File No	151044	Committee Item No	15 45			
COMMITTEE/BOARD OF SUPERVISORS AGENDA PACKET CONTENTS LIST						
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 Date
 November 23, 2015

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Completed by: Victor Young
Completed by:

AMENDED IN COMMITTEE 12/2/15 RESOLUTION NO.

IContract Amendment - Regents of the University of California San Francisco - Citywide Case

Management - Behavioral Health Services - Not to Exceed \$34,343,322]

FILE NO. 151044

5

Resolution approving amendment number three to the Department of Public Health contract for behavioral health services with The Regents of the University of California San Francisco, citywide case management to extend the contract by two years, from July 1, 2010, through December 31, 2015, to July 1, 2010, through December 31, 2017, with a corresponding increase of \$9,380,507 for a total amount not to exceed \$34,343,322.

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

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

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

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

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

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

WHEREAS, The Department of Public Health requests approval of an amendment to the Department of Public Health contract for behavioral health services with The Regents of the University of California to extend the contract by two years, from July 1, 2010, through December 31, 2015, to July 1 2010, through December 31, 2017, with a corresponding increase of \$9,380,507 for a total not-to-exceed amount of \$34,343,322; now, therefore, be it

RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and County of San Francisco to amend the contract with The Regents of the University of California, extending the term of the contract by two years, through December 31, 2017, and increasing the total, not-to-exceed amount of the contract by \$9,380,507 to \$34,343,322;

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

RECOMMENDED:

APPROVED:

Barbara A. Garcia, Director of Health Mark Morewitz
Health Commission Secretary

Department of Public Health

BOARD OF SUPERVISORS

Items	1	thro	ugh	20
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Files 15-1030, 15-1031, 15-1032, 15-1033, 15-1034, 15-1035, 15-1036, 15-1038, 15-1039, 15-1040, 15-1043, 15-1044, 15-1046, 15-1047, 15-1048, 15-1049 & 15-1050

Department:

Department of Public Health (DPH)

EXECUTIVE SUMMARY

Legislative Objectives

• In 2010, the Board of Supervisors extended 22 behavioral health contracts between DPH and 18 non-profit organizations and the Regents of the University of California at San Francisco. The proposed resolutions would amend 17 of the 22 behavioral health services contracts between DPH and 14 non-profit organizations (15 contracts) and the Regents of the University of California at San Francisco (2 contracts) to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract.

Key Points

- In June 2015, DPH informed the Board of Supervisors of their intention to request twoyear contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system.
- The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.

Fiscal Impact

- The current total not-to-exceed amount of the 17 contracts is \$651,283,455. DPH is requesting a total increase in these contracts of \$225,289,816 for total contract not-to-exceed amounts of \$876,573,271.
- The Budget and Legislative Analyst found the requested increase for each of the 17 contracts to be reasonable, based on actual and projected contract expenditures.

Policy Consideration

DPH is now in the process of determining how to best align contracted services with the
requirements of the Affordable Care Act and the State Department of Health Care Services
1115 demonstration, and plans to issue Requests for Proposals (RFP) in approximately
March 2016. DPH considers the two-year contract extension to be necessary in order to
prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of
these RFPs, and award new contracts, while preventing any break in service delivery.

Recommendation

Approve the proposed resolutions.

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

BACKGROUND

In December 2010, the Board of Supervisors retroactively approved the extension of 22 contracts between the Department of Public Health (DPH) and 18 non-profit organizations and the Regents of the University of California at San Francisco for the provision of behavioral health services. The 22 contracts were extended for five years and six months from July 1, 2010 through December 31, 2015. Funding for the 22 contracts was a combination of (i) General Funds, (ii) State Realignment and State General Funds, (iii) Federal Medi-Cal and other Federal funds, (iv) Work Orders, grants, and other State funds, and (v) 12 percent contingencies on the total combined not-to-exceed amount, which did not have a designated funding source.

In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act. DPH has been involved in a planning process to optimize and integrate contracted community based services into DPH's San Francisco Health Network, an integrated service delivery system. The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.

DETAILS OF PROPOSED LEGISLATION

The proposed resolutions would amend 17 of the 22 behavioral health services contracts between DPH and 14 non-profit organizations (15 contracts) and the Regents of the University of California at San Francisco (2 contracts) to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract, as shown in the Table 1 below.

The 14 non-profit organizations include Alternative Family Services, HealthRight360 (formerly Walden House), Baker Places, Central City Hospitality House, Community Awareness and Treatment Services, Conard House, Edgewood Center for Children and Families, Family Service Agency of San Francisco, Hyde Street Community Service, Instituto Familiar de la Raza, Progress

¹ The 18 non-profit organizations included Alternative Family Services, Asian American Recovery Services (now HealthRight360), Baker Places, Bayview Hunters Point Foundation for Community Improvement, Central City Hospitality House, Community Awareness and Treatment Services, Community Vocational Enterprises, Conard House, Edgewood Center for Children and Families, Family Service Agency, Hyde Street Community Service, Instituto Familiar de la Raza, Progress Foundation, Richmond Area Multi-Services (two contracts), San Francisco Study Center, Seneca Center, Walden House (now HealthRight360), and Westside Community Mental Health Center.

Foundation, Richmond Area Multi-Services (two contracts), Seneca Center, and Westside Community Mental Health Center.²

In addition to meeting new requirements for the Affordable Care Act, DPH must also comply with the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system, which was approved by the State in August 2015. Ms. Michelle Ruggels, Director of the DPH Business Office, explained that DPH will need to make significant changes to the current substance abuse delivery system and in some cases, create new service models. DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver.

FISCAL IMPACT

The current total not-to-exceed amount of the 17 contracts is \$\$651,283,455. DPH is requesting a total increase in these contracts of \$225,289,816 for total contract not-to-exceed amounts of \$876,573,271, as shown in the Table below.

² There are five outstanding contracts that were extended in 2010 but are not included in the proposed resolution. The Bayview Hunters Point Foundation for Community Improvement contract was approved for a two-year extension by the Board of Supervisors in October 2015. The San Francisco Study Center, Asian American Recovery Services (now HealthRight360), and Community Vocational Enterprises no longer have contracts with DPH. One additional Regents of the University of California at San Francisco contract will be submitted for review at a later date.

Table. Current and Proposed Contract Not-to-Exceed Amounts³

Contractor	Item No.	Current Not-to- Exceed Amount	Requested Increase	Revised Not-to- Exceed Amount
Alternative Family Services	15-1030	\$11,057,200	\$7,674,939	\$18,732,139
Baker Places	15-1031	69,445,722	15,981,652	85,427,374
Central City Hospitality	15-1032	15,923,347	3,636,666	19,560,013
Community Awareness and Treatment Services	15-1033	35,699,175	6,454,201	42,153,376
Conard House	15-1034	37,192,197	16,867,780	54,059,977.
Edgewood Center for Children and Families	15-1035	36,958,528	19,276,057	56,234,585
Family Service Agency of San Francisco	15-1036	45,483,140	14,976,909	60,460,049
HealthRight360 (former Walden contract)	15-1038	69,451,787	22,073,719	91,525,506
Hyde Street Community Services	15-1039	17,162,210	5,968,409	23,130,619
Instituto Familiar de la Raza	15-1040	14,219,161	11,917,749	26,136,910
Progress Foundation	15-1043	92,018,333	28,972,744	120,991,077
The Regents of the University of California San Francisco (CCM) ¹	15-1044	24,962,815	9,380,507	34,343,322
The Regents of the University of California San Francisco (CCM- SPR) ²	15-1046	32,024,839	22,521,671	54;546;510
Richmond Area Multi-Services, Inc. (RAMS - Children)	15-1047	19,904,452	9,721,109	29,625,561
Richmond Area Multi-Services, Inc. (RAMS - Adults)	15-1048	22,602,062	10,989,524	33;591;586
Seneca Center	15-1049	63,495,327	6,134,854	69,630,181
Westwide Community Mental Health Center	15-1050	43,683,160	12,741,326	56,424,486
Total		\$651,283,455	\$225,289,816	\$876,573,271

Source: Department of Public Health staff.

The Budget and Legislative Analyst found the requested increase for each of the 17 contracts to be reasonable, based on actual and projected contract expenditures.

³ DPH will submit specific revised resolutions to the December 2, 2015 Budget and Finance Committee with corrected language or amounts. The Table above is based on the revised resolutions.

Five Contracts have Significant Expenditure Increases

Alternative Family Services (increase of \$7,674,939). According to Ms. Michelle Ruggels, DPH Director of Business Office, DPH costs for this contract have increased because the Department is required to serve an increasing number of foster care children who are San Francisco residents but who are placed outside of the county. DPH contracted with Alternative Family Services to ensure that DPH complies with State mandates to complete assessments for all out-of-county placements. Previously 30-40 percent of foster care youth received an assessment. DPH now completes assessments for all foster care youth placements, and has budgeted for the associated cost increases.

Edgewood Center for Children and Families (increase of \$19,276,057). In 2014, DPH received a State grant in the amount of \$1,751,827 funded with Mental Health Services Act funding, which will fund two new DPH programs including the Youth Crisis Stabilization Center and the Mobile Crisis Team (File 14-0511).⁴ According to Ms. Ruggels, the remaining portion of these program costs will be reimbursed by Medi-Cal for those clients with Medi-Cal eligibility.

The Regents of the University of California at San Francisco: Citywide Case Management – Single Point of Responsibility (CCM-SPR; increase of 22,521,671). DPH has expanded all intensive care management programs. In FY 2012-13, DPH transferred the Citywide Forensics program from the Citywide Case Management program to Citywide Case Management program for Single Point of Responsibility (CCM-SPR) as the CCM-SPR contract uses a capitation model rather than fee-for-service. During this time, DPH also expanded the Citywide Focus program, which provides outpatient mental health services to reduce unnecessary institutional care for high risk and mentally ill transitional aged youth, adults, and older adults. Both of these programs are funded through the federal Mental Health Services Act.

Richmond Area Multi-Services, Inc. for Children (RAMS Children; increase of \$9,721,109). DPH costs for implementing Wellness Centers in high schools increased as the Wellness programs have been gradually expanded to additional high schools. DPH will receive reimbursements for program costs from Medi-Cal.

Richmond Area Multi-Services, Inc. for Adults (increase of \$10,989,524). Program costs will increase mainly because of four programs, including the I-Ability Vocational IT program, Asian Pacific Islander Mental Health Collaborative, the Peer Specialist Mental Health Certificate program, and the Broderick Street Adult Residential Facility. All of these programs will be funded by the State Mental Health Services Act.

POLICY CONSIDERATION

Ms. Ruggels advised that the purpose of extending the current contract period by two years until December 31, 2017 is to allow the Department to:

⁴ DPH received this grant to participate in a program entitled Mental Health Triage Personnel Grant for the period from April 1, 2014 through June 30, 2014.

⁵ Under a capitation model, the contractor is paid a flat fee for each client rather than a fee for each service.

- (a) Complete its planning process to identify any service model changes necessary to better meet the needs of the Department's integrated service delivery system, the San Francisco Health Network, in response to the implementation of the Affordable Care Act;
- (b) Finalize its plan for addressing the new requirements of the State Department of Health Care Services 1115 demonstration waiver (Drug Medi-Cal Organized Delivery System) approved by the State in August 2015, which will require significant changes to the current substance abuse delivery system, including entirely new service models; and
- (c) Prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.

DPH will finalize its RFP schedule, which is estimated to be completed by March 2016, pending the completion of an evaluation of community-based services that meet the requirements of the Affordable Care Act and the State's 1115 demonstration waiver.

According to Ms. Ruggels, DPH will prepare a schedule for the issuance of the multiple RFPs for behavioral health services that includes the timeline of the issuance of the RFPs, as well as the effective date of the new services. DPH will submit the new contracts to the Board of Supervisors for approval in accordance with Charter Section 9.118(b).

RECOMMENDATION

Approve the proposed resolutions.

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).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale

Director

DPH Office of Contracts Management and Compliance

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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 fax: (415) 252-3088

Department of Public Health 1380 Howard Street, 4th floor San Francisco, CA 94102

Attn: Sharon Jones email: 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

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,

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"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.

Il. 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 Contactor 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.

referenced above.	
CITY	CONTRACTOR
BARBARA A. GARCIA MPA Director of Health	The Regents of the University of California A Constitutional Corporation, on behalf of its Sat 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: Jathleen Hughy & KATHY MURPHY Deputy City Attorney	8/27/15
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 Contactor 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.

CMS #6906 Appendix A Regents of the University of California (Citywide)

Amendment Three

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."

2 of 4

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'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. <u>Compliance with Grant Award Notices</u>

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 Contactor 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 Contactor 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

Appendix A-1

Contractor: UC Regents/UCSF/UC Citywide

City Fiscal Year: 15/16

CMS#: 6906 ·

Contract Term: 07/01/15 - 06/30/16

1. Identifiers:

Program Name: UC Citywide Linkage Program Address: 982 Mission St. 2nd 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. 2nd 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): 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.

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. Contractor: UC Regents/UCSF/UC Citywide Appendix A-1
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 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, Tagalong, 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.

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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

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

Contractor: UC Regents/UCSF/UC Citywide

City Fiscal Year: 15/16

CMS#: 6906

1. Identifiers:

Program Name: UC Citywide NOVA Program Address: 982 Mission St. 2nd 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. 2nd 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): 8911NO (Citywide Case Management-NOVA)

Nature of Document:

New

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-occuring 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.

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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 incustody, 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.

