distribution, a janitorial service, clerical services, and other site activities. Currently two consumers fill paid staff position. A yearly staff in-service and discussion focuses on recovery and wellness. Program services must be culturally informed and delivered by competent staff if they are to be effective. Toward this end, the 982 Mission site has an ongoing Cultural Competence Committee which: advises the Site Director and Program Directors about policy and programming support for increasing cultural resources and programming, organizes periodic mandatory cultural competency training for all site staff, assists in the recruitment and hiring of culturally and linguistically diverse staff, and helps organize on-site cultural events for clients and staff. The committee is also in charge of conducting an annual review of staff language/cultural resources as well as programming strengths and limitations and writing the CBHS Cultural Competency Plan. The Program delivers services in the preferred language of the consumer or make provisions for the use of trained interpreters when needed (including sign language).

Over 60% of the people Citywide serves also suffer from serious or severe substance abuse, but seldom are able or willing to link to substance abuse services. Therefore programs provide concurrent substance abuse treatment using a Harm Reduction approach. Our site at 982 Mission Street has over 110 staff, interns and residents from San Francisco General Hospital, Department of Psychiatry programs. Many bring substance abuse work experience, training, and/or personal recovery work to the job. Additionally:

- All clinical staff are trained through in-service and supervision to assess substance abuse disorders and to integrate harm reduction strategies.
- There are four hours each week of groups focusing on dual diagnosis issues; specifically harm reduction and early recovery topics.
- We have on-site, quick UA testing which helps the physicians in assessing patient's symptoms and diagnosis as well as helping case managers who are helping educate patients on the effects of substance use.
- If patients are able to link with 12 step programs, substance abuse outpatient or residential programs, Citywide/Community Focus provides close communication and treatment coordination. No services are dependent on patient attaining or maintaining abstinence

**Contractor: UCSF - Department of Psychiatry**

**Program: CWRT/CBHS**

**Appendix A-4**

**Contract Term (MM/DD/YY)**

**07/01/10 through 06/30/11**

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**Funding Source (AIDS Office & CHPP only):**

1. **Program Name: Citywide Roving Team**  
**Program Address: 982 Mission Street, 2<sup>nd</sup> Floor**  
**San Francisco, CA 94103**  
**Telephone: (415) 597-8065**  
**Facsimile: (415) 597-8004**

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

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

3. **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(ies)/Interventions**

See CRDC.

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.

**Services to be Provided**

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.

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.

Contractor: UCSF – Department of Psychiatry  
Program: CWRT/CBHS

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Funding Source (AIDS Office & CHPP only):

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.
- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. *Note: For CBHS, Appendix B is sufficient.*

See Exhibit B

## 7. Objectives and Measurements

The following Individualized Objectives are determined by self-report:

- 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 short-term treatment plans, provide a full range of treatment intervention to at least 125 unduplicated clients per quarter.
- D. Staff will coordinate at least 2000 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.
- G. 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.
- H. 50% of residents seen by the team will link with health/substance abuse, or mental health providers as evidenced by at least two visits.

Contractor: UCSF – Department of Psychiatry  
Program: CWRT/CBHS

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**8. 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.

**9. Reporting Requirements**

- A. Quarterly Reports
  - 1. Contractor shall submit quarterly responses for each individualized 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 7/1/10-9/30/10, the report is due on 10/15/10.
- 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, 2011.
- 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. Larry Chatmon, Contract Manager, Office of Contract Management  
Larry.Chatmon@sfgov.org  
San Francisco Human Services Agency  
P.O. Box 7988  
SAN FRANCISCO, CA 94120

Contractor: UCSF - Department of Psychiatry  
Program: Stimulant Treatment Outpatient Program

Appendix A-5  
Contract Term (MM/DD/YY)  
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 10-11

Funding Source (AIDS Office & CHPP only):

1. Program Name: Stimulant Treatment Outpatient Program (STOP)

Program Address: Citywide Case Management Programs, 982 Market St.

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

Telephone: (415) 597-8065

Facsimile: (415) 597-8004

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

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 Citywide and Community Focus 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, 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. Modalities/Interventions

A. Modality of service/intervention: Outpatient Substance Abuse Treatment

B. Definition of Billable Services: See Exhibit B

The unit of service for outpatient programs (including outpatient detox. and aftercare, but excluding methadone maintenance and methadone detoxification) is defined as the **time (minutes) spent by a substance counselor** performing one or more of the following: assessment, treatment planning, individual and group counseling, case management, education, family collateral counseling, aftercare, crisis intervention, and case management. This is inclusive of all of the time spent by the substance abuse counselor in providing direct services to the client, including time spent on the phone and in the field providing the above services, as well as time away from the client used for development of assessments, treatment plans, and collateral information. All valid direct, operating, and indirect costs are recovered when unit cost (total program costs/number of units) is calculated, included the portion of time

**Contractor: UCSF - Department of Psychiatry**  
**Program: Stimulant Treatment Outpatient Program**

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**Funding Source (AIDS Office & CHPP only):**

validly spent by counselors in non-direct services. **State certification standards require a minimum of two (2) contacts per month per registered client.**

## **6. Methodology**

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

Information about STOP services is posted throughout the Citywide/Community Focus facility, including the client activities room, the lunch room, group rooms, etc. Clients may drop in or Citywide/Community Focus staff can introduce clients to STOP during drop-in orientation times.

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

#### Admission Criteria

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

Potential clients whose substance abuse, mental health, or medical problems are of sufficient severity as to need a higher level of care than intensive 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, exhibits behavior dangerous to staff, self or others or who needs an immediate medical evaluation or medical nursing care.

#### 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. Drop-in Screening and Orientation: The counselor 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.

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Program: Stimulant Treatment Outpatient Program

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### 3. Start of Group and Individual Counseling

Most clients will receive group and individual counseling.

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 Citywide/Community Focus staff, which 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 Citywide/Community Focus case manager, and shared with STOP staff. Clients must consent to exchange of information between STOP and Citywide/Community Focus 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 stimulants and other drugs as well as the treatment needs of individuals who want to reduce their use or 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

Substance abuse counseling by STOP includes group, individual and as appropriate couples or family counseling at Citywide Case Management/Community Focus. Home visits may be scheduled as needed, after consultation with the client's Citywide/Community Focus 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.

STOP services at Citywide/Community Focus are starting out with one group a week, and individual counseling as needed. With additional funding, services may be expanded to additional groups and motivational incentives (e.g. for drug negative urine tests).

### Length of stay

Intended: 9 months.

Average: 6 months.

### Treatment phases

Most clients enter at Phase 1 and progress to Phase 2. Clients entering the program with extensive prior outpatient substance abuse treatment may be admitted or progress more quickly to Phase 2.

#### **Treatment Phase 1 (Starting to Change) (Three months or more)**

**Contractor:** UCSF - Department of Psychiatry  
**Program:** Stimulant Treatment Outpatient Program

**Appendix A-5**  
**Contract Term (MM/DD/YY)**  
07/01/10 through 06/30/11

**City Fiscal Year (CBHS only):** 10-11

**Funding Source (AIDS Office & CHPP only):**

The *goals* of this phase are to help clients

- a) decide what to do about their drug use, and
- b) stop drug use, or change patterns of use to reduce harmful effects.

*Objectives* are to help clients

- a) explore the effects of drug use, and identify motivations for change,
- b) select attainable goals regarding drug use, which may or may not include abstinence,
- c) identify personal triggers and set-up behaviors,
- d) change the pattern of use,
- e) learn coping and communication skills to get past recurring cravings, and
- f) participate in drug free activities or support groups (e.g. NA, AA, SMART, LifeRing, spiritual support, or other community support).

*Criteria* for completion of Phase 1 and transition to Phase 2 are

- a) participation in Phase 1 for 3 months,
- c) 2 months of consistent adherence to client's individual treatment plan and goals.

#### **Phase 2 (Continuing Care) (*Three months or more*)**

The *goal* of this phase is to prevent return to heavy or unsafe drug use.

The *objectives* are to help clients

- a) develop open, honest relationships with people who don't use drugs (partners, family, friends, community), and
- b) enter roles valued by clients (e.g. community service, spiritual development, contact with children, etc.).

*Criteria* for completion of Phase 2 are

- a) participation in Phase 2 for 3 months, and
- b) 2 months of consistent adherence to client's individual treatment plan and goals.

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

Criteria for Successful Completion: Completion of Phase 1 or Phase 2, i.e.

- a) 3 or more months of participation, and
- b) 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 continue to participate in mental health services at Citywide Case Management/Community Focus. 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 if STOP again can meet their needs.

**Contractor: UCSF - Department of Psychiatry**  
**Program: Stimulant Treatment Outpatient Program**

**Appendix A-5**  
**Contract Term (MM/DD/YY)**  
**07/01/10 through 06/30/11**

**City Fiscal Year (CBHS only): 10-11**

**Funding Source (AIDS Office & CHPP only):**

### Linkages

As part of the CBHS integration process, STOP is partnered with a number of mental health and primary care clinics, and social and residential services for substance using clients.