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Contract Term: 07/01/15 - 06/30/16

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

Appendix A-3

Contractor: UC Regents/UCSF/UC Citywide

City Fiscal Year: 15/16

CMS#: 6906

Contract Term: 07/01/15 - 06/30/16

1. Identifiers:

Program Name: UC Citywide Roving Team Program Address: 982 Mission St. 2nd 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. 2nd 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): 8911RT (Citywide Case Mgm-UC Roving Team)

Nature of Document:

☐ New

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

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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):

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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. <u>Program Monitoring</u>: Program monitoring will include review of client eligibility, and backup documentation for reporting progress towards meeting service and outcome objectives.
- B. <u>Fiscal Compliance and Grant Monitoring</u>: 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.

Appendix A-3 Contractor: UC Regents/UCSF/UC Citywide Contract Term: 07/01/15 - 06/30/16

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- Number of resident referrals to substance abuse, mental health, b. entitlement or vocational support, social activities or health agencies.
- Number of residents participating in a program-sponsored group offered by C. 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.

В. Nine Month Report

- 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 1st and ending June 30th for each year.
- This report shall provide cumulative results for each objective as outlined above 2. and shall include 12-month demographic information.
- This report is due 15 days after the end of the period (July 15). 3.
- 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.

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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.

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- D. The Division fully participates in the annual BHS Measurement of client satisfaction.
- E. As BHS is able to generate reports from AVATAR data, the division reviews and integrates the data into operational reviews and/or opportunities from program enhancement. For example, we are currently working to submit a NIMH grant to implement Smoking Reduction with seriously mentally ill adults. We are hoping to generate baseline data from AVATAR data with help from BHS.

9. Required Language: Not applicable

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CMS#: 6906

Appendix A-4
Contract Term: 07/01/15 – 06/30/16

1. Identifiers:

Program Name: UC Citywide Services for Supportive Housing

Program Address: 982 Mission St. 2nd 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. 2nd 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): 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 Process¹ will serve as the sole referral source for applicants for the units at the Richardson

¹ Specific information regarding the DAH Access and Referral Process may be found here:

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Contractor: UC Regents/UCSF/UC Citywide

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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, thought 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 onsite during regular work hours. CHP desk clerks will be on duty on-site 24 hours/day and 7 days/week.

D. <u>Discharge Planning/Criteria/Process</u>

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. <u>Program Staffing</u>

See BHS Appendix B for staffing.

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Appendix A-4 Contract Term: 07/01/15 - 06/30/16

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 <u>HUH Performance Objectives FY15-16."</u>

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

Appendix A-5

Contractor: UC Regents/UCSF/UC Citywide

City Fiscal Year: 15/16

CMS#: 6906

Contract Term: 07/01/15 - 06/30/16

1. Identifiers:

Program Name: UC Citywide STOP

Program Address: 982 Mission St. 2nd 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. 2nd floor City, State, ZIP: San Francisco, CA 94103 Person Completing this Narrative: David Fariello

Telephone: 415-597-8065

Email Address: dayid.fariello@ucsf.edu

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

2. Nature of Document:

☐ New

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):

a. See Appendix B - CRDC Page

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.

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Regents of the University of California (Citywide) Amendment Three

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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).

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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).

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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 <u>BHS Performance Objectives FY15-16</u>."

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.

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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

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1. Identifiers:

Program Name: UC Citywide – First Impressions Program Address: 982 Mission St. 2nd 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. 2nd 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:

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.

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• 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

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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.

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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:

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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 compete 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

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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

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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.

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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 1st, 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	\$1,003,628
TOTAL	\$34,343,322

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:			ared By/Phone #:		e (415)597-8047	Fiscal Year:	15/16
Contractor Name:		JC Citywide		Document Date:			Page 3 of 3
Contract CMS #:			•			•	, ago a c. c
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	
	rochesiosepiani	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	remain the first of the will present them and in the whole in the will be		日本 日		SITTLE PROPERTY.
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:	_		-	-		-	-
Subtotal Direct Expenses:	755,643	151,996	817,671	1,493,510	59,753	286,760	3,565,333
Indirect Expenses:	90,677	18,239	98,120	179,220	7,170	34,411	427,837
Indirect %:	12%			1			12%
TOTAL FUNDING USES	846,320	170,235	915,791	1,672,730	66,923	321,171	3,993,170
			的名词形式在10 00000000000000000000000000000000000			ringe Benefits %:	39%
BHS MENTAL HEALTH FUNDING SOURCES			designation of	UTERWAS MILES	PACALLY STATE	ARPONDATED BY ALT	DENGE STORY
MH FED - SDMC Regular FFP (50%)	192,257	ļ	391,957	623,793		<u> </u>	1,208,007
MH STATE - MH Realignment	200,000	ļ		4 004 047			200,000
MH COUNTY - General Fund	441,556		32,744	1,024,217		0.074	1,498,517
MH COUNTY - General Fund - CODB	12,507		7.057	24,720		3,671	40,898
MH COUNTY - General Fund - WO CODB MH STATE - MHSA (INN)		2,516	7,257			247 500	9,773 317,500
MH WORK ORDER - Sheriff's Department		167,719	 	 	<u> </u>	317,500	167,719
MH WORK ORDER - Strein's Department MH WORK ORDER - Human Services Agency		107,719	483,833	 			483,833
MIT WORK ORDER - Hullian Services Agency		 	400,000	 	 	<u> </u>	400,000
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	846,320	170,235	915,791	1,672,730	-	321,171	3,926,247
BHS SUBSTANCE ABUSE FUNDING SOURCES	BENEFIT THE TANK	FOR MARKET STATE	THE STATE OF THE		1972 (C. 1974) (S. 1974)		7441716/8900000000
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
TOTAL BUO BUDOTANOS ABUOS SINDINO COLUBOSO		<u> </u>		<u> </u>	00.000	<u> </u>	- 00,000
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	The state of the s	-	66,923	<u> </u>	66,923
OTHER OPH FUNDING SOURCES	AMARIAN II. TO ALL SERVICE		200 A	to a particular security	and the second of the second	- 他到14-45 的ABE 在1	是SAP SECRETARING AND A
	<u> </u>					 	
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	<u> </u>	†	-	<u> </u>
TOTAL DPH FUNDING SOURCES	846,320	170,235	915,791	1,672,730	66,923	321,171	3,993,170
NON-DPH FUNDING SOURCES	STANSPILITE PROPERTY.					- Seminarion de la company	CONTRACTOR OF THE ST
TOTAL NON-DPH FUNDING SOURCES		-	_	_		-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	846,320	170,235	915,791	1,672,730	66,923	321,171	3,993,170

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

DPA 2: 1	Department of P		st Reporting/Da	ta Collection (C	RDC)		5 . 5
	Contractor Name:	UC Regents				Appendix/Page #:	
		Citywide Case M	anagement	•		Document Date:	
	Provider Number:					Fiscal Year:	15/16
			Citywide Linkage				
·	Program Code:	89114MH	89114MH	89114MH	89114MH		
Mode/SFC (M	H) or Modality (SA):	15/01-09	15/10-56	15/60-69	15/70-79		
	Service Description:		MH Svcs	Medication Support	Crisis Intervention-OP		TOTAL
	FUNDING TERM:		07/01/15-06/30/16				
FUNDING USES	erya Sarti quedra (edi)	中,种种种种,种种的用种种	Same and with the property	网络红色性 计多数分词	· 医克里克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克	两个特别的特别是	(日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日
Salaries &	Employee Benefits:	337,241	353,466	32,168	10,827		733,702
	perating Expenses:	10,085	10,570	962	324		21,941
	Capital Expenses:	-	-	_			
Subtota	I Direct Expenses:	347,326	364,036	33,130	11,151		755,643
	Indirect Expenses:	41,679	43,684	3,976	1,338		90,677
TOTA	L FUNDING USES:	389,005	407,720	37,106	12,489	-	846,320
BHS MENTAL HEALTH FUNDING SOURCES		可能的原料等等的	rytheres acres as	S# 18 3 2 19 40 18		3000 000000000000000000000000000000000	在14年9月17年17年17年18日本
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	88,369		8,429	2,838		192,257
MH STATE - MH Realignment	HMHMCC730515	91,929		8,769	2,951		200,000
MH COUNTY - General Fund	HMHMCC730515	202,958		19,360	6,515	i	441,556
MH COUNTY - General Fund - CODB	HMHMCC730515	5,749		548	185		12,507
					·		
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		389,005	407,720	37,106	12,489		846,320
BHS SUBSTANCE ABUSE FUNDING SOURCES	S continue the site of a such		35.301780(0000000	Distriction (Section)	CONTRACTOR	771.7455-74 Markey	
	·	 					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			_	-	 	-	_
OTHER DPH FUNDING SOURCES	到37月的时,15ggs 1865年	大学等 \$1000000000000000000000000000000000000	ika perentak	,可是是智慧的2000年	· 京都建筑是1000000000000000000000000000000000000	有需要的基础的编辑。	中海2002年1月1日1日
			·	 			
TOTAL OTHER DPH FUNDING SOURCES		 	 			 	-
TOTAL DPH FUNDING SOURCES		389,005	407,720	37,106	12,489		846,320
NON-DPH FUNDING SOURCES	- Draw Wall and Made and S	1000,000 10	THE PROPERTY OF THE PARTY OF TH		1.00 TO THE LIST OF		
NON-DIM FORDING GOOKGES			All all the I may to be provided as the second		Management Assume Angels (194	A CANADA	-
TOTAL NON-DPH FUNDING SOURCES	 			<u> </u>			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1	389.005	407,720	37,106	12,489		846,320
BHS UNITS OF SERVICE AND UNIT COST	ge (1), Berling of Aleghanian Alexander (1), a. A A.						Haraga de de la
			A The state of the	A Askerbitor his the second profiles	to the charles retreture to severy and thesis	a sittle ten menten ikken titangs fringer	The second discount of the second
Number of Beds Puro					 	 	September 1 2007 stores of
SA Only - Non-Res 33 - ODF # of Group SA Only - Licensed Capacity for Medi-Cal Provider with			 	 	 	 	of the publication of the contraction
Cost Reimbursement (CR) or Fe			FFS	FFS	FFS	 	Ulyppader Harris de Entre de La Constitución
						 	76 Sept. 2 Sept. 18 S
<u> </u>	PH Units of Service Unit Type		159,266 Staff Minute	7,980 Staff Minute	Staff Minute	 	The state of the s
Cost Dealler Doll But /Doll et albu		<u> </u>					
Cost Per Unit - DPH Rate (DPH FUNDIN						 	Marketing that with the state of the state o
Cost Per Unit - Contract Rate (DPH & Non-DPH FL							
Published Rate (Medi			2.95	5.20	4.30		Total UDC:
Undupl	cated Clients (UDC)	<u> </u>					315

0310

Program Code: 89114MH
Program Name: Citywide Linkage
Document Date: 7/1/15

Appendix/Page #: B-1, Page 2

Position Titlo Clinical/Clinical Professor pol Social Workers I/III - Supervisor pal Social Workers I/II	Term: FTE 0.17 0.90 5.80	Salaries \$ 33,406	Term: FTE 0.17	Salaries	Term:		Term:	·	Term:		Torm:	
Clinicel/Clinicel Professor ral Social Workers II/III - Supervisor	0.17	\$ 33,406			1 FTE 1						1 4 1 1 1 1 1	
al Social Workers II/III - Supervisor	0.90		0.17			Salarina	FTE	Salarius	FTE	Salaries	FIE	Salarios
		\$ 72,400		33,406			 					
al Social Workers [/i]	5,80		0.90	72,409		···	 					
	!	\$ 413,783	5.80	413,783	 							
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Totals	5.87	\$519,598	6.87	\$519,598	0.00		0.00		0.00		0.00	
Employee Fringe Benefits	: 41%	\$ 214.104	41%	\$214,104							#DIV/0!	