### **E. Staffing**

With this initial small startup budget, the STOP counselor is a psychology intern in a California Psychology Internship Council approved predoctoral internship in the UCSF/SFGH Department of Psychiatry, receiving clinical supervision twice a week from the STOP program director, Valerie Gruber, PhD, a licensed psychologist. 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, such as when the psychology intern is out of the office.

The STOP program director in turn 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 will be provided by Citywide/Community Focus staff, including the Division Administrator.

## **7. Performance Objectives and Measurement**

### **A. Performance objectives**

**Attainment of the CBHS standardized objectives for substance abuse treatment programs will be measured using admission, discharge, and annual CALOMS data, as well as service data, all entered by STOP clinical staff in the Avatar electronic medical record.**

**CBHS administrative staff will analyze and report the data at the end of the fiscal year.**

A2a i. During FY 2010-2011, at least 60% of discharged clients will successfully complete treatment or will have left before completion or with satisfactory progress as measured by BIS discharge codes.

A2b. During FY 2010-2011, at least 60% of clients who remain in the program for 60 days or longer will show a reduction in alcohol and drug use from admission to discharge.

A2c. During FY 2010-2011, at least 60% of clients who remain in the program for 60 days or longer will show a reduction in days in jail or prison from admission to discharge.

A3a. During FY 2010-2011, 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

B2a. During FY 2010-2011, 70% of treatment episodes will show 3 or more service days of treatment within 60 days of admission.

*F1a, b, and c. These objectives will be completed by the parent program, Citywide Case Management/Community Focus. It would be confusing rather than helpful for STOP staff to also initiate metabolic screening and primary care documentation for the same clients.*

Contractor: UCSF - Department of Psychiatry  
Program: Stimulant Treatment Outpatient Program

Appendix A-5  
Contract Term (MM/DD/YY)  
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 10-11

Funding Source (AIDS Office & CHPP only):

G1a. *Information on self-help alcohol and drug addiction recovery groups will be posted by the parent program, Citywide Case Management/Community Focus.*

G1b. STOP clinical staff will implement evidence based practices for dually diagnosed clients, and will inform the SOC program managers.

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

*System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client's survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.*

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

*Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.*

## 8. Continuous Quality Improvement

STOP guarantees compliance with UCSF, Health Commission, County, State, Federal and Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction.

DPH Privacy Policy is integrated into the program's governing policies and procedures regarding patient privacy and confidentiality. All staff that handle patient health information are trained and annually updated in the program's privacy/confidentiality policies and procedures. A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is provided to all clients.

Quality assurance is the responsibility of the Program Director, a licensed psychologist. Staff receive group supervision at weekly staff meetings and weekly individual supervision with the STOP Program Director. The staff attends training on site and off site as deemed appropriate by the Program Director. All staff are provided with written performance evaluations by the Program Director at least annually. All staff providing counseling must be licensed or interns with the Board of Behavioral Sciences or the Board of Psychology.

STOP participates in the Division of Community Programs' Continuous Quality Improvement Plan that is approved by the UCSF Department of Psychiatry at SFGH.

Cultural competence: STOP provides culturally competent outpatient treatment to the major groups of cocaine, crack, and methamphetamine users, including people of color, gay, lesbian, bisexual, and questioning individuals, and men, women, and transgender clients. The environment is safe and supportive for clients receiving methadone, psychiatric services, or care for chronic illness such as HIV or Hepatitis. Staff are selected, trained, and supervised to maximize program competence with cultural, sexual orientation, gender, multi-diagnosis, and disability issues.

c) Continuous Quality Improvement: Client satisfaction surveys provide feedback on program performance. Feedback is also obtained informally from clients.

**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 Case Management (Fee for service) Pages 1-6

Appendix B-2: Citywide Crisis Linkage Team (Fee for service) Pages 1-3

Appendix B-3a: NoVA (Fee for Service) Pages 1-3

Appendix B-3b: NoVA (Cost Reimbursement) Pages 1-5

Appendix B-4: Citywide Roving Team (Fee for service) Pages 1-3

Appendix B-5: Citywide STOP (Fee for service) Pages 1-3

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$3,926,178 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 shall be as follows:

July 1, 2010 through December 31, 2010	\$2,035,938
January 1, 2011 through June 30, 2011	\$3,912,817
July 1, 2011 through June 30, 2012	\$5,948,755
July 1, 2012 through June 30, 2013	\$5,948,755
July 1, 2013 through June 30, 2014	\$5,948,755
July 1, 2014 through June 30, 2015	\$5,948,755
July 1, 2015 through December 31, 2015	\$2,974,378

Contingency:	\$ 3,926,178
Total:	\$36,644,331

CONTRACTOR further understands that \$2,035,938, of the period July 1, 2010 through December 31, 2010 in the contract Number BPHM08000062 is already included in this contract. Upon execution of this agreement, all the terms under this agreement will supersede any previous agreements for the fiscal year 2010-2011.

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

#### **FFS 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 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**

E. 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

CONTRACT TYPE - This contract is: <input checked="" type="checkbox"/> New <input type="checkbox"/> X <input type="checkbox"/> Renewal <input type="checkbox"/> Modification							Page3
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY)			
LEGAL ENTITY NUMBER: 00117							
LEGAL ENTITY/CONTRACTOR NAME: UC Regents - Behavioral Health Integrated and Full Service Outpatient Services							
APPENDIX NUMBER	B-1	B-2	B-3a	B-3b	B-4	B-5	
PROVIDER NUMBER	8911	8911	8911	8911	8911	TBD	
PROVIDER NAME:	Citywide (CWCN) / Citywide Forensic (CWCNF)	Citywide Linkage (CWL)	NoVA FFS	NoVA CR	Citywide Roving (CWRT)	Citywide STOP	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	3,259,579	700,324	57,366	112,069	452,814	7,092	
OPERATING EXPENSE	525,143	68,753	848	1,145	126,204	51	
CAPITAL OUTLAY (COST \$5,000 AND OVER)	0	0	0	0	0	0	
<b>SUBTOTAL DIRECT COSTS</b>	<b>3,784,723</b>	<b>769,077</b>	<b>58,214</b>	<b>113,214</b>	<b>579,018</b>	<b>7,143</b>	
INDIRECT COST AMOUNT	454,167	92,289	6,986	13,586	69,482	857	
INDIRECT %	12%	12%	12%	12%	12%	12%	
<b>TOTAL FUNDING USES:</b>	<b>4,238,889</b>	<b>861,366</b>	<b>65,200</b>	<b>126,800</b>	<b>648,500</b>	<b>8,000</b>	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>FEDERAL REVENUES - click below</b>							
SDMC Regular FFP (50%)	1,739,485	197,988	10,000		215,500	-	
ARRA SDMC FFP (11.59)	349,377	50,000	2,000		100,000	-	
<b>STATE REVENUES - click below</b>							
MHSA	843,524					-	
<b>GRANTS - click below</b>							
Please enter other funding source here if not in pull down							
<b>PRIOR YEAR ROLL OVER - click below</b>							
<b>WORK ORDERS - click below</b>							
HSA (Human Svcs Agency)					333,000	-	
Sheriff's Department			53,200	126,800		-	
<b>3RD PARTY PAYOR REVENUES - click below</b>							
Please enter other funding source here if not in pull down							
REALIGNMENT FUNDS	474,132	200,000				-	
COUNTY GENERAL FUND	832,371	413,378				-	
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>4,238,889</b>	<b>861,366</b>	<b>65,200</b>	<b>126,800</b>	<b>648,500</b>	<b>8,000</b>	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>FEDERAL REVENUES - click below</b>							
<b>STATE REVENUES - click below</b>							
<b>GRANTS/PROJECTS - click below</b>							
<b>WORK ORDERS - click below</b>							
<b>3RD PARTY PAYOR REVENUES - click below</b>							
COUNTY GENERAL FUND						8,000	
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,000</b>	
<b>TOTAL DPH REVENUES</b>	<b>4,238,889</b>	<b>861,366</b>	<b>65,200</b>	<b>126,800</b>	<b>648,500</b>	<b>8,000</b>	
<b>NON-DPH REVENUES - click below</b>							
<b>TOTAL NON-DPH REVENUES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>4,238,889</b>	<b>861,366</b>	<b>65,200</b>	<b>126,800</b>	<b>648,500</b>	<b>8,000</b>	

# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:						New X	Renewal	Modification	Page 4
If modification, Effective Date of Mod.:						# of Mod:		VENDOR ID (DPH USE ONLY):	
LEGAL ENTITY NUMBER: 00117									
LEGAL ENTITY/CONTRACTOR NAME: UC Regents - Behavioral Health Integrated and Full Service Outpatient Services									
APPENDIX NUMBER									
PROVIDER NUMBER									
PROVIDER NAME:									Total
CBHS FUNDING TERM:									7/1/05-6/30/13
FUNDING USES:									
SALARIES & EMPLOYEE BENEFITS									4,589,244
OPERATING EXPENSE									722,144
CAPITAL OUTLAY (COST \$5,000 AND OVER)									0
SUBTOTAL DIRECT COSTS									5,311,388
INDIRECT COST AMOUNT									637,367
INDIRECT %									12%
TOTAL FUNDING USES:		0	0	0	0	0	0	0	5,948,755
CBHS MENTAL HEALTH FUNDING SOURCES									
FEDERAL REVENUES - click below									
SDMC Regular FFP (50%)									2,162,973
ARRA SDMC FFP (11.59)									501,377
STATE REVENUES - click below									
MHSA									843,624
GRANTS - click below									
PRIOR YEAR ROLL OVER - click below									
WORK ORDERS - click below									
HSA (Human Svcs Agency)									333,000
Sheriff Dept									180,000
3RD PARTY PAYOR REVENUES - click below									
REALIGNMENT FUNDS									
COUNTY GENERAL FUND									674,132
									1,245,749
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES									
5,948,755									
CBHS SUBSTANCE ABUSE FUNDING SOURCES									
FEDERAL REVENUES - click below									
STATE REVENUES - click below									
GRANTS/PROJECTS - click below									
WORK ORDERS - click below									
3RD PARTY PAYOR REVENUES - click below									
COUNTY GENERAL FUND									
									8,000
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES									
8,000									
TOTAL DPH REVENUES									
		0	0	0	0	0	0	0	5,948,755
NON-DPH REVENUES - click below									
TOTAL NON-DPH REVENUES									
		0	0	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)									
									5,948,755

**BUDGET**  
**UCSF Citywide****Appendix B-1 (7/01/10 – 6/30/11):**  
**Citywide Case Management/Forensics**

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Case Management Brokerage	256,690	x	\$1.80	=	\$ 462,042
MH Services	1,019,064	x	\$2.35	=	\$2,394,800
Medication Support	288,453	x	\$4.60	=	\$1,326,884
Crisis Intervention OP	15,323		\$3.60		\$55,163
<b>TOTAL BUDGET FOR APPENDIX B-1</b>					<b>= \$4,238,889</b>

**Appendix B-2 (7/01/10 – 06/30/11):**  
**Citywide Linkage**

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Case Management Brokerage	229089	x	\$1.84	=	\$ 421,523
MH Services	125946	x	2.70	=	\$340,055
Medication Support	16377	x	4.70	=	\$76,972
Crisis Intervention Op	6519		3.50		\$22,816
<b>TOTAL BUDGET FOR APPENDIX B-2</b>					<b>= \$861,366</b>

**Appendix B-3a (7/01/10 – 06/30/11):****NOVA**

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Case Management Brokerage	4208	x	\$1.83	=	\$ 7700
MH Services	23733	x	\$2.35	=	\$55773
Crisis Intervention Op	480		\$3.60		\$1727
<b>TOTAL BUDGET FOR APPENDIX B-3a</b>					<b>= \$65,200</b>

## Appendix B3b-NOVA (Cost Reimbursement)

\$126,800

## Appendix B-4 (7/01/10 – 06/30/11):

## Roving Team

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Case Management Brokerage	49,600	x	\$1.98	=	\$ 98,208
MH Services	212,360	x	\$2.56	=	\$543,631
Crisis Intervention Op	1,753		\$3.80		\$6,661
TOTAL BUDGET FOR APPENDIX B-4				=	\$648,500

## Appendix B-5 (7/01/10 – 06/30/11):

## STOP

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Non residential ODF Group	100	x	\$29.00	=	\$ 2,900
Non residential ODF Individual	75	x	\$68.00	=	\$5,100
TOTAL BUDGET FOR APPENDIX B-5				=	\$8,000

TOTAL BUDGET FOR CITYWIDE

\$5,948,755

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

FISCAL YEAR: 10/11		APPENDIX #: B-1				Page 1
LEGAL ENTITY NAME: UC Regents		PROVIDER #: 8911				
PROVIDER NAME: Citywide Case Management/Citywide Forensic Programs						
REPORTING UNIT NAME:	Citywide/ Citywide Forensic	Citywide/ Citywide Forensic	Citywide/ Citywide Forensic	Citywide/ Citywide Forensic		
REPORTING UNIT:	89113 .89119 8911A3					
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/60-69	15/70-79		
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention- OP		TOTAL
<b>CBHS FUNDING TERM:</b>	10/1/10-9/30/11	10/1/10-9/30/11	10/1/10-9/30/11	10/1/10-9/30/11		10/1/10-9/30/11
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	355,286	1,841,530	1,020,334	42,419		3,259,569
OPERATING EXPENSE	57,241	296,684	164,384	6,834		525,143
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
<b>SUBTOTAL DIRECT COSTS</b>	<b>412,527</b>	<b>2,138,214</b>	<b>1,184,718</b>	<b>49,253</b>		<b>3,784,722</b>
INDIRECT COST AMOUNT	49,505	256,586	142,166	5,910		454,167
<b>TOTAL FUNDING USES:</b>	<b>462,042</b>	<b>2,394,800</b>	<b>1,326,884</b>	<b>55,163</b>		<b>4,238,889</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)	189,605	982,738	544,505	22,637		1,739,485
ARRA SDMC FFP (11.5%)	38,082	197,384	109,364	4,547		349,377
<b>STATE REVENUES - click below</b>						
MHSA	91,945	476,557	264,045	10,977		843,524
<b>GRANTS - click below</b>						
CFDA #:						
<b>PRIOR YEAR ROLL OVER - click below</b>						
<b>WORK ORDERS - click below</b>						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
<b>REALIGNMENT FUNDS</b>	51,681	267,865	146,416	6,170		474,132
<b>COUNTY GENERAL FUND</b>	90,729	470,256	260,554	10,832		832,371
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>462,042</b>	<b>2,394,800</b>	<b>1,326,884</b>	<b>55,163</b>		<b>4,238,889</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
CFDA #:						
<b>WORK ORDERS - click below</b>						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
<b>COUNTY GENERAL FUND</b>						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>TOTAL DPH REVENUES</b>	<b>462,042</b>	<b>2,394,800</b>	<b>1,326,884</b>	<b>55,163</b>		<b>4,238,889</b>
<b>NON-DPH REVENUES - click below</b>						
<b>TOTAL NON-DPH REVENUES</b>						
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>462,042</b>	<b>2,394,800</b>	<b>1,326,884</b>	<b>55,163</b>		<b>4,238,889</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	256,690	1,019,064	288,453	15,323		1,579,530
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	1.80	2.35	4.60	3.60		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	1.80	2.35	4.60	3.60		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS						434

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8911

Provider Name (same as line 8 on DPH 1): Citywide Case Management/Citywide Forensic Programs

APPENDIX #: B-1, Page 2  
Document Date: 10/05/2010

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		MHSA		GRANT #2:  (grant title)		WORK ORDER #1:  (dept. name)		WORK ORDER #2:  (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
James Dilley, MD, UCSF, PI	0.01	-	0.01	-	0.01	0						
Division Director	0.25	30,507	0.25	30,507	0.00	0						
Clinical Social Worker I/II	16.41	1,098,096	13.41	928,576	2.60	169,520						
Clinical Social Worker III - Supervisor	4.00	314,842	3.05	245,205	0.95	69,637						
Supervising Clinical Social Worker	1.00	94,266	0.75	70,700	0.25	23,566						
Occupational Therapist	0.60	55,426	0.00	0	0.60	55,426						
Senior Psychiatric Technician	1.00	76,293	1.00	76,293	0.00	0						
Licensed Vocational Nurse	2.10	150,420	1.60	115,007	0.50	35,413						
Administrative Assistant	1.80	76,604	1.30	50,358	0.50	26,246						
Staff Psychiatrist	0.50	84,887	0.50	84,887	0.00	0						
Senior Employment Specialist	2.80	164,880	2.80	164,880	0.00	0						
Community Health Program Representative	0.63	20,303	0.00	0	0.63	20,303						
Social Work Associate	0.30	17,304	0.30	17,304	0.00	0						
Associate Clinical Professor	2.25	384,352	2.00	343,144	0.25	41,208						
Hospital, Assistant I	1.00	40,140	0.70	28,098	0.30	12,042						
TOTALS	34.64	\$2,608,320	27.66	\$2,154,959	6.59	\$453,381	0.00	\$0	0.00	\$0	0.00	\$0
EMPLOYEE FRINGE BENEFITS	25%	\$651,259	25%	\$536,269		\$114,989						
Benefits range from between 19 and 26%												
TOTAL SALARIES & BENEFITS		\$3,259,579		\$2,691,228		\$568,350		\$0		\$0		\$0

**DPH 4: Operating Expenses Detail**

**APPENDIX #: B-1, Page 3**  
**Document Date: 10/05/2010**

**Provider Number (same as line 7 on DPH 1):** 8911

**Provider Name (same as line 8 on DPH 1):** Citywide Case Management/Citywide Forensic Programs

Expenditure Category

Rental of Property  
 Utilities(Landlines, Cell Phones and Pagers)  
 Office Supplies  
 Building/Van Maintenance Supplies and Repair  
 Printing and Reproduction  
 Insurance  
 Staff Training  
 Staff Travel-Local & Out of Town)  
 Postage and Mail  
 Rental of Equipment  
 Computer, supplies and services  
 CONSULTANT/SUBCONTRACTOR (Provide Names,  
 Dates, Hours & Amounts)  
 Sophia Vinogradov  
 OTHER  
 GAEL Assessment  
 Data Network Recharge  
 Client Food  
 Client Miscellaneous  
 Client Stipends

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	MHSA	GRANT #2: (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____
239,000	189,000	50,000			
52,000	42,000	10,000			
23,000	15,000	8,000			
2,000	1,645	355			
700	500	200			
-	-	-			
2,800	2,000	800			
18,000	11,000	7,000			
1,270	1,000	270			
10,000	7,000	3,000			
15,000	10,000	5,000			
-	-	-			
20,000	-	20,000			
-	-	-			
-	-	-			
13,824	11,421	2,403			
14,549	11,781	2,768			
33,000	18,000	15,000			
50,000	20,000	30,000			
30,000	0	30,000			
<b>TOTAL OPERATING EXPENSE</b>	<b>\$525,143</b>	<b>\$340,347</b>	<b>\$184,796</b>	<b>\$0</b>	<b>\$0</b>

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

FISCAL YEAR:		10/11				APPENDIX #: B-2		Page 1	
LEGAL ENTITY NAME:		UC Regents				PROVIDER #: 8911			
PROVIDER NAME:		Citywide Linkage							
REPORTING UNIT NAME:		Citywide Linkage	Citywide Linkage	Citywide Linkage	Citywide Linkage				
REPORTING UNIT:		89114	89114	89114	89114				
MODE OF SVCS / SERVICE FUNCTION CODE		15/01-09	15/10-59	15/60-69	15/70-79				
SERVICE DESCRIPTION		Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP				TOTAL
CBHS FUNDING TERM:		7/1/01-6/30/11	7/1/01-6/30/11	7/1/01-6/30/11	7/1/01-6/30/11				7/1/01-6/30/11
<b>FUNDING USES:</b>									
SALARIES & EMPLOYEE BENEFITS		342,715	276,478	62,581	18,550				700,324
OPERATING EXPENSE		33,645	27,143	6,144	1,821				68,753
CAPITAL OUTLAY (COST \$5,000 AND OVER)		0	0						0
SUBTOTAL DIRECT COSTS		376,360	303,621	68,725	20,371				769,077
INDIRECT COST AMOUNT		45,163	36,434	8,247	2,445				92,289
TOTAL FUNDING USES:		421,523	340,055	76,972	22,816				861,366
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>									
FEDERAL REVENUES - click below									
SDMC Regular FFP (50%)		96,889	78,163	17,692	5,244				197,988
ARRA SDMC FFP (11.59)		24,468	19,739	4,468	1,324				50,000
STATE REVENUES - click below									
GRANTS - click below		CFDA #:							-
									-
Please enter other here if not in pull down									-
PRIOR YEAR ROLL OVER - click below									
									-
WORK ORDERS - click below									
									-
Please enter other here if not in pull down									-
3RD PARTY PAYOR REVENUES - click below									
									-
Please enter other here if not in pull down									-
REALIGNMENT FUNDS		97,873	78,957	17,872	5,298				200,000
COUNTY GENERAL FUND		202,293	163,196	36,940	10,950				413,378
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		421,523	340,055	76,972	22,816				861,366
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>									
FEDERAL REVENUES - click below									
									-
STATE REVENUES - click below									
									-
GRANTS/PROJECTS - click below		CFDA #:							-
									-
WORK ORDERS - click below									
									-
3RD PARTY PAYOR REVENUES - click below									
									-
COUNTY GENERAL FUND									
									-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES									-
TOTAL DPH REVENUES		421,523	340,055	76,972	22,816				861,366
NON-DPH REVENUES - click below									
									-
TOTAL NON-DPH REVENUES									
									-
TOTAL REVENUES (DPH AND NON-DPH)		421,523	340,055	76,972	22,816				861,366
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>									
UNITS OF SERVICE <sup>1</sup>									
UNITS OF TIME <sup>2</sup>		229,089	125,946	16,377	6,519				377,931
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		1.84	2.70	4.70	3.50				
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		1.84	2.70	4.70	3.50				
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)									
UNDUPLICATED CLIENTS									315

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8911  
 Provider Name (same as line 8 on DPH 1): Citywide Linkage

APPENDIX #: B-2, Page 2  
 Document Date: 10/05/2010

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #2: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
James Diley, MD, UCSF, PI	0.01	-	0.01	-								
Supervising Clinical Social Worker	1.00	93,062	1.00	93,062								
Clinical Social Worker I/II	6.00	371,942	6.00	371,942								
Administrative Assistant	1.00	42,319	1.00	42,319								
Nurse Practitioner	0.35	48,490	0.35	48,490								
TOTALS	8.35	\$555,813	8.35	\$555,813	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
EMPLOYEE FRINGE BENEFITS	26%	\$144,511	26%	\$144,511								
TOTAL SALARIES & BENEFITS		\$700,324		\$700,324		\$0		\$0		\$0		\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-2, Page 3  
Document Date: 10/05/2010

Provider Number (same as line 7 on DPH 1): 8911  
Provider Name (same as line 8 on DPH 1): Citywide Linkage

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	Term:
Rental of Property 21,000	21,000				
Utilities(Landlines, Cell Phones and Pagers) 18,400	18,400				
Office Supplies 5,000	5,000				
Building/Van Maintenance Supplies and Repair -	-				
Printing and Reproduction -	-				
Insurance -	-				
Staff Training 700	700				
Staff Travel-(Local & Out of Town) 8,000	8,000				
Postage and Mail 200	200				
Rental of Equipment -	-				
Computer, supplies and services 3,000	3,000				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) -	-				
-	-				
-	-				
OTHER -	-				
GAEL Assessment 2,946	2,946				
Data Network Recharge 3,507	3,507				
Client Food 3,000	3,000				
Client Miscellaneous 3,000	3,000				
Client Stipends -	-				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$68,753</b>	<b>\$68,753</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

FISCAL YEAR: 10/11		APPENDIX #: B-3a		Page 1	
LEGAL ENTITY NAME: UC Regents		PROVIDER #: 8911			
PROVIDER NAME: NoVA - Fee For Service					
REPORTING UNIT NAME: NoVA FFS		NoVA FFS	NoVA FFS	NoVA FFS	
REPORTING UNIT: 8911NO		8911NO	8911NO	8911NO	
MODE OF SVCS / SERVICE FUNCTION CODE		15/01-09	15/10-59	15/70-79	
SERVICE DESCRIPTION		Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	TOTAL
<b>CBHS FUNDING TERM:</b>		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS		6,775	48,072	1,519	57,366
OPERATING EXPENSE		100	725	23	848
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS		6,875	48,797	1,542	58,214
INDIRECT COST AMOUNT		825	5,976	185	6,986
TOTAL FUNDING USES:		7,700	55,773	1,727	65,200
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>					
<b>FEDERAL REVENUES - click below</b>					
SDMC Regular FFP (50%)		1,181	8,554	265	10,000
ARRA SDMC FFP (11.58)		236	1,712	52	2,000
<b>STATE REVENUES - click below</b>					
<b>GRANTS - click below</b>		<b>CFDA #:</b>			
Please enter other here if not in pull down					-
<b>PRIOR YEAR ROLL OVER - click below</b>					
<b>WORK ORDERS - click below</b>					
Sheriff Dept		6,283	45,507	1,410	53,200
Please enter other here if not in pull down					-
<b>3RD PARTY PAYOR REVENUES - click below</b>					
Please enter other here if not in pull down					-
<b>REALIGNMENT FUNDS</b>					
<b>COUNTY GENERAL FUND</b>					
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		7,700	55,773	1,727	65,200
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
<b>FEDERAL REVENUES - click below</b>					
<b>STATE REVENUES - click below</b>					
<b>GRANTS/PROJECTS - click below</b>		<b>CFDA #:</b>			
<b>WORK ORDERS - click below</b>					
<b>3RD PARTY PAYOR REVENUES - click below</b>					
<b>COUNTY GENERAL FUND</b>					
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>TOTAL DPH REVENUES</b>		7,700	55,773	1,727	65,200
<b>NON-DPH REVENUES - click below</b>					
<b>TOTAL NON-DPH REVENUES</b>		0	0	0	0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>		7,700	55,773	1,727	65,200
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>					
UNITS OF TIME <sup>2</sup>		4,208	28,733	480	28,421
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		1.83	2.35	3.60	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		1.83	2.35	3.60	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS					30

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8911  
 Provider Name (same as line 8 on DPH 1): NoVA-Fee For Service