393157

393,157 153,331

2831

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 HMHMCC730515			·	
		Term: <u>07/01/15-06/30/16</u>	Term: <u>07/01/15-06/30/16</u>	Term:	Term:	Term:	Term:
	Оссиралсу:						
L	Rent						<u> </u>
	Utilities(telephone, cell, pagers)	\$ 200	\$ 200				
L	Building Repair/Maintenance						
1	Materials & Supplies:						
L	Office Supplies	\$ 500	\$ 500				
	Photocopying						
L	Medical Supplies						
ļ	Computer hardware/software						
	General Operating:						
- 1	Training/Staff Development			<u> </u>			
Į	Insurance						
S_3	Professional License						
$\mathbb{Z}[$	Permits						
N	Equipment Lease & Maintenance						
١	Staff Travel:						
	Local Travel	 	\$ 1,972			ļ	
	Out-of-Town Travel						
J	Field Expenses			-			
	Consultant/Subcontractor:	•					
1						<u> </u>	
				 		 	
	Other UC Direct Costs:						
	Data Network Recharge	\$ 3,380	\$ 3,380				
_	CCDSS: Computing and Communication Device Support Services	\$ 3,792	\$ 3,792	•			
1	GAEL: General Automobile and Employee Liability Charges	\$ 4,053	\$ 4,053				
	UCSF Faculty and Staff Recharge	\$ 6,954	\$ 6,954				
	Other:				<u> </u>		
	Vocational Services						
	Cilent Food & Cilent 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

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

DPH 2	: Department of P		t Reporting/Da	ta Collection (C	RDC)		
	Contractor Name:					Appendix/Page #:	B-2, Page 1
	Provider Name:	Citywide Case Ma	anagement			Document Date:	07/01/15
	Provider Number:					Fiscal Year:	15/16
	Program Name:	NOVA					-
	Program Code:	8911NO					
Mode/SFC	(MH) or Modality (SA):	60/78					
		Other Non-MediCal					TOTAL
	Service Description:	Client Support Exp					IOIAL
		07/01/15-06/30/16	the area and the state of the s	NAME OF THE PERSON OF THE PERS		NAME OF THE OWNER OWNER OF THE OWNER OWNE	
FUNDING USES			(1967年) (1968年) (1967年) (1968年)	NAME OF THE PERSON OF THE PERS	The state of the s	美名和伊朗特别的	
Salaries	& Employee Benefits:	147,181					147,181
	Operating Expenses: Capital Expenses:	4,815					4,815
Cubé	otal Direct Expenses:	151,996					151,996
- Junio	Indirect Expenses:	18,239					18,239
TO	TAL FUNDING USES:	170,235					170,235
BHS MENTAL HEALTH FUNDING SOURCES		170,233	Children and Catholica Co.	SWITTER SUPPLIED		RECTURAL SERVICION CONTRACTOR	170,200
MH WORK ORDER - Sheriff's Department	HMHMNOVAPRWO		PRODUCTOR STANDARD AND AND AND AND AND ASSESSMENT OF STANDARDS	ones medical contracts a play page.	CONTRACTOR STATES	のない おおとのというから かいままかられたから 大学の方面で	167,719
MH COUNTY - General Fund - WO CODB	HMHMCC730515	2,516					2,516
MIN COONTY - General Pully - WO CODE	HIVIHIVICO / 303 [3	2,310					2,510
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		170,235	_	-			170,235
BHS SUBSTANCE ABUSE FUNDING SOURCES	(中) · 中国中国人们的中国中国中国		Barner Branco de Companyo de la companyo de la	STANGER OF SERVE	Paragraph (Respirate many 1975)	anisani imparenta el Pariousa.	
·					* 1 1 1 1 1 1 1 1 1		-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	÷	-		-	-
OTHER DPH FUNDING SOURCES	इतिक अनुविक्तात्रका निर्देशीक्षीका क्रिकेशी	1.12.15.2015年,高州的401 8	Bun-April Alleria	机运动机工程运动器23分级7 0	医可心理的性性的现在分 量	对面类形型用户的工作。	CANTAGE TO THE COLOR
				·			
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES	·	170,235	-	-		-	170,235
NON-DPH FUNDING SOURCES	THE REPORT OF STREET, SHE SHEETING	The state of the s	\$P\$P\$图图图图图图图图图图图图图图图图图图图图图图图图图图图图图图图图图	1.20mm 上型化进程(2) 1.25mm	1.15%5.14%.14%.14%3.7%3.442%	POPE HEREST HUMBER	CARRY SAME SALES
TOTAL NOV DRU FUNDING COURCES							
TOTAL NON-DPH FUNDING SOURCES	-		<u> </u>	-	1		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		170,235	-	-		-	170,235
BHS UNITS OF SERVICE AND UNIT COST			學學是特別的影響	元等等等 计常用 华沙兰	25 14 14 14 14 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	他们"未发生事实主义 "	(1990年中的第三人称形式) 1990年中的第三人称单数
	rchased (if applicable):						a companie de dans mon
SA Only - Non-Res 33 - ODF # of Gro							17多数,通过数据的
SA Only - Licensed Capacity for Medi-Cal Provider wit			ļ				management of the
Cost Reimbursement (CR) or							一个想像的现在分分子
	DPH Units of Service:			ļ	<u> </u>		PRINCESSES OF
<u> </u>	Unit Type:		<u> </u>		<u> </u>		特生過數學的政治學
Cost Per Unit - DPH Rate (DPH FUND							· · · · · · · · · · · · · · · · · · ·
Cost Per Unit - Contract Rate (DPH & Non-DPH)				ļ. — <u> </u>			নাজন ক্ষুদ্রাক্ষক জনসং
	di-Cal Providers Only):		 	<u> </u>		ļ	Total UDC:
Undu	plicated Clients (UDC):	·I		<u> </u>		L	30

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Program Code: 8911NO
Program Name: NoVA
Document Date: 07/01/15

Appendix/Page #: B-2, Page 2

		TOTAL		WO - CODB MHMCC730515		riifs WO-NOVA HMNOVAPRWO						
	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
linical Social Workers I/II	1.43	\$ 105,886	0.02	1,565	1.41	104,321						
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Totals	: 1.43	S 105,886	0.02	\$1,565	1.41	\$104,321			 		 	
. Totak	., ,,,,,,	1,00,000	1 0.02	1		1 010-1021			<u></u>	<u> </u>	1	1
Employee Fringe Benefits	: 39%	\$ 41,295	0%	\$610	39%	\$40,685	Γ	T	Г	1	1	Γ .
Employee Finige Benefits	. 397	1 6 41,290	1 0%	\$010	. 39%	1 840,000	<u> </u>	J	1		<u> </u>	L
			٦		1		1		7	F	 7	r
TOTAL SALARIES & BENEFITS	3	\$147,181	1	\$2,175	1	\$145,006	1	\$0	1	\$0	1	}

DPH 4:	Operating	Expenses	Detail
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Program Code:	8911NO	 		
Program Name:	NOVA			
Document Date:	07/01/15			

Appendix/Page #: B-2, Page 3

Expenditure Category	TOTAL	WQ - CODB HMHMCC730515	Sheriff's WO-NOVA HMHMNOVAPRWO		-	
	Term: <u>07/01/15-06/30/16</u>	Term: <u>07/01/15-06/30/16</u>	Term: <u>07/01/15-06/30/16</u>	Term:	Term:	Term:
Occupancy:		·	•			
Rent	\$				1	
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	5 -					
Staff Travel:		-				
Local Travel	\$ -					
Out-of-Town Travel	\$: -					
Field Expenses						
Consultant/Subcontractor:						
	\$ -					
	\$ -					
Other UC Direct Costs	\$ -			 	-	
Data Network Recharge	\$ 704	10	694		 	<u> </u>
CCDSS: Computing and Communication Device Support Services	\$ 704	10			 	
GAEL: General Automobile and Employee Liability Charges	\$ 826	12		<u> </u>	1	
UCSF Faculty and Staff Recharge	\$ 626	21		 	 	
	1,439		1,410		 	
Other: Vocational Services	s -	 			 	
Client Food & Client Misc - Client misc expenses include hygiene	\$ -				 	
products, clothing, taxi vouchers/bus tokens etc.	\$ 600	9	591		<u> </u>	<u> </u>

TOTAL OPERATING EXPENSE \$4.815	\$71 \$	4.744	\$0	\$0	\$0

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

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P. C. Park
764,861
52,810
047 674
817,671 98,120
915,791
391,957
32,744
7,257
483,833
915,791
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DPH 3: Salaries & Benefits Detail

Program Code: 8911RT
Program Name: Citywide Roving Team
Document Date: 07/01/15

Appendix/Page #: B-3, Page 2

		TOTAL		ni Fund & WO CODB MHMCC730515	Humar Hi	Service Agency WO MHMROVINGWO				-		
	Term:		Term:		Term:	07/01/15-06/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FIE	Salaries	FTE	Salaries	FIE	Salaries
supervising Clinical Social Worker	1.00		0.47	44,723	0.53	50,433						
finical Social Worker III - Supervisor	0.87	\$ 71,031	0.41	33,385	0.46	37,648						
linical Social Workers I/II	4.12	S 296,409	1.94	139,312	2.18	157,097						
ocial Work Associate	0.88	\$ 38,809	0.41	18,240	0.47	20,569						
dministrative Assistant II	1.00	\$ 52,931	0.47	24,878	0.53	28,053						
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Totals;	7.87	\$ 554,336	3,70	\$260,538	4.17	\$293,798	0.00		0.00		0,00	
		<u> </u>					<u> </u>			·	-L	
Employee Fringe Benefits:	38%	\$ 210,525	38%	\$98,947	38%	\$111,578					L	
TOTAL SALARIES & BENEFITS		\$764,861		\$359,485]	\$405,376]	.\$0]	\$0]	

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: <u>07/01/15-06/30/16</u>	Term: <u>07/01/15-06/30/16</u>	Term: <u>07/01/15-06/30/16</u>	Term:	Term:	Term:
	Occupancy:						
l	Rent	\$ 19,000	\$ 8,930	\$ 10,070			
	Utilities(telephone, cell, pagers)	\$ 8,000	\$ 3,760	\$ 4,240			
	Building Repair/Maintenance						
	Materials & Supplies:	,					
	Office Supplies	\$ 353	\$ 165	\$ 188			
	Photocopying Photocopying					<u> </u>	
	Medical Supplies						
- 1	Computer hardware/software						
- [General Operating:						
1	Training/Staff Development	<u> </u>					
١	Insurance						
ת	Professional License	<u> </u>					
의	Permits					ļ	
$_{\infty}$	Equipment Lease & Maintenance						
	Staff Travel:					<u> </u>	
j	Local Travel	,		·			
	Out-of-Town Travel						
	Field Expenses				\		
	Consultant/Subcontractor:			<u> </u>	<u></u>		
			ļ		<u> </u>	<u> </u>	
				<u> </u>			
	Other UC Direct Costs:						
. "	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					
	UCSF Faculty and Staff Recharge	\$ 7,917	\$ 3,721	\$ 4,196			
	Other:			\$ -			
	Client Food & Client Misc - Client misc expenses include hygiene products, clothing, taxi vouchers/bus tokens etc.	\$ 5,000	\$ 2,350	\$ 2,650			

TOTAL OPERATING EXPENSE

\$52,810

\$24,820

\$27,990

\$0

5319

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

	Contractor Name:			ta Collection (C		Appendix/Page #:	R 4 Doce 1
		Citywide Case Ma					
	Provider Number:		magement			Document Date: Fiscal Year:	
	Provider Number:		Cibarda Carriana	Citavida Candasa	Citarida Sandasa	Citywide Services	15/10
		Citywide Services for Supportive		Citywide Services for Supportive	Citywide Services	for Supportive	
	December Name		for Supportive Housing	Housing	for Supportive Housing	Housing	
	Program Name: Program Code:	Housing 8911SH	8911SH	8911SH	8911SH	8911SH	
Mode/SEC (MI	H) or Modality (SA):	15/01-09	15/10-56	15/60-69	15/70-79	60/78	
Wibderot O (M)	if or incoding (org.	10/01 00	10/10/00	10100 00	10170 10	00,70	
	Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	Client Support	TOTAL
	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	
FUNDING USES	全min 147中的西班牙斯斯斯里。	1.415至4年中中中中国中国的国际	6年1月20日间间,1月7日中华	原學和國際時間 ,1947年2月1	garante (admittore)	25年2月19日19日19日	公公一九二十八十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
Salaries &	Employee Benefits:	50,101	639,866	406,493	9,864	301,214	1,407,538
0	perating Expenses:	2,059	26,295	16,704	404	40,510	85,972
	Capital Expenses:		-		-		
Subtota	I Direct Expenses:	52,160	666,161	423,197	10,268	341,724	1,493,510
**************************************	Indirect Expenses: L FUNDING USES:	6,259	79,939 746,100	50,784	1,232	41,006	179,220
			746,100	473,981	11,500	382,730	1,672,730
BHS MENTAL HEALTH FUNDING SOURCES MH FED - SDMC Regular FFP (50%)	IHMHMCC730515	28,249	360,785	229,198	5,561	ARTECO AND ASSESSMENT OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRES	623.793
MH COUNTY - General Fund	HMHMCC730515	29,051	371,018	235,699	5,719	382,730	1,024,217
MH COUNTY - General Fund - CODB	HMHMCC730515	1,119	14,297	9,084	220	302,730	24,720
Isin Occident and Good	111111111111111111111111111111111111111	1,110	1-1,207	0,007			27,120
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	<u> </u>	58,419	746,100	473,981	. 11,500	382,730	1,672,730
BHS SUBSTANCE ABUSE FUNDING SOURCES	建设的企业和企业的证明	And the second of the filling			TATEMORE, TRANSPORT	المستحدث المستحدث المستحدث	的对心实验过程,这个规划 。
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TOTAL BUS SUBSTANCE ARUSE FUNDING SOURCES				_			
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	Vitti in White Sau-State Colores	-		Company of the second state of the		See Sales See See See See See See See See See S	With Discourse the book of the ball
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES OTHER DPH FUNDING SOURCES	CONTRACTOR MATERIAL STREET					gasanaranya-arawa	
	Totale water grants grants	শারীকে প্রার্থকার কেন্ট্র			Section of the sectio		
OTHER DPH FUNDING SOURCES	To the production of the last terms of the last	**************************************					
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES	Total property of the	_					-
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES		- 58,419	746,100	- 473,981	11,500	382,730	1,672,730
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES		_	746,100				
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES		- 58,419	746,100		11,500	382,730	1,672,730
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES		- 58,419	746,100		11,500	382,730	1,672,730
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES		- 58,419	746,100		11,500	382,730	1,672,730
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES		- 58,419 -	746,100	473,981	11,500	382,730	1,672,730 - - -
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH)		58,419 58,419	746,100		11,500	382,730	1,672,730
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES		- 58,419 -	746,100	473,981	11,500	382,730	1,672,730 - - -
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) BHS UNITS OF SERVICE AND UNIT COST	nased (if applicable):	58,419 - 58,419	746,100	473,981	11,500	382,730	1,672,730 - 1,672,730
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purch SA Only - Non-Res 33 - ODF # of Group	ased (if applicable): Sessions (classes):	58,419 58,419	746,100	473,981	11,500	382,730	1,672,730
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purch SA Only - Non-Res 33 - ODF # of Group SA Only - Licensed Capacity for Medi-Cal Provider with N	nased (if applicable): Sessions (classes): larcotic Tx Program:	58,419 - 58,419	746,100	473,981	- 11,500	382,730 - 382,730	1,672,730 1,672,730
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purch SA Only - Non-Res 33 - ODF # of Group SA Only - Licensed Capacity for Medi-Cal Provider with N Cost Reimbursement (CR) or Fee	nased (if applicable): Sessions (classes): Jarcotic Tx Program: For-Service (FFS)	58,419 - 58,419	746,100 746,100	473,981 473,981 473,981	11,500 - 11,500	382,730 - 382,730 CR	1,672,730 1,672,730
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purch SA Only - Non-Res 33 - ODF # of Group SA Only - Licensed Capacity for Medi-Cal Provider with N Cost Reimbursement (CR) or Fee	nased (if applicable): Sessions (classes): Jarcotic Tx Program: For-Service (FFS): PH Units of Service:	58,419 - 58,419 FFS 34,364	746,100 746,100 FFS 373,050	473,981 473,981 473,981	11,500 - 11,500 FFS 3,125	382,730 382,730 CR 7,435	1,672,730 1,672,730
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purch SA Only - Non-Res 33 - ODF # of Group SA Only - Licensed Capacity for Medi-Cal Provider with N Cost Reimbursement (CR) or Fee	nased (if applicable): Sessions (classes): larcotic Tx Program: 2-For-Service (FFS): PH Units of Service Unit Type:	58,419 58,419 58,419 FFS 34,364 Staff Minute	746,100 746,100 746,100 FFS 373,050 Staff Minute	473,981 473,981 473,981 FFS 111,525 Staff Minute	11,500 11,500 11,500 FFS 3,125 Staff Minute	382,730 382,730 382,730 CR 7,435 Staff Hours	1,672,730
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purch SA Only - Non-Res 33 - ODF # of Group SA Only - Licensed Capacity for Medi-Cal Provider with N Cost Reimbursement (CR) or Fee	nased (if applicable): Sessions (classes): larcotic Tx Program: S-For-Service (FFS): Holits of Service Unit Type: G SOURCES Only):	58,419 58,419 FFS 34,364 Staff Minute 1.70	746,100 746,100 746,100 FFS 373,050 Staff Minute 2.00	473,981 473,981 473,981 FFS 111,525 Staff Minute 4.25	11,500 11,500 11,500 FFS 3,125 Staff Minute 3.68	382,730 382,730 CR 7,435 Staff Hours 51.48	1,672,730
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purch SA Only - Non-Res 33 - ODF # of Group SA Only - Licensed Capacity for Medi-Cal Provider with N Cost Reimbursement (CR) or Fee	nased (if applicable): Sessions (classes): larcotic Tx Program: - For-Service (FFS): PH Units of Service Unit Type: G SOURCES Only): NDING SOURCES)	FFS 34,364 Staff Minute 1.70	746,100 746,100 746,100 FFS 373,050 Staff Minute 2.00 2.00	473,981 473,981 473,981 FFS 111,525 Staff Minute 4,25 4,25	11,500 11,500 11,500 FFS 3,125 Staff Minute 3.68 3.68	382,730 382,730 CR 7,435 Staff Hours 51.48 51.48	1,672,730