APPENDIX #: B-3a, Page 2  
 Document Date: 10/05/2010

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1: Sheriff's Office		WORK ORDER #2:  (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 07/01/2010-06/30/2011		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
James Dilley, MD, UCSF, PI	0.01	-	0.01	0					0.01	0		
Clinical Social Worker I/II	0.74	45,529	0.14	8,380					0.60	37,149		
TOTALS	0.74	\$45,529	0.14	\$8,380	0.00	\$0	0.00	\$0	0.61	\$37,149	0.00	\$0
EMPLOYEE FRINGE BENEFITS	26%	\$11,837	26%	\$2,176					26%	\$9,659		
TOTAL SALARIES & BENEFITS		\$57,366		\$10,556		\$0		\$0		\$46,808		\$0

**DPH 4: Operating Expenses Detail**

**APPENDIX #: B-3a, Page 3**  
**Document Date: 10/05/2010**

**Provider Number (same as line 7 on DPH 1):** 8911  
**Provider Name (same as line 8 on DPH 1):** NoVA-Fee For Service

Expenditure Category

Rental of Property  
 Utilities(Landlines, Cell Phones and Pagers)  
 Office Supplies  
 Building/Van Maintenance Supplies and Repair  
 Printing and Reproduction  
 Insurance  
 Staff Training  
 Staff Travel-(Local & Out of Town)  
 Postage and Mail  
 Pagers  
 Rental of Equipment  
 Computer, supplies and services  
 CONSULTANT/SUBCONTRACTOR (Provide  
 Names, Dates, Hours & Amounts)  
 OTHER  
 GAEL Assessment  
 Data Network Recharge  
 Client Food  
 Client Miscellaneous  
 Client Stipends

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: Sheriff's Office	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
-	-				
-	-				
296	54			242	
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
241	44			197	
311	57			254	
-	-				
-	-				
-	-				

**TOTAL OPERATING EXPENSE**

**\$848                      156                      \$0                      \$0                      \$692                      \$0**

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

FISCAL YEAR: 10/11		APPENDIX #: B-3b		Page 1	
LEGAL ENTITY NAME: UC Regents		PROVIDER #: 8911			
PROVIDER NAME: NoVA-Cost Reimbursement					
REPORTING UNIT NAME:	NoVA CR	NoVA CR	NoVA CR		
REPORTING UNIT:	8911NO	8911NO	8911NO		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79		
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	13,235	95,865	2,969		112,069
OPERATING EXPENSE	138	979	30		1,147
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS	13,371	96,844	2,999		113,214
INDIRECT COST AMOUNT	1,605	11,621	360		13,586
TOTAL FUNDING USES:	14,976	108,465	3,359		126,800
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES - click below					-
SDMC Regular FFP (50%)					-
ARRA SDMC FFP (11.59)					-
STATE REVENUES - click below					-
GRANTS - click below					-
CFDA #:					-
Please enter other here if not in pull down					-
PRIOR YEAR ROLL OVER - click below					-
WORK ORDERS - click below					-
Sheriff Dept	14,976	108,465	3,359		126,800
Please enter other here if not in pull down					-
3RD PARTY PAYOR REVENUES - click below					-
Please enter other here if not in pull down					-
REALIGNMENT FUNDS					-
COUNTY GENERAL FUND					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	14,976	108,465	3,359		126,800
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
FEDERAL REVENUES - click below					-
STATE REVENUES - click below					-
GRANTS/PROJECTS - click below					-
CFDA #:					-
WORK ORDERS - click below					-
3RD PARTY PAYOR REVENUES - click below					-
COUNTY GENERAL FUND					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					-
TOTAL DPH REVENUES	14,976	108,465	3,359		126,800
NON-DPH REVENUES - click below					-
TOTAL NON-DPH REVENUES					-
TOTAL REVENUES (DPH AND NON-DPH)	14,976	108,465	3,359		126,800
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>	1	1	1		
UNITS OF TIME <sup>2</sup>	28,962	52,562	1,440		1
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	CR	CR		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR	CR	CR		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDULICATED CLIENTS					30

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8911

Provider Name (same as line 8 on DPH 1): NoVA-Cost Reimbursement

APPENDIX #: B-3b, Page 2

Document Date: 10/05/2010

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: Sheriff's Dept		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
James Dilley, MD, UCSF, PI	0.01	-							0.01	0		
Clinical Social Worker I/II	1.45	88,944							1.45	88,944		
TOTALS	1.45	\$88,944	0.00	\$0	0.00	\$0	0.00	\$0	1.46	\$88,944	0.00	\$0
EMPLOYEE FRINGE BENEFITS	26%	\$23,125							26%	\$23,125		
TOTAL SALARIES & BENEFITS		\$112,069		\$0		\$0		\$0		\$112,069		\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-3b, Page 3  
Document Date: 10/05/2010

Provider Number (same as line 7 on DPH 1): 8911  
Provider Name (same as line 8 on DPH 1): NoVA-Cost Reimbursement

Expenditure Category

Rental of Property  
Utilities(Landlines, Cell Phones and Pagers)  
Office Supplies  
Building/Van Maintenance Supplies and Repair  
Printing and Reproduction  
Insurance  
Staff Training  
Staff Travel-(Local & Out of Town)  
Postage and Mail  
Pagers  
Rental of Equipment  
Computer, supplies and services  
CONSULTANT/SUBCONTRACTOR (Provide  
Names, Dates, Hours & Amounts)  
  
OTHER  
GAEL Assessment  
Data Network Recharge  
Client Food  
Client Miscellaneous  
Client Stipends

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: Sheriff's Dept	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
-					
-					
65				65	
-					
-					
-					
-					
-					
-					
-					
-					
-					
-					
-					
-					
-					
-					
-					
-					
471				471	
609				609	
-					
-					
-					
-					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$1,145</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,145</b>	<b>\$0</b>

# **CBHS BUDGET JUSTIFICATION**

Provider Number (same as line 7 on DPH 1): 8911

Page 4

Provider Name (same as line 8 on DPH 1): NoVA-Cost Reimbursement

Date: 10/05/2010

Fiscal Year: 10/11

## **Salaries and Benefits**

	Salaries	FTE
<u>James Dilley</u> , MD serves as the Principal Investigator of this contract and devotes 1% (.01 FTE) effort to the project, at no cost to the contract. He oversees the program's activities and has ultimate responsibility for the conduct of the program. He directly supervises the Division Director.	\$0	0.01
<u>Clinical Social Worker I/II</u> perform the following social services in coordination and consultation with the Supervising Clinical Social Worker or the CSW III – Supervisors: 1) conduct a face-to-face interview with the client (while he or she is still in the hospital or jail) to begin a treatment alliance and to ensure the client's behavior will be safe for staff and clients; 2) participate in inpatient discharge planning and accompany the client on the day of discharge to his/her residence and first appointments; 3) conduct home or hotel visits, outreaches to community agencies and businesses, visits in custody or in the hospital; 4) involve clients in group therapy, dual diagnosis groups, pre-vocational training and stipend jobs, and social activities; 5) help to educate clients on the effects of substance use; 6) participate in developing a plan to help successful clients "graduate" to a lower level of care; and 7) remain available after a client's transition to this lower level of care to help the client cement his/her connection to the new provider. Requirements: MSW or MFTI. Salaries range from \$59,254-\$67,659.	\$88,944	1.45
<b>TOTAL SALARIES</b>	<b>\$88,944</b>	<b>1.45</b>

Staff benefits are 26%	\$23,125	
<b>TOTAL BENEFITS</b>	<b>\$23,125</b>	

**TOTAL SALARIES & BENEFITS \$112,069**

## **Operating Expenses**

### **Occupancy:**

Rent:

Utilities:

Building Maintenance:

**Total Occupancy: \$0**

### **Materials and Supplies:**

Office Supplies:

\$65 is budgeted for copy paper, office supplies such as staplers, lamps, tissue, envelopes, pens, folders, etc. \$65

Printing/Reproduction:

Program/Medical Supplies:

<hr/>	
Total Materials and Supplies:	\$65
<hr/>	
<b>General Operating:</b>	
<u>Insurance:</u>	
<hr/>	
<hr/>	
<u>Staff Training:</u>	
<hr/>	
<hr/>	
<u>Rental of Equipment:</u>	
<hr/>	
<hr/>	
Total General Operating:	\$0
<hr/>	
<b>Staff Travel (Local &amp; Out of Town):</b>	
<hr/>	
<hr/>	
<hr/>	
	\$0
<hr/>	
<b>Consultants/Subcontractors:</b>	
<hr/>	
<hr/>	
<hr/>	
<b>University Cost:</b>	
GAEL liability is .0053 percent of personnel salaries.	\$471
<hr/>	
Campus Network Equipment Upgrade: The recharge cost based on total FTE*\$35.00*12 months	\$609
<hr/>	
CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0
<hr/>	
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs): \$113,214</b>	
<hr/>	
<b>CONTRACT TOTAL: \$5,940,755</b>	

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

FISCAL YEAR: 10/11		APPENDIX #: B-4		Page 1	
LEGAL ENTITY NAME: UC Regents		PROVIDER #: 8911			
PROVIDER NAME: Citywide Roving Team					
REPORTING UNIT NAME:	Citywide Roving Team	Citywide Roving Team	Citywide Roving Team		
REPORTING UNIT:	8911RT	8911RT	8911RT		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79		
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP		TOTAL
<b>CBHS FUNDING TERM:</b>					
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	68,574	379,589	4,651		452,814
OPERATING EXPENSE	19,112	105,796	1,286		126,204
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS	87,686	485,385	5,947		579,018
INDIRECT COST AMOUNT	10,522	58,246	714		69,482
TOTAL FUNDING USES:	98,208	543,631	6,661		648,500
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>FEDERAL REVENUES - click below</b>					
SDMC Regular FFP (50%)	32,635	180,651	2,213		215,500
ARRA SDMC FFP (11.59)	15,144	83,829	1,027		100,000
<b>STATE REVENUES - click below</b>					
GRANTS - click below	CFDA #:				-
<b>PRIOR YEAR ROLL OVER - click below</b>					
<b>WORK ORDERS - click below</b>					
HSA (Human Svcs Agency)	50,429	279,151	3,420		333,000
<b>3RD PARTY PAYOR REVENUES - click below</b>					
<b>REALIGNMENT FUNDS</b>					
<b>COUNTY GENERAL FUND</b>					
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>FEDERAL REVENUES - click below</b>					
<b>STATE REVENUES - click below</b>					
<b>GRANTS/PROJECTS - click below</b>					
<b>CFDA #:</b>					
Please enter other here if not in pull down					
<b>WORK ORDERS - click below</b>					
Please enter other here if not in pull down					
<b>3RD PARTY PAYOR REVENUES - click below</b>					
Please enter other here if not in pull down					
<b>COUNTY GENERAL FUND</b>					
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>TOTAL DPH REVENUES</b>					
<b>NON-DPH REVENUES - click below</b>					
<b>TOTAL NON-DPH REVENUES</b>					
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>					
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
<b>UNITS OF SERVICE<sup>1</sup></b>					
<b>UNITS OF TIME<sup>2</sup></b>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	1.98	2.56	3.80		263,713
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	118.60	153.60	228.00		
<b>PUBLISHED RATE (MEDICAL PROVIDERS ONLY)</b>					
<b>UNDULICATED CLIENTS</b>					

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

APPENDIX #: B-4, Page 2  
Document Date: 10/05/2010

**Provider Number (same as line 7 on DPH 1):** 8911

Provider Name (same as line 8 on DPH 1): Citywide Roving Team

	<b>TOTAL</b>		<b>GENERAL FUND &amp; (Agency-generated) OTHER REVENUE</b>		<b>GRANT #1:</b> <u>(grant title)</u>		<b>GRANT #2:</b> <u>(grant title)</u>		<b>WORK ORDER #1:</b> Human Service Agency		<b>WORK ORDER #2:</b> <u>(dept. name)</u>	
<b>POSITION TITLE</b>	<b>Proposed Transaction Term: 7/1/10-6/30/11</b>		<b>Proposed Transaction Term: 7/1/10-6/30/11</b>		<b>Proposed Transaction Term:</b>		<b>Proposed Transaction Term:</b>		<b>Proposed Transaction Term: 7/1/10-6/30/11</b>		<b>Proposed Transaction Term:</b>	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
James Dilley, MD, UCSF, PI	0.01	-							0.01	0		
Division Director	0.10	12,203	0.05	5,937					0.05	8,266		
Supervising Clinical Social Worker	0.66	58,914	0.32	28,662					0.34	30,252		
Clinical Social Worker II - Supervisor	0.80	55,702	0.39	27,099					0.41	28,603		
Clinical Social Worker I/II	2.88	179,719	1.40	87,435					1.48	92,284		
Social Work Associate	0.72	35,890	0.35	17,461					0.37	18,429		
Administrative Assistant	0.40	16,948	0.19	8,245					0.21	8,703		
<b>TOTALS</b>	<b>5.56</b>	<b>\$359,376</b>	<b>2.70</b>	<b>\$174,839</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>2.86</b>	<b>\$184,537</b>	<b>0.00</b>	<b>\$0</b>
<b>EMPLOYEE FRINGE BENEFITS</b>	<b>26%</b>	<b>\$93,438</b>		<b>\$45,458</b>					<b>26%</b>	<b>\$47,980</b>		
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$452,814</b>		<b>\$220,297</b>		<b>\$0</b>		<b>\$0</b>		<b>\$232,517</b>		<b>\$0</b>

DPH 4: Operating Expenses Detail

APPENDIX #: B-4, Page 3  
Document Date: 10/05/2010

Provider Number (same as line 7 on DPH 1): 8911

Provider Name (same as line 8 on DPH 1): Citywide Roving Team

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: Human Service Agency	WORK ORDER #2:
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term: 7/1/10-6/30/11	Term:	Term:
Rental of Property	35,000	17,028			17,972	
Utilities(Landlines, Cell Phones and Pagers)	17,500	8,514			8,986	
Office Supplies	13,000	6,325			6,675	
Building/Van Maintenance Supplies and Repair	-	-			-	
Printing and Reproduction	-	-			-	
Insurance	-	-			-	
Staff Training	800	389			411	
Staff Travel-Local & Out of Town)	17,000	8,271			8,729	
Postage and Mail	1,100	535			565	
Rental of Equipment	3,564	1,734			1,830	
Computer, supplies and services	12,000	5,838			6,162	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	-	-			-	
	-	-			-	
	-	-			-	
OTHER	-	-			-	
GAEL Assessment	1,905	927			978	
Data Network Recharge	2,335	1,136			1,199	
Client Food	10,000	4,865			5,135	
Client Miscellaneous	12,000	5,838			6,162	
TOTAL OPERATING EXPENSE	\$126,204	\$61,399	\$0	\$0	\$64,805	\$0

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

FISCAL YEAR: 10/11		APPENDIX #: B-5		Page 1	
LEGAL ENTITY NAME: UC Regents		PROVIDER #: TBD			
PROVIDER NAME: Citywide STOP					
REPORTING UNIT NAME: Citywide STOP		Citywide STOP	Citywide STOP		
REPORTING UNIT: 38321		38321	38321		
MODE OF SVCS / SERVICE FUNCTION CODE		Nonres-33	Nonres-34		
SERVICE DESCRIPTION		SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv		TOTAL
CBHS FUNDING TERM:		7/1/00-6/30/11	7/1/00-6/30/11		7/1/00-6/30/11
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS		2,571	4,522		7,093
OPERATING EXPENSE		18	32		50
CAPITAL OUTLAY (COST \$5,000 AND OVER)		0	0		0
SUBTOTAL DIRECT COSTS		2,589	4,554		7,143
INDIRECT COST AMOUNT		311	546		857
TOTAL FUNDING USES:		2,900	5,100		8,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS - click below CFDA #:					
PRIOR YEAR ROLL OVER - click below					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
FEDERAL REVENUES - click below					
Drug Medical					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below CFDA #:					
WORK ORDERS - click below					
3RD PARTY PAYOR REVENUES - click below					
COUNTY GENERAL FUND		2,600	5,100		8,000
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
TOTAL DPH REVENUES		2,600	5,100		8,000
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)		2,600	5,100		8,000
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>		100	75		
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		29.00	68.00		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		29.00	68.00		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDULICATED CLIENTS					4

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): TBD  
 Provider Name (same as line 8 on DPH 1): Citywide STOP

APPENDIX #: B-5, Page 2  
 Document Date: 10/05/2010

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1:  (dept. name)		WORK ORDER #2:  (dept. name)	
	Proposed Transaction Term: <u>7/1/10-6/30/11</u>		Proposed Transaction Term: <u>7/1/10-6/30/11</u>		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Valerie Gruber, PhD, UCSF, PI	0.05	5,960	0.05	5,960								
TOTALS	0.05	\$5,960	0.05	\$5,960								
EMPLOYEE FRINGE BENEFITS	19%	\$1,132	19%	\$1,132								
TOTAL SALARIES & BENEFITS		\$7,092		\$7,092		\$0		\$0		\$0		\$0

#### DPH 4: Operating Expenses Detail

**APPENDIX #:** B-5, Page 3  
**Document Date:** 10/05/2010

**Provider Number (same as line 7 on DPH 1):** TBD  
**Provider Name (same as line 8 on DPH 1):** Citywide STOP

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	-					
Utilities(Elec, Water, Gas, Phone, Scavenger)	-					
Office Supplies	-					
Building/Van Maintenance Supplies and Repair	-					
Printing and Reproduction	-					
Insurance	-					
Staff Training	-					
Staff Travel-(Local & Out of Town)	-					
Postage and Mail	-					
Pagers	-					
Rental of Equipment	-					
Computer, supplies and services	-					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	-					
	-					
	-					
OTHER	-					
GAEL Assessment	32	32				
Data Network Recharge	19	19				
Client Food	-					
Client Miscellaneous	-					
Client Stipends	-					
<b>TOTAL OPERATING EXPENSE</b>	<b>51</b>	<b>51</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Appendix C  
Insurance Waiver**

**RESERVED**

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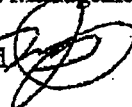
**CITY AND COUNTY OF  
SAN FRANCISCO**

**RISK MANAGEMENT  
PROGRAM**

**WILLIE L. BROWN, JR.**  
MAYOR

**MEMORANDUM**

**TO:** Galen Leung, Director  
DPH Office of Contract Management

**FROM:** Nancy Johnston-Bellard   
Deputy Risk Manager

**DATE:** October 22, 2003

**RE:** Request for Approval to Waive Requirement for Proof of Insurance  
for Regents of the University of California

**RECEIVED**  
03 OCT 21 AM 9:37  
SFPD  
OFFICE OF RISK MGMT.  
& COMPLIANCE

In response to your request, Risk Management hereby grants authorization to use the following language in lieu of the Certificate of Insurance and Endorsements for contracts between the City and County of San Francisco and Regents of the University of California.