Program Code; 8911SH
Program Name: Citywide Services for Supportive Housing
Document Date: 07/01/15

Appendix/Page #: B-4, Page 2

		TOTAL		eral Fund - CODB MHMCC730515	Supp	wide Services for ordive Housing (CR) General Fund MHMCC730515						
	Term:	87/01/15-06/30/16	Term:	97/01/15-06/30/16	Term:	07/01/15-06/30/16	Term:		Term:	Safaries	Term:	Salaries
Position Title	FTE	Salaries	FTE.	Salaries	FTE	Salaries	FIE	Salaries	FIE	Sararies	FTE	Salaries
Asst Clinical/Clinical Professor		\$ 71,190	0.40			\$ -						
Clinical Social Workers II - Supervisor		\$ 173,396	1.50		0.50	\$ 43,349						
Clinical Social Workers I/II		\$ 394,448		\$ 349,178	0.60	\$ 45,270						
Clinical Nurse	2.00		1.80			\$ 27,919						
Administrative Assistant II		\$ 89,304	0.00			\$ 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	<u>s - </u>	0.15	\$ 8,891						
				·						·	·	<u> </u>
20							-					
3												
					-							
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Totals:	12,60	\$1,019,954	9.10	\$801,684	3.50	\$ 218,270	0.00		0.00		0.00	
L	1,00	4,10,10,004			. 0.00	2.0,270	0.50		2.30	<u> </u>		<u> </u>
										•		
Employee Fringe Benefits:	38%	\$ 387,584	38%	\$304,640	38%	\$82,944						
					•		·			<u> </u>		
TOTAL SALARIES & BENEFITS		\$1,407,538	1	\$1,106,324	1	\$301,214	1	\$0	I	\$0	7	\$0

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: <u>07/01/15-06/30/16</u>	Term: <u>07/01/15-06/30/16</u>	Term: <u>07/01/15-06/30/16</u>	Term;	Term:	Term:
Occupancy:			·			
Rent						
Utilities(telephone, cell, pagers)						
Bullding Repair/Maintenance	•					
Materials & Supplies:						
Office Supplies	\$ 6,000	\$ - 6,000				
Photocopying						
Medical Supplies	\$ 1,586	\$ 1,586				
Computer hardware/software						
General Operating;						
Training/Staff Development	\$ 500	\$ 500				
Insurance						
Professional License						
Permits						
Equipment Lease & Maintenance						
Staff Travel:						•
Local Travel						
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
		<u> </u>				
Other UC Direct Costs:					 	
Data Network Recharge	\$ 6,199	\$ 4,477	\$ 1,722			
CCDSS: Computing and Communication Device Support Services	\$ 6,955	\$ 5,023	·		<u> </u>	
GAEL: General Automobile and Employee Liability Charges	\$ 7,956					
UCSF Faculty and Staff Recharge	\$ 12,776				1	
Other:						
Vocational Services	\$ 24,000	·	\$ 24,000			<u> </u>
Client Food & Client Misc - Client misc expenses include hygiene products, clothing, taxl vouchers/bus tokens etc.	\$ 20,000	\$ 12,368				

TOTAL OPERATING EXPENSE \$85,972 \$45,462 \$40,510 DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

	ractor Name:	IC Recents					
Dua -						Appendix/Page #:	
		Citywide STOP				Document Date:	
	ider Number:					Fiscal Year.	15/16
Pro	gram Name:	Citywide STOP	Citywide STOP	Citywide STOP			
Pr	ogram Code:	38321	38321	38321			
Mode/SFC (MH) or M	lodality (SA):	Nonres-33	Nonres-34	Supt-02			
,		SA-Nonresidnt ODF	SA-Nonresidnt ODF				
	Description:	Grp	Indv	SA-Support Training			TOTAL
			07/01/15-06/30/16				
FUNDING USES			A. 1207人员,在1200年1966年196	AN OF THE SECTION	を できる はい	在方面是在中的一块。	and the property of the
Salaries & Employ	yee Benefits:	43,306	3,259	7,040			53,605
Operatir	ng Expenses:	5,605	422	121			6,148
Capit	al Expenses:	-	-	-			
Subtotal Direc	t Expenses:	48,911	3,681	7,161	•		59,753
. Indire	ct Expenses:	5,869	442	859			7,170
TOTAL FUN	DING USES:	54,780	4,123	8,020			66,923
BHS MENTAL HEALTH FUNDING SOURCES	المركبة لسنت يكرونه في فراعينية ويوردو		والموالية الموالية والموالية والمالية المالية	والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة	「新されることのようなないますからからまった。 本のではなることできることできるから	されているとうないのできるというないできるとうないです。 では、これではないないできるというないできるというでもできるというできるというできるというでもできるというでもできるというでもできるというでもでもできるというでもでもでもできるというでもでもできるというでもでもでもでもでもでもでもでもでもでもでもでもでもでもでもでもでもでもでも	Sant Control of the Control of the
)				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							
BHS SUBSTANCE ABUSE FUNDING SOURCES	dex Code	CACAR - LEADER	THE PROPERTY OF STREET	的形式下的过去时间	Car Carrier Carrier	我是我的事情的事情。	pm 1985年2月1日 1889年2月
SA FED - Drug Medi-Cal, CFDA #93.778 HMHS	SCCRES227	23,715	1,785				25,500
	SCCRES227	23,715	1,785				25,500
SA COUNTY - SA General Fund HMHS	SCCRES227	7,350	553	8.020			15,923
				0,020			
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		54,780	4,123	8,020			66.923
OTHER DPH FUNDING SOURCES	นามพระจะ ใช้สาราเกษะ	s i Digitality i nes griestij			Report (1985年) 1985年 1		
	-111 (4.111 5.411 - 1721 -		I sangar tigar, and rayoned	Programme and Constitution of the Constitution	be used the theretone and lead	American School are mercal and make	
TOTAL OTHER OPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES		54,780	4,123	8.020			66,923
						(天皇帝) 医二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	98.70.2
NON-DEFICUITING SOURCES	er i her seg i demonstratives	Problem of Historian	attitude same sa talkan	and the second	State force in partial account of the factor	Transcriptions southwise	Stead of the sandy and are a state.
	<u>-i</u>	· · · · · · · · · · · · · · · · · · ·	ļ	<u> </u>		 	<u> </u>
TOTAL NON-DPH FUNDING SOURCES							
					 	 	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		54,780	4,123		<u> </u>		66,923
BHS UNITS OF SERVICE AND UNIT COST			economic and the second	April 19 Sales to the Sales of	Angelia Parage Art Palace Anders	in the Brangers without All Latin Se	海斯子部門門門子不多斯子
Number of Beds Purchased ((if applicable):						. Staff Supple Land Land Confession
SA Only - Non-Res 33 - ODF # of Group Session	ons (classes):	250					at it was properly in the first had
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic							性性的情報
Cost Reimbursement (CR) or Fee-For-S		FFS	FFS	CR	·		Line Training Services
DPH Un	its of Service:	1,775		40			
L	Unit Type:	Staff Hour	Staff Hour	Staff Hours			4. S. A. 10-14. 19. 19. 19.
Cost Per Unit - DPH Rate (DPH FUNDING SOU	JRCES Only):	30.86	51.54	200.50			And Artist
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING	SOURCES:	30.86					क्रीका न प्रहासिक क
Published Rate (Medi-Cal Pro							Total UDC:
	Clients (UDC):		, ,,,,,			 	6

DPH 3: Salaries & Benefits Detail

Program Code: 38321
Program Name: Citywide STOP
Document Date: 07/01/15

Appendix/Page #: B-5, Page 2

		TOTAL	PSR & Gen	ug Medi-Cal, Drug Medi-Cal Ieral Fund (FFS) HSCCRES227	Gen HM	eral Fund (CR) HSCCRES227						
	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	Salarles	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Professor	0.14	\$ 20,307	0.10	15,042	0.04	\$ 5,265						
Social Work Associate	0,35	\$ 16,131	0,35	16,131	_							
Administrative Assistant II		\$ 2,533	0.05	2,533								
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	<u></u>	•										<u> </u>
Totals:	0.54	\$38,971	0.50	\$33,706	0.04	\$ 5,265.00	0.00		0.00		0.00	
						,						· -
Employee Fringe Benefits:	38%	\$ 14,634	38%	\$12,859	34%	\$1,775	I		T			
Employee, ange beneno.		,007		4,2,000			·					
			i		1	r	1		1	Γ	7	
TOTAL SALARIES & BENEFITS		\$53,605		\$46,565	}	\$7,040	j	\$0]	\$0	┙	

Program Code: 38321
Program Name: Citywide STOP
Document Date: 07/01/15

Appendix/Page #: B-5, Page 3

Expenditure Category	TOTAL	Drug Medi-Cai, PSR Drug Medi-Cai & 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:
Occupancy:	·					
Rent						
Utilities(telephone, cell, pagers)						
. Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	\$ 1,141	\$ 1,141				
Photocopying		,				
Medical Supplies						
Computer hardware/software						
General Operating:						
Training/Staff Development						
Insurance						
Professional License						
Permits	\$ 3,452	\$ 3,452				
Equipment Lease & Maintenance						·
Staff Travel:						
Local Travel						
Out-of-Town Trave						
Field Expenses						
Consultant/Subcontractor:						
Other UC Direct Costs:						
Dafa Network Recharge	\$ 280	\$ 263	\$ 17			
CCDSS: Computing and Communication Device Support Services	\$ 314			· · · · · · · · · · · · · · · · · · ·		<u> </u>
GAEL: General Automobile and Employee Liability Charges	\$ 345					
UCSF Faculty and Staff Recharge	\$ 616					

TOTAL OPERATING EXPENSE

\$6,148

\$6,027

\$121

DPH 2; Department of Public Heath Cost Reporting/Data Collection (CRDC)

			st Reporting/Dat	a Collection (C	RDC)		
·	Contractor Name:	UC Regents				Appendix/Page #:	B-6, Page 1
	Provider Name:	Citywide Case Ma	anagement		i	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):	60/78					
		Olher Non-MediCal Client Support Exp					TOTAL
	ervice Description:	07/01/15-06/30/16					TOTAL
FUNDING USES		0//01/15-00/30/16	Alert Series and Series I Transport the Series	Part of the Control o	2 TO SECTION OF STREET	ren i transcorrer conservations de secondo d	Manager Street Street Street
	mployee Benefits:	102,443	一門衛門と終了。 (1995年1月2日 年日の1987年)	HARLES STATE STATE OF THE PARTY	nanchanadathalestration	Christian constitution of	102,443
	erating Expenses:	184,317					184,317
	Capital Expenses:	104,017					104,317
	Direct Expenses:	286,760					286,760
	ndirect Expenses:	34,411	•				34,411
	FUNDING USES:	321,171					321,171
	Index Code	gar entire parameter access?	CONTRACTOR OF THE SECOND	3. (2.17) (\$199 2 18 3 7.4) (3.77)	es a supelar de la Albert	120 C F 17 T T T T T T T T T T T T T T T T T T	
	HMHMPROP63				The Application Control of the Contr	()	
	PMHS63-1513	317,500	[1	317,500
	HMHMCC730515	3,671					3,671
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		321,171				<u> </u>	321,171
BHS SUBSTANCE ABUSE FUNDING SOURCES	Grand Monte Confessions		· 中国的政策并不同,而其是2007年	CES PROPERTY CONTRACTOR	apatent festive and rest	The control of the state of the	
	······································					 	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	ļ			<u> </u>	
OTHER DPH FUNDING SOURCES	April 128 Secures on the reason (1981)	And the second of the second	Section and Application of the Section of	Mary Market State State of the	Activities and the season of the season of	PESTURE TERMINA	不管的工程等至少中不多少
			<u> </u>			ļ	
TOTAL OTHER DPH FUNDING SOURCES			}	<u></u>			<u> </u>
TOTAL OTHER DEH FUNDING SOURCES		321,171	 	 			321,171
	<u>स्कर्णल्ड</u> ा (स्टाइट्स		THE COMMENTANT OF THE	restriction restriction	contract system of the	THE STATE OF THE S	
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DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-6, Page 2

-		TOTAL		WO - CODB MHMCC730515		MHSA (INN) IMHMPROP63 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;	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
lark Leary, MD, UCSF, PI	0.00	\$ <u>-</u>	0.00	<u> </u>	0.00	\$ -]				ļ	
ccupational Therapist	0.10	\$ 9,365	0.00	\$ 187	0.10	\$ 9,178						<u> </u>
ommunity Health Program Manager	0.10	\$ 6,663	0.00	\$ 133	0.10	\$ 6,530						
mployment Representative, Sentor	1.00	\$ 57,671	0.02	\$ 1,153	0.98	\$ 56,518						
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· Totals:	1.20	\$ 73,700	0.02	\$ 1,474	1.18	\$ 72,226	 	<u> </u>			†	
Totals:	1.20	14 13,700	1 0.02	1,4/4	1.18	12,220	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>	I
		·					,		· · · · · · · · · · · · · · · · · · ·		·	
Employee Fringe Benefits:	39%	\$ 28,743	39%	\$ 575	39%	\$ 28,168	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	<u></u>
TOTAL SALARIES & BENEFITS		\$ 102,443	1	\$ 2,049	7	\$ 100,394	7	T	1		٦	

5327

DPH 4: Operating Expenses Detail

Program Code: 8911Fl
Program Name: First Impressions
Document Date: 7/1/15

Appendix/Page #: B-6, Page 3

Expenditure Category	TOTAL	WO - CODB HMHMCC730515	MHSA (INN) HMHMPROP63 PMHS63-1513			
	Term: <u>07/01/15-06/30/16</u>	Term: <u>07/01/15-06/30/16</u>	Term: <u>07/01/15-06/30/16</u>	Term:	Term:	Term:
Occupancy:				•		
Rent						
Utilities(telephone, cell, pagers)						
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	\$ 114	\$ 2	5 112			
Photocopying						
Medical Supplies						
Computer hardware/software						
General Operating:						•
Training/Staff Development		•				
Insurance					, i	
Professional License						
Permits						
Equipment Lease & Maintenance						
Staff Travel:						
Local Travel		<u> </u>				
Out-of-Town Travel	·					
Fleid Expenses						
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Asian Neighborhood Design, See]
Appendix A) CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ 181,169	\$ 3,623	\$ 177,546		l	
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail				}		
w/Dates, Hourly Rate and Amounts) Other UC Direct Costs:						
1	\$ 590	\$ 12	# F70		 	
Data Network Recharge		· · · · · · · · · · · · · · · · · · ·	 		 	
CCDSS: Computing and Communication Device Support Services		· · · · · · · · · · · · · · · · · · ·	 			
GAEL: General Automobile and Employee Liability Charges	\$ 575 \$ 1,207		\$ 564 \$ 1.183			
UCSF Faculty and Staff Recharge	\$ 1,207	\$ 24	1,183	 	}	
Other:				 	 	
<u> </u>				 	 	
L	1	L	<u> </u>	.1		1

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
MPLOYEE FRINGE BENEFITS		\$
OTAL SALARIES & BENEFITS		\$

2. OPERATING COSTS

Expenditure Category		Amount	
University-wide Flat Indirect Rate charged to Sponsored Projects with DPH: 12%			
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	
TOTAL OPERATING COSTS	\$	427,837	
TOTAL INDIRECT COSTS	\$	427,837	

(Salaries & Benefits + Operating Costs)

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

3

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 ervation of any property related to this Agreement which is in the possession of Contractor and in which City as or may acquire an interest.
- c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:
- (1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead not to exceed the negotiated indirect rate as set forth in **Appendix B**. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- (2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- (3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.
- (4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.
- d. With respect to such post-termination costs, in no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable post-termination costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit related to post-termination costs, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).
- e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; and (2) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d).
 - f. City's payment obligation under this Section shall survive termination of this Agreement.
- o. Section 22 is hereby amended in its entirety to read as follows:

22. Rights and Duties upon Termination or Expiration

- a. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement: 8 through 11, 13 through 18, 24, 26, 27, 28, 48 through 52, 56, 57,64 and item 1 of **Appendix D** (HIPAA) attached to this Agreement.
- b. Subject to the immediately preceding subsection (a), upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. When all payments due under this Agreement to the time of termination, less those legally withheld, if any, have

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

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

24. Proprietary or Confidential Information of City

- a. Each Party understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, one party may have access to private or confidential information which may be owned or controlled by the other party ("Providing Party") and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to Providing Party. Each party agrees that all information disclosed and marked as "Confidential" by the Providing Party to the other ("Receiving Party") or that the Receiving Party should reasonably know under the circumstances is confidential with the burden on the Providing Party to prove that the Receiving Party should have so known, shall be held in confidence and used only in performance of the Agreement. Receiving Party shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data. City acknowledges that, as a public non-profit educational institution, Contractor is subject to statutes requiring disclosure of information and records which a private corporation could keep confidential. This section does not apply to patient medical records or to confidential information regarding patients or clients.
- b. Contractor shall maintain the usual and customary records for clients receiving Services under this Agreement. Subject to applicable state and federal laws and regulations, Contractor agrees that all private or confidential information concerning clients receiving the Services set forth in Appendix A under this Agreement, whether disclosed by City or by the individuals themselves, shall be held in confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. The City reserves the right to terminate this Agreement for default if the Contractor violates the terms of this section.
- c. Contractor agrees that it has the duty and responsibility to make available to the Contract Administrator or his/her designee, including the Controller, the contents of records pertaining to any City client which are maintained in connection with the performance of the Contractor's duties and responsibilities under this Agreement, subject to the provisions of applicable federal and state statutes and regulations. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.
- d. If this Agreement is terminated by either party, or expires, the Contractor shall provide City with copies of the following records to the extent they were created with funding provided by this Agreement or directly related to services funded by this Agreement and to the extent Contractor is permitted by law to release or disclose same: (i) all records of persons receiving Services and (ii) records related to studies and research; (iii) all fiscal records. If this Agreement is terminated by either party, or expires, such records shall be submitted to the City upon request. Notwithstanding any provision in this Agreement to the contrary, Contractor does not waive its rights under CA Evidence Code §1157, et seq. or any other federal and state laws and regulations pertaining to the confidentiality or privacy of Contractor, its patients, students, faculty, employees, and agents.
- e. The parties will set forth on each statement of work, any reports information, or other material they deem to be confidential or proprietary. Any confidential or proprietary reports, information, or materials of the City received or created by Contractor under this Agreement shall not be divulged by Contractor to any person or entity other than the City except as required by federal, state or local law, or if not required by law, without the prior written permission of the Department of Public Health Contract Administrator listed in **Appendix A**.

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

25. Notices to the Parties

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

To CITY:

Office of Contract Management

Fax: (415) 252-3088

Department of Public Health 1380 Howard Street Fourth Floor San Francisco, California 94102

David Folmar email: David.Folmar@sfdph.org

To CONTRACTOR:

The Regents of the University of California

Fax: (415) 476-8158

UCSF Office of Sponsored Research Contracts and Grants Division 3333 California Street, Suite 315 San Francisco, CA 94143-0962

(if overnight, use zip code 94118)

And:

Joti Mahal-Gill Fax: (415) 476 - 9634

Principal Contact

3333 California Street, Suite 315 San Francisco, CA 94143-0962 (if overnight, use zip code 94118)

navjot.mahal-gill@ucsf.edu

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

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Amendment Two

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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:

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- 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).
- Section 33 is hereby amended in its entirety to read as follows:
- Local Business Enterprise Utilization; Liquidated Damages Deleted in consideration of Contractor's Public Entity status.
- 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.
- Section 35 is hereby amended in its entirety to read as follows: y.
- 35. MacBride Principles—Northern Ireland - Deleted in consideration of Contractor's Public Entity status.
- Section 39 is hereby amended in its entirety to read as follows: Z.
- 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).
- Section 41 is hereby amended in its entirety to read as follows: aa.
- 41. Public Access to Meetings and Records - Deleted in consideration of Contractor's Public Entity status.
- Section 43 is hereby amended in its entirety to read as follows: bb.
- 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:
- 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.
- Section 47 is hereby amended in its entirety to read as follows: ee.
- 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:

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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.

II. 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

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CMS# 6906 Regents of the University of California San Francisco (Citywide)

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 Contactor 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

its San Francisco Campus

JOTI MAHALL GILL

CONTRACTS SPECIALIST

3333 CALIFORNIA STREET, SUITE 315

SAN FRANCISCO, CA 94102

Approved as to Form:

DENNIS J.HERRERA

City Attorney

City vendor number: 44467

By:

ATHY MURPHY

Deputy City Attorney

Approved:

JACI FONG

Director of the Office of Contract

Administration, and Purchaser

Murphy 2/23/15

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.

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.

Evaluation: C.

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 Contactor 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.

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

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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. <u>Infection Control, Health and Safety:</u>

- (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 pesons 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 Citry 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

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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. <u>Under-Utilization Reports</u>:

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) Qualtiy 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 Contactor 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 Contactor 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

Contractor: UC Regents/UCSF/UC Cityw

City Fiscal Year: 14/15

CMS#: 6906

Appendix A-1
Contract Term: 07/01/14 - 06/30/15

1. Identifiers:

Program Name: UC Citywide Linkage Program Address: 982 Mission St. 2nd 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. 2nd 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): 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.

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:

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Appéndix A-f

Contractor: UC Regents/UCSF/UC Cit-

City Fiscal Year: 14/15

CMS#: 6906

Contract Term: 07/01/14 - 06/30/15

- 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,
 Tagalong, 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:

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Contractor: UC Regents/UCSF/UC Cit if

City Fiscal Year: 14/15

CMS#: 6906

Appendix A-1
Contract Term: 07/01/14 - 06/30/15

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 City: 'e Appendix A-:

City Fiscal Year: 14/15

CMS#: 6906

Contract Term: 07/01/14 - 06/30/1:

1. Identifiers:

Program Name: UC Citywide NOVA Program Address: 982 Mission St. 2nd 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. 2nd 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): 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.

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Contractor: UC Regents/UCSF/UC City

City Fiscal Year: 14/15

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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 incustody, 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.

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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

Contractor: UC Regents/UCSF/UC Citywi

City Fiscal Year: 14/15

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Appendix A-3
Contract Term: 07/01/14 - 06/30/15

1. Identifiers:

Program Name: UC Citywide Roving Team Program Address: 982 Mission St. 2nd 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. 2nd 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): 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.

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

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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

City Fiscal Year: 14/15

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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. <u>Program Monitoring</u>: Program monitoring will include review of client eligibility, and backup documentation for reporting progress towards meeting service and outcome objectives.

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 $\textbf{Contractor:} \ \ \mathsf{UC} \ \mathsf{Regents/UCSF/UC} \ \mathsf{City}_{i}^{s} \ \ ^{\bullet} \mathfrak{P}^{f}$

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City Fiscal Year: 14/15

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B. <u>Fiscal Compliance and Grant Monitoring</u>: 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 1st and ending June 30th 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).

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

- Scott Walton, Deputy Director, Housing and Homeless Programs 1. 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

Contractor: UC Regents/UCSF/UC CAYN

City Fiscal Year: 14/15

CMS#: 6906

Appendix A-4 Contract Term: 07/01/14 - 06/30/15

1. Identifiers:

Program Name: UC Citywide Services for Supportive Housing

Program Address: 982 Mission St. 2nd 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. 2nd 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): 8911SH (Citywide Svc for Supp Housing)

2. Nature of Document:

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

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Appendix A-4
Contract Term: 07/01/14 - 06/30/15

DAH Access & Referral Process¹ 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, thought 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 onsite during regular work hours. CHP desk clerks will be on duty on-site 24 hours/day and 7 days/week.