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.

We ask the Office of Contract Administration, Purchasing to share this information with their staff.

cc: Exrol Fitzpatrick  
Risk Management Staff  
Judith Blackwell  
Mike Ward

**Appendix D**  
**Additional Terms**

**1. HIPAA**

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor falls within the following definition under the HIPAA regulations:

- ☒ A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- ☐ A Business Associate subject to the terms set forth in Appendix E;
- ☐ Not Applicable, Contractor will not have access to Protected Health Information.

**2. THIRD PARTY BENEFICIARIES**

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

**3. MATERIALS REVIEW**

Contractor agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. Contractor agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. City agrees to conduct the review in a manner which does not impose unreasonable delays on Contractor's work, which may include review by members of target communities.

**4. EMERGENCY RESPONSE**

CONTRACTOR will develop and maintain a Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites and an agency-wide plan addressing disaster coordination between and among service sites. Such plan shall be in compliance with the Emergency Response Plan of the Department of Public Health. CONTRACTOR will update the site plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Declaration of Compliance whether it has developed and maintained a Site Specific Emergency Response Plan for each of its service site. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during site visits.

In a declared emergency, Contractor's employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as Contractor's prime contacts with Community programs in the event of a declared emergency.

**5. CERTIFICATION REGARDING LOBBYING**

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

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

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Contractor shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

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

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

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

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

**Appendix F**  
**Invoice**

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

**CONTRACTOR:** Regents of the University of California  
**Address:** Mail Remittance Cashier  
UCSF Accounting Office  
1855 Folsom Street, Suite 425  
San Francisco, CA 94143-0815  
**Telephone:** (415) 476-2877  
**FAX #** (415) 476-8158  
**CONTRACT NAME:** City Wide

**Control Number**

HP#

**Invoice Number**

(ACE #) 060

**Contract Direct Purchase (DP) No.**

**Fund Source:** SMD/ARRA/MHSA

**Grant Code/Detail:**

**Invoicing Period:** 7- 1-10 - 6- 30-11

**FINAL invoice** (check if Yes)

**ACE Control No.**

**APPENDIX TERM:** July 1, 2010 - June 30, 2011

**PROGRAM EXHIBIT:** CWCME

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>	434				434

Deliverables	Total Contracted UOS & Clients		Delivered THIS PERIOD UOS & Clients	UNIT RATE	AMOUNT DUE	Delivered to Date UOS & Clients		% OF TOTAL UOS & Clients		Remaining Deliverables UOS & Clients	
Case management Brokerage	256,690	434		\$1.80							
Forensic	1,019,064	434		\$2.35							
Medication Support	288,453	434		\$4.60							
Crisis Intervention	15,323	434		\$3.60							
<b>Totals</b>	1,579,530	434									

**TOTAL EXPENSES**  
**LESS: Initial Payment Recovery**  
**Other Adjustments**  
**REIMBURSEMENT**

**NOTES:**

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

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

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

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

<b>Send to:</b>	SF Department of Public Health 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: AIDS Office Contract Payments	<b>SFDPH AIDS OFFICE Authorization For Payment:</b>
		<b>By:</b> _____ <b>Date:</b> _____

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

<b>CONTRACTOR:</b> Regents of the University of California Address: Mail Remittance Cashier UCSF Accounting Office 1855 Folsom Street, Suite 425 San Francisco, CA 94143-0815 Telephone: (415) 476-2977 FAX # (415) 476-8158 <b>CONTRACT NAME:</b> CityWide		<b>Control Number</b> HP#11-06909	<b>Invoice Number</b> (ACE #) 060
		<b>Contract Direct Purchase (DP) No.</b>	<b>Fund Source:</b> SMDC/GEN/Real
		<b>Grant Code/Detail:</b>	<b>Invoicing Period:</b> 7-1-10 - 6-30-11
<b>APPENDIX TERM:</b> July 1, 2010 - June 30, 2011		<b>FINAL Invoice</b> (check if Yes)	<b>ACE Control No.</b>
<b>PROGRAM EXHIBIT:</b> Citywide Linkage			

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>	315				315

Deliverables	Total Contracted UOS & Clients		Delivered THIS PERIOD UOS & Clients		UNIT RATE	AMOUNT DUE	Delivered to Date UOS & Clients		% OF TOTAL UOS & Clients		Remaining Deliverables UOS & Clients	
Case management Brokerage	229,089	315			\$1.84							
MH Services	125,946	315			\$2.70							
Medication Support	16,377	315			\$4.70							
Crisis Intervention	6,519	315			\$3.50							
<b>Totals</b>	<b>377,931</b>	<b>315</b>										

**TOTAL EXPENSES**  
 LESS: Initial Payment Recovery  
 Other Adjustments  
**REIMBURSEMENT**

NOTES:

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

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

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

<b>Send to:</b> SF Department of Public Health 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: AIDS Office Contract Payments	<b>SFDPH AIDS OFFICE Authorization For Payment:</b> By: _____ Date: _____
---	--

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

CONTRACTOR: Regents of the University of California  
Address: Mail Remittance Cashier  
UCSF Accounting Office  
1855 Folsom Street, Suite 425  
San Francisco, CA 94143-0815  
Telephone: (415) 476-2977  
FAX # (415) 476-8158  
CONTRACT NAME: CityWide

Control Number  
HP#11-06909

Invoice Number  
(ACE #) 060

Contract Direct Purchase (DP) No. \_\_\_\_\_

Fund Source: SMDC/GEN/Real

Grant Code/Detail: \_\_\_\_\_

Invoicing Period: 7-1-10 - 6-30-11

FINAL invoice (check if Yes)

ACE Control No. \_\_\_\_\_

APPENDIX TERM: July 1, 2010 - June 30, 2011

PROGRAM EXHIBIT: NOVA

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:	30				30

Deliverables	Total Contracted UOS & Clients		Delivered THIS PERIOD UOS & Clients	UNIT RATE	AMOUNT DUE	Delivered to Date UOS & Clients		% OF TOTAL UOS & Clients	Remaining Deliverables UOS & Clients	
Case management Brokerage	4,208	30		\$1.83						
MH Services	23,733	30		\$2.35						
Crisis Intervention	480	30		\$3.60						
Totals	28,421	30								
TOTAL EXPENSES						NOTES:				
LESS: Initial Payment Recovery										
Other Adjustments										
REIMBURSEMENT										

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:	SF Department of Public Health 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: AIDS Office Contract Payments	SFDPH AIDS OFFICE Authorization For Payment:
		By: _____ Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
STATEMENT OF DELIVERABLES AND INVOICE**  
Regents of the University of California

EXHIBIT F 3b  
PAGE A

CONTRACTOR:

Address: Mail Remittance Cashier  
UCSF Accounting Office  
1855 Folsom Street, Suite 425  
San Francisco, CA 94143-0815

Telephone

FUND SOURCE: Sheriff Work Order

CONTRACT TERM: 7-1-2010-6-30-11

INVOICING PERIOD: 7-1-2010-6-30-11

CONTRACT NAME: CityWide

Contract PO Number

PROGRAM / EXHIBIT: NOVA

DELIVERABLES	TOTAL CONTRACTED UOS	UOS DELIVERED THIS PERIOD	UOS DELIVERED TO DATE	% OF TOTAL	REMAINING DELIVERABLES
Case Management	28,962				
MH Services	32,562				
Crisis Intervention	1,440				

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$88,944				
Fringe Benefits	\$23,125				
<b>Total Personnel Expenses</b>	<b>\$112,069</b>				
Operating Expenses:	\$1,145				
Program/Educational Supplies					
Other					
Insurance					
Staff Training					
Other:					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$113,214</b>				
Indirect Expenses @ 10%	\$13,586				
<b>TOTAL EXPENSES</b>	<b>\$126,800</b>				
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b>					
<b>REIMBURSEMENT</b>					

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

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

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

INVEX01.XLS

Send to: SFDPH

SFDPH / Authorization For Payment:

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

Attn:

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

**CONTRACTOR:** Regents of the University of California  
**Address:** Mail Remittance Cashier  
UCSF Accounting Office  
1855 Folsom Street, Suite 425  
San Francisco, CA 94143-0815  
**Telephone:** (415) 476-2977  
**FAX #** (415) 476-8158  
**CONTRACT NAME:** CityWide

**Control Number**

HP#11-06909

**Invoice Number**

(ACE #) 060

**Contract Direct Purchase (DP) No.**

**Fund Source:** SMDC/HAS

**Grant Code/Detail:**

**Invoicing Period:** 7-1-10 - 6-30-11

**FINAL invoice** (check if Yes)

**ACE Control No.**

**APPENDIX TERM:** July 1, 2010 - June 30, 2011

**PROGRAM EXHIBIT:** Roving Team

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>	170				170

Deliverables	Total Contracted UOS & Clients		Delivered THIS PERIOD UOS & Clients	UNIT RATE	AMOUNT DUE	Delivered to Date UOS & Clients	% OF TOTAL UOS & Clients	Remaining Deliverables UOS & Clients
Case Management	49,600	170		\$1.98				
MH Services	212,360	170		\$2.56				
Crisis Intervention	1,753	170		\$3.80				
<b>Totals</b>	263,713	170						

**TOTAL EXPENSES**  
**LESS: Initial Payment Recovery**  
**Other Adjustments**  
**REIMBURSEMENT**

**NOTES:**

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

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

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

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

**Send to:** SF Department of Public Health  
1380 Howard Street, 4th Floor  
San Francisco, CA 94103  
**Attn:** AIDS Office Contract Payments

**SFDPH AIDS OFFICE Authorization For Payment:**

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

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

<b>CONTRACTOR:</b> Regents of the University of California <b>Address:</b> Mail Remittance Cashier UCSF Accounting Office 1855 Folsom Street, Suite 425 San Francisco, CA 94143-0815 <b>Telephone:</b> (415) 476-2977 <b>FAX #</b> (415) 476-8158 <b>CONTRACT NAME:</b> CityWide		<b>Control Number</b> HP#11-06909	<b>Invoice Number</b> (ACE #) 060
		<b>Contract Direct Purchase (DP) No.</b>	<b>Fund Source:</b> Gen Fund
		<b>Grant Code/Detail:</b>	
<b>APPENDIX TERM:</b> July 1, 2010 - June 30, 2011  <b>PROGRAM EXHIBIT:</b> STOP		<b>Invoicing Period:</b> 7- 1-10-6-30-11  <b>FINAL invoice</b> (check if Yes)	<b>ACE Control No.</b>

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>	4				4

Deliverables	Total Contracted UOS & Clients		Delivered THIS PERIOD UOS & Clients	UNIT RATE	AMOUNT DUE	Delivered to Date UOS & Clients	% OF TOTAL UOS & Clients	Remaining Deliverables UOS & Clients
Non residential ODF Group	100	4		\$29.00				
Non residential ODF Ind	75	4		\$68.00				
<b>Totals</b>	175	4						
<b>TOTAL EXPENSES</b>						<b>NOTES:</b>		
<b>LESS: initial Payment Recovery</b>								
<b>Other Adjustments</b>								
<b>REIMBURSEMENT</b>								

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

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

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

<b>Send to:</b> SF Department of Public Health 1380 Howard Street, 4th Floor San Francisco, CA 94103 <b>Attn:</b> AIDS Office Contract Payments	<b>SFDPH AIDS OFFICE Authorization For Payment:</b>  <b>By:</b> _____ <b>Date:</b> _____
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October 05, 2015

**Regents of the University of California-**  
**San Francisco — CityWide Program**  
**\$34,343,322**

1 [Contract Approval - 18 Non-Profit Organizations and the University of California of San  
2 Francisco - Behavioral Health Services - \$674,388,406]

3 **Resolution retroactively approving \$674,388,406 in contracts between the Department**  
4 **of Public Health and 18 non-profit organizations and the University of California at San**  
5 **Francisco, to provide behavioral health services for the period of July 1, 2010 through**  
6 **December 31, 2015.**

7  
8 WHEREAS, The Department of Public Health has been charged with providing needed  
9 behavioral health services to residents of San Francisco; and,

10 WHEREAS, The Department of Public Health has conducted Requests for Proposals  
11 or has obtained appropriate approvals for sole source contracts to provide these services; and

12 WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10  
13 million to be approved by the Board of Supervisors; and

14 WHEREAS, Contracts with providers will exceed \$10 million for a total of  
15 \$674,388,406, as follows:

16 Alternative Family Services, \$11,057,200;

17 Asian American Recovery Services, \$11,025,858;

18 Baker Places, \$69,445,722;

19 Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

20 Central City Hospitality House, \$15,923,347;

21 Community Awareness and Treatment Services (CATS), \$12,464,714;

22 Community Vocational Enterprises (CVE), \$9,705,509;

23 Conard House, \$37,192,197;

24 Edgewood Center for Children and Families, \$29,109,089;

25 Family Service Agency, \$45,483,140;

Hyde Street Community Service, \$17,162,210;  
Instituto Familiar de la Raza, \$14,219,161;  
Progress Foundation, \$92,018,333;  
Richmond Area Multi-Services, \$34,773,853;  
San Francisco Study Center, \$11,016,593;  
Seneca Center, \$63,495,327;  
Walden House, \$54,256,546;  
Westside Community Mental Health Center, \$43,683,160;  
Regents of the University of California, \$74,904,591; and

WHEREAS, The Department of Public Health estimates that the annual payment of some contracts may be increased over the original contract amount, as additional funds become available between July 2010 and the end of the contract term; now, be it

RESOLVED, That the Board of Supervisors hereby retroactively approves these contracts for the period of July 1, 2010, through December 31, 2015; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director of the Department of Public Health and the Purchaser, on behalf of the City and County of San Francisco, to execute agreements with these contractors, as appropriate; and, be it

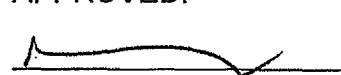
FURTHER RESOLVED, That the Board of Supervisors requires the Department of Public Health to submit a report each June with increases over the original contract amount, as additional funds become available during the term of contracts.

RECOMMENDED:



Mitchell Katz, M.D.  
Director of Health

APPROVED:



Mark Morewitz, Secretary to the  
Health Commission



City and County of San Francisco  
Tails  
Resolution

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015.

December 01, 2010 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED

Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Duffy, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.

Angela Calvillo  
Clerk of the Board

Mayor Gavin Newsom

December 8, 2010

Date Approved

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) : Members, Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: Regents of the University of California San Francisco	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
<p>(1) Members of the contractor's board of directors (Board of Regents)  <a href="http://regents.universityofcalifornia.edu/about/committees.html">http://regents.universityofcalifornia.edu/about/committees.html</a></p> <p>Appointed Regents: Richard C. Blum, William De La Peña, M.D., Gareth Elliott, Russell Gould, Eddie Island, George Kieffer, Sherry L. Lansing, Monica Lozano, Hadi Makarechian, Eloy Ortiz Oakley, Abraham (Avi) Oved, Norman J. Pattiz, John A. Pérez, Bonnie Reiss, Fred Ruiz, Richard Sherman, Bruce D. Varner, Paul Wachter, and Charlene Zettel</p> <p>Ex Officio Regents: Jerry Brown, Gavin Newsom, Toni Atkins, Tom Torlakson, Janet Napolitano, Rodney Davis, Yolanda Gorman</p> <p>(2) The contractor's chief executive officer, chief financial officer and chief operating officer</p> <p>Janet Napolitano, President, University of California <a href="http://www.ucop.edu/president/about/index.html">http://www.ucop.edu/president/about/index.html</a>  Nathan Brostrom, Executive Vice President — Chief Financial Officer <a href="http://www.ucop.edu/finance-office/staff/bios/nathan-brostrom.html">http://www.ucop.edu/finance-office/staff/bios/nathan-brostrom.html</a>  Rachael Nava, Executive Vice President — Chief Operating Officer <a href="http://www.ucop.edu/business-operations/staff/bios/rachael-nava.html">http://www.ucop.edu/business-operations/staff/bios/rachael-nava.html</a></p> <p>(3) any person who has an ownership of 20 percent or more in the contractor — No</p> <p>(4) any subcontractor listed in the bid or contract - No</p> <p>(5) any political committee sponsored or controlled by the contractor - No</p>	
Contractor address: 3333 California, St 315, San Francisco, CA 94143	
Date that contract was approved:	Amount of contract: Not to exceed \$34,343,322
Describe the nature of the contract that was approved: To provide mental health and substance abuse services	
Comments:	

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

☒ a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

---

Signature of City Elective Officer (if submitted by City elective officer)

---

Date Signed

---

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

---

Date Signed