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

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Contractor: UC Regents/UCSF/UC Citywide

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D. <u>Discharge Planning/Criteria/Process</u>

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. <u>Program Staffing</u>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 <u>HUH Performance Objectives FY14-15."</u>

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 Contract Term: 07/01/14 - 06/30/15

City Fiscal Year: 14/15

CMS#: 6906

1. Identifiers:

Program Name: UC Citywide STOP

Program Address: 982 Mission St. 2nd 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. 2nd 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): 38321 (UCSF Citywide-STOP)

2. Nature of Document:

☐ New

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).

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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),

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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

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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 <u>BHS Performance Objectives FY14-15</u>."

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

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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

Contract Term: 07/01/14 - 06/30/15

City Fiscal Year: 14/15

CMS#: 6906

1. Identifiers:

Program Name: UC Citywide – First Impressions Program Address: 982 Mission St. 2nd 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. 2nd 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)

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- 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:

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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

Phase III: Field Work and Job Placement Support

the three month training period.

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

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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

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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 compete 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

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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

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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.

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Appendix A-6

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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 1st, 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

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nia San Francisco (Citywide)

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				red By/Phone #:		e (415)597-8047	Fiscal Year: 1	4/15
		UC Regents/U			Document Date:		Appendix B, Page	3
	t CMS #:						- inheritant and 1 mg-	
Contract Appendix		B-1	- B-2	B-3	B-4	B-5	· B-6	
					Citywide			
i .	}				Services for			
	j				Supportive	•	First	
Appendix A/Progra	m Name:	Citywide Linkage	NOVA	Citywide Roving	Housing	STOP	Impressions	Total
	r Number	8911	8911	8911	8911	383832	8911	
	Code(s)		8911NO	8911RT	8911SH	38321	8911FI	
FUNDIN	G 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	
infinoreference de la companya de l	2000						Lingen erigen	
Salaries & Employee	Benefits:	733,702	147,181	764,861	1,407,538	53,605	102,443	3,209,330
Operating E		21,941	4,815	52,810	85,972	6,148	168,692	340,37
	xpenses:	-	-		-			
Subtotal Direct E		755,643	151,996	817,671	1,493,510	59,753	271,135	3,549,70
	xpenses:	90,677	18,239	98,120	179,220	7,170	32,536	425,96
	ndirect %:	<u></u>		Landa de la companya	L			12
OTAL FUNDING USES	Alle San Land Control	846,320	170,235	915,791	1,672,730	66,923		3,975,67
	490000000						Fringe Benefits %:	39
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MH FED - SDMC Regular FFP (50%)		192,257	<u> </u>	391,957	623,793	<u> </u>		1,208,00
MH STATE - MH Realignment		200,000			<u> </u>	<u> </u>		200,00
MH COUNTY - General Fund		441,556		. 32,744	1,024,217			1,498,51
MH COUNTY - General Fund - CODB		12,507		<u> </u>	24,720	ļ	3,671	40,89
MH COUNTY - General Fund - WO CODB		<u> </u>	2,516	7,257	<u> </u>	 		9,77
MH STATE - MHSA (INN)		 	10000	 	<u> </u>		300,000	300,00
MH WORK ORDER - Sheriff's Department		 	167,719		ļ	ļ		167,71
MH WORK ORDER - Human Services Agency			 	483,833	 	 	<u> </u>	483,83
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		846,320	170,235	915,791	4 670 720		303,671	3,908,74
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SA FED - Drug Medi-Cal, CFDA #93.778			 		}	25,500		25,50 25,50
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SA COUNTY - SA General Fund		·		·	 	10,920	<u> </u>	10,92
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES					 	66,923		66,9
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TOTAL OTHER DPH FUNDING SOURCES						+		
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TOTAL FUNDING SOURCES (DPH AND NON-DPH)		846,320	170,23	915,791	1,672,730	66,92	3 303,671	3,975,6
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DPH 7: Contract-Wide Indirect Detail

Contractor Name UC Citywide

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Document Date	: 07/01/14	Appendix B, Page 4
Fiscal Yea	: 14/15	

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
	.	
	:	
·		
	·	
EMPLOYEE FRINGE BENEFITS		\$
TOTAL SALARIES & BENEFITS		\$

2. OPERATING COSTS

Expenditure Category	Α	mount
University-wide Flat Indirect Rate charged to Sponsor	ed Projects with DPH: 129	%
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
TOTAL OPERATING COSTS	\$	425,962
TOTAL INDIRECT COSTS	· \$	425,962
(Colorina & Donofita & Operating Conta)	**************************************	

(Salaries & Benefits + Operating Costs)

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

· · · · · · · · · · · · · · · · · · ·			t Reporting/Dat	ta Collection (C	RDC)		
	ontractor Name: L				Þ	Appendix/Page #:	
		Citywide Case Ma	ınagement			Document Date:	07/01/14
	ovider Number: 8					Fiscal Year:	14/15
				Citywide Linkage			
	Program Code:	89114MH	89114MH	89114MH	89114MH		
Mode/SFC (MH) o		15/01-09 Case Mgt Brokerage	15/10-56 MH Svcs	15/60-69 Medication Support	15/70-79 Crisis Intervention-OP		TOTAL
							IOIAL
				07/01/14-06/30/15			
	ployee Benefits:	337,241	353,466	32,168	10,827		733,702
	ating Expenses:	10,085	10,570	962	324		21,941
	apital Expenses:						
	rect Expenses:	347,326	364,036	33,130	11,151		755,64
	direct Expenses:	41,679	43,684	3,976	1,338	ļ	90,6
	UNDING USES:	389,005	407,720	37,106	12,489		846,
STEW SPECIAL CONTROL OF STREET OF STREET OF STREET							
	MHMCC730515	88,369	92,621	8,429	2,838	 	192,25
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	MHMCC730515	202,958 5,749	6,025	19,360 548	185		12,50
MITIGOUNGS SERVER TUNG CODE STATES OF THE	MHMCC/30313	5,149	0,025	340	100		12,00
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		389,005	407,720	37,106	12,489		846,32
SHENONE WANTED STANDARD OF THE SECOND STANDARD STANDARD OF THE SECOND STANDARD ST							
				150103000000000000000000000000000000000	lika alakaran kanal		
			 	 	 	 	
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TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	<u> </u>		-	<u> </u>
ORTHODAINE COURTS CONTROLL OF THE CONTROL OF THE CO							
			<u> </u>			<u> </u>	<u> </u>
TOTAL OTHER DPH FUNDING SOURCES				<u> </u>	<u> </u>	-	
TOTAL DPH FUNDING SOURCES		389,005		37,106	12,489		846,32
Novious in an interconnect as a second							
	·						
					<u> </u>		<u> </u>
TOTAL NON-DPH FUNDING SOURCES		.=	•	<u>·1</u>	1	· <u> </u>	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		389,005	407,720	37,108	12,489		846,3
energy constraints and the constraints of the const		CHINA CHARLE					
Number of Beds Purchas	ed (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Se							
SA Only - Licensed Capacity for Medi-Cal Provider with Nar							
Cost Reimbursement (CR) or Fee-F		FFS	FFS	FFS	FFS		
DPH	Units of Service:			7,980			
	Unit Type:		Staff Minute	Staff Minute	Staff Minute -		
Cost Per Unit - DPH Rate (DPH FUNDING							
Cost Per Unit - Contract Rate (DPH & Non-DPH FUND		1.79					
Published Rate (Medi-Ca	ıl Providers Only):	2.70	2.95	5 5.20	4.3	0	Total UDC:
Unduplicat	ed Clients (UDC):						3

Appendix/Page #: B-1, Page 2

Program Code: 89114MH
Program Name: Citywide Linkage
Document Date: 7/1/14 SDMC Regular FFP (50%)

393157 393,157 153,331 2831

	1	TOTAL	MH Reall Fund	gnment General HMHMCC730515		•		•	1		1	
	Term:	97/01/14-08/30/15	Tem:	07/01/14-08/30/15	Term:		* Term:		Term:	 _	Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Safaries	FTE	Salaries
ssi Clinical/Clinical Professor	0.17	\$ 33,406	0.17	33,406					1			
linical Social Workers II/III - Supervisor	0,90	\$ 72,409	0.90	72,409								
Inicaj Social Workers I/II	5,80	\$ 413,783	5.80	413,783								
	<u> </u>	, , , , , , , , , , , , , , , , , , , ,										
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	1		1	1			1		7		1	
Tota	s: 6.87	\$519,598	6,87	\$519,598	0,00		0.00		0.00		0.00	
),												····
Employee Fringe Benefi	ls: 41'	% \$ 214,104	419	\$214,104	Ι		<u> </u>		T	·	#DIV/01	Γ
Employee Pringe Barteri	31	214,10	<u> </u>	9214,104								
TOTAL SALARIES & BENEFIT	rs	\$733,70	2	\$733,702	J		٥		0		اه.	L

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 General Fund HMHMCC730515				
·	Term: <u>07/01/14-06/30/15</u>	Term: <u>07/01/14-06/30/15</u>	Term:	Term:	Term:	Term:
Occupancy:						,
Rent						
Utilities(telephone, cell, pagers)		\$ 200				
Bullding Repair/Maintenance			·			``
Materiais & Supplies:						
Office Supplies		\$ 500		<u> </u>	<u></u>	
Photocopying						
Medical Supplies		<u> </u>	<u> </u>		<u> </u>	
Computer hardware/software	<u> </u>	<u> </u>				
General Operating:	<u> </u>	<u> </u>		1		
. Training/Staff Development						
Insurance						
Professional License						
Permits	•					}
Equipment Lease & Maintenance						
Staff Travel:						
C Local Trave	1,972	\$ 1,972				
Out-of-Town Trave				 	1	<u> </u>
Field Expense:			 		1	
Consultant/Subcontractor:		1.		 	1	
	<u> </u>	 	 	1	†	
A				<u> </u>	ļ	
Other UC Direct Costs:		·	 	 	 	
Data Network Recharge	\$ 3,380				 	
CCDSS: Computing and Communication Device Support Services	\$ 3,792		- 	 		
GAEL: General Automobile and Employee Liability Charges	\$ 4,053			 	 	
UCSF Faculty and Staff Recharge	\$ 6,954	\$ 6,954				
Other:			 			ļ
Vocational Services		 	 	 		
Client Food & Client Misc. Client misc expenses include hygiene, products clothing taxi vouchers/bus tokens etc.	\$ 1,09	1,090			1	<u> </u>

	••	•		· ·	-		
TOTAL OPERATING EXPENSE		\$21,941	\$21.941	\$0	\$0	\$0	\$0

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

DPH 2	: Department of Pul		t Reporting/Da	ta Collection (CH	(DC)	•	
	Contractor Name: U	IC Regents				Appendix/Page #	
· •	Provider Name: C	itywide Case Ma	anagement			Document Date	: 07/01/14
	Provider Number: 8					Fiscal Year	: 14/15
	Program Name:	NOVA					
	Program Code:	8911NO			· .		
Mode/SFC	(MH) or Modality (SA):	60/78					
	Service Description:	Client Support Exp					TOTAL
							TOTAL
	FUNDING TERM: 0			A Charge of the control of the contr	**************************************		AND THE PROPERTY OF THE PARTY O
							The state of the s
Salarie	s & Employee Benefits:	147,181				<u> </u>	147,181
	Operating Expenses:	4,815		<u> </u>		<u> </u>	4,815
	Capital Expenses:	4=4-000		ļ	·	 	·
Subt	otal Direct Expenses:	151,996		<u> </u>	 	ļ	151,996
	Indirect Expenses:	18,239	ļ			ļ	18,2
	TAL FUNDING USES:	170,235		A TABLE OF THE PROPERTY OF THE	The state of the s	The second secon	170,23:
MH WORK ORDER - Sheriff's Department	HMHMNOVAPRWO	167,719		 			167,719
MH COUNTY - General Fund - WO CODB	HMHMCC730515	2,516	}	<u> </u>		ļ	2,516
		······	 			<u> </u>	
			<u> </u>				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		170,235		-			170,23
国際のはまないのでは、のは、日本ののは、日本ののは、日本ののは、日本ののは、日本のののでは、日本のののでは、日本のののでは、日本ののでは、日本ののでは、日本ののでは、日本ののでは、日本ののでは、日本ののでは、日本ののでは、日本ののでは、日本ののでは、日本のでは							
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TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCE		-	-	-			-
CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE							
			<u> </u>				
			<u> </u>				
TOTAL OTHER DPH FUNDING SOURCES			<u> </u>			<u> </u>	
TOTAL DPH FUNDING SOURCES		170,235		-			- 170,23
Novidati entra ce obtablicación de la contraction de la contractio							图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图
·							
TOTAL NON-DPH FUNDING SOURCES							•
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		170,235	i				- 170,23
ELECTRIC ET LES EN CELLES DINTERES DE LE CONTROL DE LA CON							
	urchased (if applicable):			Setting and the contract of the second secon			
SA Only - Non-Res 33 - ODF # of G				- 			
SA Only - Licensed Capacity for Medi-Cal Provider w	ith Narcotic Tx Program:				 	<u> </u>	
Cost Reimbursement (CR) or		CR	1	 	· · · · · · · · · · · · · · · · · · ·		
	DPH Units of Service:	2,917	7	1			THE RESIDENCE OF THE PERSON OF
	Unit Type:	Staff Hours		1			
Cost Per Unit - DPH Rate (DPH FUN	NDING SOURCES Only):	58.36	3				
Cost Per Unit - Contract Rate (DPH & Non-DPH		58:36					
	/ledi-Cal Providers Only):		<u> </u>		 		Total UDC:
Unc	duplicated Clients (UDC):	·	1		1		
							

DPH	3: Sa	laries &	է Bene	efits i	Detai

Program Code: 8911NO Program Name: NoVA Document Date: 07/01/14

Appendix/Page #: B-2, Page 2

Position Title FTE	Salaries 3 \$ 105,886	FTE	07/01/14-06/30/15 Salaries 1,565	Term: FTE 1.41	07/01/14-06/30/15 Salaries 104,321	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries
Ilnical Social Workers I/II 1.4	3 \$ 105,881		1,565		104,321	FIE		FTE			
		5 0.02		1.41							
								-			
								 			
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				Į.					 		
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	4 .			<u> </u>		1		1	<u> </u>		<u> </u>
				<u> </u>	<u> </u>	<u> </u>					1
				1	,						
	- 		 	1	 	1		1	 		
		_	 	 	<u> </u>	 			 	1	1
				+		 		 	 		
Totals: 1	43 \$ 105,8	86 0.02	\$1,565	1.41	\$104,321	 		 	 	+	
r otals:	40 ja 105,8	0.02	\$1,500	1.41	1 3104,321		<u>.</u>		1		<u> </u>
						•					
Employee Fringe Benefits:	9% \$ 41,2	95 09	% \$610	399	\$40,685				1		

DPH 4: Operating Expenses Detail

Program Code:	8911NO	 	_	Ī	
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: <u>07/01/14-06/30/15</u>	Term: <u>07/01/14-06/30/15</u>	Term: 07/01/14-06/30/15	Term:	Term:	Term:
Occupancy:		•				
Rent	\$ -					
Utilities(telephone, cell, pagers)	s -					
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 457	\$ 7	\$. 450	,		
Photocopying		† ''	1		1.	
. Postage and Mail		 			 	
Medical Supplies					 	
Computer hardware/software					+	
					<u> </u>	
General Operating:					 	
Training/Staff Development		ļ — — — — — — — — — — — — — — — — — — —		 		
Insurance		 				
Professional License		 		<u> </u>		-
Permits			·			
Equipment Lease & Maintenance	· \$	_		<u> </u>		
Staff Travel:			<u> </u>			
Local Trave				<u> </u>	<u> </u>	
Out-of-Town Trave				ļ		4
Field Expense	s \$ -		1 :	<u> </u>		
Consultant/Subcontractor:	<u> </u>	<u> </u>	<u> </u>			
	\$			ļ	ļ	<u> </u>
	\$ - - -	·	 	 		
Other UC Direct Costs	 				+	
Data Network Recharge	\$ 704	1 1	694			<u> </u>
CCDSS: Computing and Communication Device Support Services	\$ 789	- 				
GAEL: General Automobile and Employee Liability Charges	\$ 826				- 	1
UCSF Faculty and Staff Recharge	\$ 1,439				 	
Other:	, 1,40°		1,410	 	- 	-
	\s -					
Vocational Services	\$ <u>-</u>		1.			-
Client Food & Client Misc. Client misc expenses include byglene products; clething, text vouchers/bus tokens etc.	\$ 600	0	591	<u> </u>		<u>l:</u>

TOTAL OPERATING EXPENSE \$4,815 \$71 \$4,744 \$0 \$0 \$0

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

41110	Contractor Name:		t Reporting/Da	la Collection (Ci	Appendix/Page	#- B-3 Page 1
•		Citywide Case Ma	nagement		Document Date	
	Provider Number:		magement		Fiscal Yea	
	· Tovidor Ivainbor	Citywide Roving	Citywide Roving	Citywide Roving	T local T ca	. (-7/10
	Program Name:	Team	Team	Team		
	Program Code:	8911RT	8911RT	8911RT		
Mode/SFC	(MH) or Modality (SA):		15/10-56	15/70-79		
	Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP		TOTAL
			07/01/14-06/30/15	07/01/14-06/30/15		
EUNDING USESWEEP THE WAR TO BE THE SECOND TO SECOND THE						
	& Employee Benefits:	53,540	703,672	7,649		764,861
	Operating Expenses:	3,697	48,585	528		52,810
·	Capital Expenses:		-	-		-
Subt	otal Direct Expenses:	57,237	752,257	8,177		817,671
	Indirect Expenses:	6,868	90,271	981		98,12
	TAL FUNDING USES:	64,105	842,528	9,158		915,79
enternamentamentul in international enternation in the contraction of						
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	27,437	360,600			391,957
MH COUNTY - General Fund	HMHMCC730515	2,292	30,125			32,744
MH COUNTY - General Fund - WO CODB	HMHMCC730515	508	6,676			7,257
MH WORK ORDER - Human Services Agency	HMHMROVINGWO	33,868	445,127	4,838	1	483,833
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		64,105		9,158		915,791
THE THE PROPERTY OF THE PROPER						
			 	 		
TOTAL BUILD SUBSTANCE ADULE CUMBING CAUSES			 			
FOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES						
Danagam annoncaon de en la company de la com						
}		<u> </u>		 	 	
TOTAL OTHER DPH FUNDING SOURCES			 	 	<u> </u>	
TOTAL OTHER DEN FONDING SOURCES		64,105	842,528	0.450	ļ	046 704
		CV1,100	042,020	9,158	No. of the state o	915,791
Mondare and the second of the						
		 	 	 	 	
TOTAL NON-DPH FUNDING SOURCES		 				
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	·	04.405	040 500	0.450		045.70
	- No The Control of the Control o	64,105	842,528	9,158		915,791
EREINIFERO ERESTICE AND ENDERON FOR EREIN				- 		
	urchased (if applicable)				-	
SA Only - Non-Res 33 - ODF # of Gr SA Only - Licensed Capacity for Medi-Cal Provider wi	oup Sessions (classes) th Narcotic Ty Program		+	 	- 	
Cost Reimbursement (CR) or			FFS	FFS		
Cost Reinbursement (CR) or	DPH Units of Service				, 	
	Unit Type		Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUN				<u> </u>		
Cost Per Unit - Contract Rate (DPH & Non-DPH						
	edi-Cal Providers Only)					Total UDC:
	uplicated Clients (UDC)		2.90	4:30	<u> </u>	10tal 000:
L	apinoatea Olleino (ODC)	<u> </u>				121

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

Appendix/Page #: B-3, Page 2

		TOTAL General Fund & WO CODB HMHMCC730515		Human HN	luman 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:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
upervising Clinical Social Worker	1.00	\$ 95,156	0.47	44,723	0.53	50,433						
Ilinical Social Worker III - Supervisor	0.87		0.41	33,385	0.46	37,646						
ilinical Social Workers I/II	4.12		1.94	139,312	2.18	157,097						
ocial Work Associate	0.88	33,000	0.41	18,240	0.47	20,569				<u></u>		
dministrative Assistant II	1.00	\$ 52,931	0.47	24,878	0.53	28,053						
			 		 						 	
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Total	7.87	\$ 554,336	3.70	\$260,538	4.17	\$293,798	0,00		0.00	<u> </u>	0.00	1
												·
Employee Fringe Benefit	s: 385	% \$ 210,525	38%	\$98,947	7 38%	\$111,578	<u> </u>	<u> </u>		<u> </u>		L
TOTAL SALARIES & BENEFIT	s	\$764,86	ה	\$359,48	5	\$405,376	ה	\$0	7	\$	ה	

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: <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:
Occupancy:						•
R	ent \$ 19,000	\$. 8,930	\$ 10,070			
Utilities(telephone, cell, page	rs) \$ 8,000	\$ 3,760	\$ 4,240			
Building Repair/Maintena	ce	,				
Materials & Supplies:						
Office Supp	ies \$ 353	\$ 165	\$ 188			
Photocopy	ing .					
Medical Supp	les					
Computer hardware/softw	are			· .		
General Operating:						`
Training/Staff Developm	ent					
Insura	nce					·
· Professional Lice	nse					
Per	nits					
Equipment Lease & Maintena	nce			•		
Staff Travel:						
Local Tr	avel					
Out-of-Town Tr				 	1,	!
Field Exper			<u> </u>	· · · · · · · · · · · · · · · · · · ·	 	
Consultant/Subcontractor:						
Octobrilla Dangoriti dolori		· · · · · · · · · · · · · · · · · · ·	 		 	
					•	
Other UC Direct Costs:			1	 	 	 .
Data Network Recharge	\$ 3,872		- 	 	 	
CCDSS: Computing and Communication Device Support Services	\$ 4,344				 	
GAEL: General Automobile and Employee Liability Charges	\$ 4,324 \$ 7,917				 	
UCSF Faculty and Staff Recharge Other:	\$ 7,91	_ 		 	 	
Other: Client-Food & Client Misc.: Client misc expenses include byglene products clothing, taxt youghers bus tokens etc.	SSA	2,350	\$ 2,650			
TOTAL OPERATING EXPENSE	\$52,81				\$0	\$0

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

U1112. U	epartment of Fu		c reporting/ba	ta conection (c	NDC)		
• •	Contractor Name: 1	DC Regents Citywide Case Ma			Appendix/Page #: B-4, Page 1 Document Date: 07/01/14		
	Provider Name: S		nagement	•		Document Date: Fiscal Year:	
		Citywide Services	Citualda Sarvicas	Citywide Services	Citywide Services	Citywide Services	14/10
·		for Supportive	for Supportive	for Supportive	for Supportive	for Supportive	
•	Program Name:	Housing	Housing	Housing	Housing .	Housing	
	Program Code:	8911SH	8911SH	8911SH	8911SH	8911SH	
Mode/SFC (MF	15/01-09	15/10-56	15/60-69	15/70-79	60/78		
	ervice Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	Client Support	TOTAL
	FUNDING TERM:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	
	mployee Benefits:	50,101	639,866	406,493	9,864	301,214	1,407,538
	perating 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	1,493,51
	Indirect Expenses:	6,259	79,939	50,784	1,232	41,006	179,220
	. FUNDING USES:	58,419	746,100		11,500	382,730	1,672,73
aisanaramaa arahaming souke asak arah	製造する自動車を対する						
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		5,719	382,730	1,024,217
MH COUNTY - General Fund - CODB	HMHMCC730515	1,119	14,297	9,084	. 220		24,720
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		58,419	746,100	473,981	11,500	382,730	1,672,730
BISISUES ANGEWRUSE FUNDING SOUNCES							1,072,730
		panava Marakva.					
			<u> </u>				-
		<u> </u>					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES							
okia-paratuondeedika-atam		es suisma en la co					
		`		 		<u> </u>	•
		<u> </u>					
TOTAL OTHER DPH FUNDING SOURCES		 	-		. •	. -	-
TOTAL DPH FUNDING SOURCES	·	58,419	746,100	473,981	11,500	382,730	1,672,730
Nonsorphonimesolorges				ALDO TO THE SECOND			
							S DESCRIPTION OF THE PROPERTY.
	<u> </u>	<u> </u>	<u> </u>		 	<u> </u>	
	<u> </u>	· .					<u> </u>
TOTAL NON-DPH FUNDING SOURCES	•	-		-		-	. [
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		58,419	746,100	473,981	11,500	382,730	1,672,730
BISUNITS OF SERVICE AND UNIT GOST AND							
Control Marine Control of the Contro			and the area was a second to the first the fir	an seed of the contract of the contract of the least			
Number of Beds Purci			<u> </u>			 	
SA Only - Non-Res 33 - ODF # of Group SA Only - Licensed Capacity for Medi-Cal Provider with N			 	 			
SA Only - Licensed Capacity for Medi-Cai Provider With Pro			FFS	FFS	FFS	. CR	
	PH Units of Service						
	Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Hours	
Cost Per Unit - DPH Rate (DPH FUNDIN		•					
Cost Per Unit - Contract Rate (DPH & Non-DPH FU							Color District Street Color II Desired
Published Rate (Medi							Total UDC:
	cated Clients (UDC)		2.0		···	- 	210

DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-4, Page 2

		TOTAL		General Fund - CODB Supportive H HMHMCC730515 General		ride Services for tive Housing (CR) eneral Fund IHMCC730515							
		Term:	07/01/14-06/30/15	Term:	07/01/14-06/30/15	Term:	07/01/14-06/30/15	Term:		Term:		Term:	
Position Title		FTE	Salaries	FTE	Salaries	FTE.	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
sst Clinical/Clinical Professor		0.40		0.40		0.00							
linical Social Workers II - Supervisor		2.00	\$ 173,396		\$ 130,047		\$ 43,349	·					
Ilnical Social Workers I/II		6.00		5.40			\$ 45,270						
Clinical Nurse		2.00		1.80		 	\$ 27,919						
Administrative Assistant II		2.00		0.00	· · · · · · · · · · · · · · · · · · ·		\$ 89,304						
Community Health Program Manager		0.05		0.00		0.05		 				 	
Social Work Associate		0.15	\$ 8,891	0.00	\$	0.15	\$ 8,891					 	
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	Totals:	12.60	\$1,019,954	9.10	\$801,684	3.50	\$ 218,270	0.00		0.00	<u>L</u>	0.00	<u> </u>
•				•									
Employee Fring	ge Benefits:	38%	\$ 387,584	38%	\$304,840	38%	\$82,944						
•													
	MENTER		44 40 7 700	1	24 407 204	.7	\$301,214	7	So	ì .	S	J .	ſ
TOTAL SALARIES &	BENEFIIS		\$1,407,538	J	\$1,106,324	.	⇒301,214	느	30	Ι.		. 4	

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 HMHMCC730515	Citywide Services for Supportive Housing (CR) General Fund HMHMCC730515		·	
	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:
Occupancy:						
Rent						
Utilities(telephone, cell, pagers)						
Building Repair/Maintenance						•
Materials & Supplies:				•		
· Office Supplies	\$ 6,000	\$ 6,000				
Photocopying						
Medical Supplies	\$ 1,586	\$ 1,586				
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 500	\$ 500				
Insurance						
Professional License						
Permits						
Equipment Lease & Maintenance	 					
Staff Travel:						
Local Trave	1			<u> </u>		
Out-of-Town Trave				·		
Field Expenses						
Consultant/Subcontractor:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	†			
Consultation actor.	 	<u> </u>		†		
Other UC Direct Costs:	<u> </u>	<u> </u>	<u> </u>	 		
Data Network Recharge	\$ 6,199				<u> </u>	
CCDSS: Computing and Communication Device Support Services	\$ 6,955					·
GAEL: General Automobile and Employee Liability Charges	\$ 7,956					<u> </u>
UCSF Faculty and Staff Recharge	\$ 12,776	\$ 9,255	3,521	 	 	
Other:						
Vocational Services	\$ 24,000		\$ 24,000		<u> </u>	<u>.</u>
Client-Food & Client-Misp: Client-misc expenses include hygiene products; clothing taxit you them bus token spetc.	\$ 20,000	\$ 12,368	3 \$ 7,632		<u> </u>	

\$85,972 \$45,462 \$40,510 **TOTAL OPERATING EXPENSE**

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

DPH 2	: Department of Pu		t Reporting/Dat	ta Collection (Cl	RDC)		
	Contractor Name:					Appendix/Page #:	B-5, Page 1
•	Provider Name:					Document Date:	
	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-Nonresiona OUF	SA-Nonresiana ODF	SA-Support Training			TOTAL
# 1 		•					10175
	FUNDING TERM:	07/01/14-06/30/15	07/01/14-06/30/15		2012-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Distriction of the second state of the second secon
ENHONGER STREET		40.000			And Indiana in the Anna		
Salaries	& Employee Benefits:	43,306	3,259 422	7,040		- 	53,605 6,148
	Operating Expenses: Capital Expenses:	5,605	422	121			0,140
Subf	otal Direct Expenses:	48,911	3,681	7,161			59,753
Supe	Indirect Expenses:		442	859		- 	7,17
70	TAL FUNDING USES:	54,780	4,123	8,020		-	66,92
o Personal de la							<u> </u>
							ASSESSED OF SECULIAR MANAGEMENT
		 	 				
TOTAL BUO MENTAL HEALTH FUNDING COUDCES		 				_	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	National Control of the Control of t	Commence of the Commence of th	i construire de la cons	TO STANZAROW PROPERTY OF THE P	Viscostania de Viscos	trans (Carrieras e de Carriera de Carrier	CONTRACTOR MANAGEMENT AND THE
Fiftherway was the standard control of the standard stand					District of the Belleville And State of the	A Landard Carlo Carlo della	
SA FED - Drug Medi-Cal, CFDA #93.778	HMHSCCRES227						25,500
SA STATE - PSR Drug Medi-Cal	HMHSCCRES227						25,500
SA COUNTY - SA General Fund	HMHSCCRES227	7,350	553	8,020			15,923
			<u> </u>	<u> </u>		<u> </u>	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		54,780		8,020			66,923
omeroenementoria						CONTRACTOR CONTRACTOR	
		<u> </u>	1	.	:		<u> </u>
		<u> </u>					-
TOTAL OTHER DPH FUNDING SOURCES		-	-				-
TOTAL DPH FUNDING SOURCES		54,780					66,923
Mount the antimication for the state of the							
	· ·						-
·							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		54,780	4,123	8,020		·	66,92
BESTAUSOUSSE AND ANTEROSOSSE AND							
	urchased (if applicable)			The state of the s		The state of the s	THE PERSON NAMED IN
SA Only - Non-Res 33 - ODF # of Gr				1	† 	1	
SA Only - Licensed Capacity for Medi-Cal Provider wi	th Narcotic Tx Program	1:	1	 	1		
Cost Reimbursement (CR) or			FFS	CR	1		
	DPH Units of Service	1,775			1		
	Unit Type		Staff Hour	Staff Hours	 		THE REST OF LAND
Cost Per Unit - DPH Rate (DPH FUN					 		
Cost Per Unit - Contract Rate (DPH & Non-DPH						· · · · · · · · · · · · · · · · · · ·	
	edi-Cal Providers Only				1		Total UDC:
Und	uplicated Clients (UDC):l	1				60
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	<u> </u>	1	<u> </u>		

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DPH 3	3 · Sa	laries	& Ben	ofite	Detail

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

Appendix/Page #: B-5, Page 2

		TOTAL	PSR & Gen	ug Medi-Cal, Drug Medi-Cal eral Fund (FFS) HSCCRES227	Gene HMI	eral Fund (CF HSCCRES227	1)						٠
	Term:		Term:	07/01/14-06/30/15	Tem:			Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salarie	5	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Professor	0.14	\$ 20,307	0.10	15,042	0.04	\$	5,265						
ocial Work Associate	0.35	\$ 16,131	0.35	16,131									
Administrative Assistant II	0.05	\$ 2,533	0.05	2,533							•		··-··
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	<u> </u>	<u> </u>	<u> </u>							•			
	<u> </u>		1		<u> </u>							<u>i </u>	
· Totals	: 0.54	\$38,971	0.50	\$33,706	0.04	\$	5,265.00	0.00		0.00		0.00	
•												-	
Employee Fringe Benefits	: 389	% \$ 14,634	389	\$12,859	349	6	\$1,775	I				1	
		4	п.	445 ===	٦٠		47.05	1		1		7	
TOTAL SALARIES & BENEFITS	i	. \$53,60	<u>.</u>	\$46,565	J		\$7,040	J	\$0	i	\$0	_1	

DPH 4: Operating Expenses De	eta	i
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Program Code: 38321
Program Name: Citywide STOP
Document Date: 07/01/14

\$6,148

TOTAL OPERATING EXPENSE

B-5, Page 3 Appendix/Page #:

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:
Occupancy:						
Rent				;		
Utilities(telephone, cell, pagers)						
Building Repair/Maintenance	•					
Materials & Supplies:	L					
Office Supplies	\$ 1,141	\$ 1,141				
Photocopying						
Medical Supplies						
Computer hardware/software	·					
General Operating:					·	
Training/Staff Development						
Insurance	 		<u> </u>		<u> </u>	
Professional License		. ,	·			
Permits		\$ 3,452			 	
Equipment Lease & Maintenance		<u> </u>	<u> </u>	 	 	<u> </u>
Staff Travel:				\ <u>\</u>		
Local Trave		1		·		
Out-of-Town Trave				1		
Field Expenses				<u> </u>		
Consultant/Subcontractor:						
Other UC Direct Costs:	<u> </u>	4		<u> </u>		<u> </u>
Data Network Recharge	\$ 280				 	
CCDSS: Computing and Communication Device Support Services	\$ 314		\$ 19		<u>. </u>	<u> </u>
GAEL: General Automobile and Employee Liability Charges			\$ 41			
UCSF Faculty and Staff Recharge	\$ 616	\$ 572	2 \$ 44	!		

\$6,027

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

	DPH 2: Department of Pu		Reporting/Dat	a Collection (Cl	RDC) ·		
	. Contractor Name:	JC Regents				Appendix/Page #:	B-6, Page 1
1		Citywide Case Ma	nagement		•	Document Date:	07/01/14
	Provider Number: 8		•			Fiscal Year:	14/15
		First Impressions					
	Program Code:	8911Fl					
	Mode/SFC (MH) or Modality (SA):	60/78 Omer Non-Medical		•			
	Service Description:	Client Support Exp	1	İ	•		TOTAL
-	FUNDING TERM:				 		TOTAL
211	PONDING TERM:			PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF			
(D.2)	Salaries & Employee Benefits:	102,443	The state of the s				102,443
-	Operating Expenses:	168,692					. 168,692
-	Capital Expenses:	100,032					. 100,092
1	Subtotal Direct Expenses:	271,135					271,135
-	Indirect Expenses:	32,536			•		32,536
\vdash	TOTAL FUNDING USES:	303,671	=======================================			 	303.671
5	TOTAL POINING USES.						
8.2	HMHMPROP63	Market Consideration Consideration	Manager etti seninglikkeis				
	I STATE - MHSA (INN) PMHS63-1513	300,000					900,000
MIL	COUNTY - General Fund - CODB HMHMCC730515	3,671				 	300,000 3,671
IVIE	COON, 11 - General Fullu - CODB Tillin (INCO) 303 13	. 3,071				 	3,071
-							
ÌΤŌ	TAL BHS MENTAL HEALTH FUNDING SOURCES	303,671					303,671
	Gruesange hugi bulung soung saksaka kasakana a						
52.13		******* 1.1 mm. RCD 211. 62, 57 4 C. 34 5 2.17	a complete and a comp	INVESTIGATION OF THE PARTITION OF THE	Manufacture de Laboration de Lacino	. The same same of the same same same	
170	TAL BHS SUBSTANCE ABUSE FUNDING SOURCES						
	RECORREUNINGSOURGESONS DE SOURCES	Autoropolico de Companyo		THE CONTRACTOR OF THE PARTY OF			
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	TAL OTHER DPH FUNDING SOURCES	 			 	 	-
	OTAL OTHER DEN FUNDING SOURCES	303,671			 	<u> </u>	303,671
	Medel ending sources	303,071					
63.42			Remarks and the factor of the			2. 伊克斯加亚特医斯里特	
\vdash				<u> </u>	 	 	
177	OTAL NON-DPH FUNDING SOURCES			<u> </u>	 	<u> </u>	
		202 074			 	<u> </u>	200.074
	OTAL FUNDING SOURCES (DPH AND NON-DPH)	303,671	PSCINCIONED APPROXIMENTAL PRINCIPAL			22 S/2 Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	303,671
21	EUNITEO ASHAMISTANO ENTRACO EN ESTADO ENTRACERSO ENTRACERSO EN ESTADO EN ESTADO EN ESTADO EN ESTADO EN ESTADO E						
 	Number of Beds Purchased (if applicable)			 	<u> </u>		
-	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)		 				
\vdash	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program. Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR		 	4	 	
-	DPH Units of Service	·		 	<u> </u>		
\vdash	DET Office of Service	Client Contact	 				
	Unit Type		 	1		1.	
—	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		 	 		+	
—	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	70.23				<u> </u>	
一	Published Rate (Medi-Cal Providers Only)	:			 		Total UDC:
r	Unduplicated Clients (UDC)	:			 		20
-							

	DPH	3 · Sa	laries 8	2 Ron	afite	Deta
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Program Code: 8911FI
Program Name: First Impressions
Document Date: 07/01/14

Appendix/Page #: B-6, Page 2

	TOTAL Term: 07/01/14-96/30/1			WO - CODB MHMCC730515	MHSA (INN) HMHMPROP63 PMHS63-1513							
			Term:		Term:	07/01/14-06/30/15	Term:		Term:		Term:	
Position Title	FTE	Salaries .	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Mark Leary, MD, UCSF, PI	0.00	<u> </u>	0.00	\$ -	0.00				ļi	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	 	
Occupational Therapist		\$ 9,365	0.00	\$ 187	0.10							
Community Health Program Manager	0.10		0.00		0.10	·	<u> </u>		ļi		 	
Employment Representative, Senior	1.00	\$ 57,671	0.02	\$ 1,153	0.98	\$ 56,518	 		<u> </u>		<u> </u>	
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Totals	1,20	\$ 73,700	0.02	\$ 1,474	1.18	\$ 72,226	:	t	1	 	1	
L	1,20		. 0.02	1,979		72,220	·	· .				<u> </u>
Employee Fringe Benefits	399	6 \$ 28,743	395	% \$ 575	39%	\$ 28,168	3					
										······································		
			٦		٦	<u> </u>	٦		٦		_	
TOTAL SALARIES & BENEFITS		\$ 102,443	<u>1</u>	\$ 2,049	IJ	\$ 100,394	<u>•</u>	<u></u>				

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:
Occupancy:		'				
Rent						
Utilities(telephone, cell, pagers)						
Building Repair/Maintenance				·		
Materials & Supplies:						
Office Supplies	\$ '114	\$ 2	\$ 112			
Photocopying	•					
Medical Supplies	·					
Computer hardware/software						
General Operating:						
Training/Staff Development				•		
. · Insurance						
Professional License					†	
Permits						
Faulture of Lance & Maintenance					<u> </u>	
Staff Travel:					 	
Local Trave						
					 	
Out-of-Town Trave Field Expenses	· · · · · · · · · · · · · · · · · · ·				 	
		 				
Consultant/Subcontractor: 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		9,511				
w/Dates, Hourly Rate and Amounts)		` .				
Other UC Direct Costs:	\$ 590	\$ 12	\$ 578			
Data Network Recharge	\$ 590					
CCDSS: Computing and Communication Device Support Services	\$ 575			 · · · · · · · · · · · · · · · · · · ·		
GAEL: General Automobile and Employee Liability Charges	\$ 5/5		\$ 504	 		
UCSF Faculty and Staff Recharge	 Ψ 1,20/	+*	1,183			
Other:	<u> </u>		 	 		-
	·		 	 		
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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 PAGE A-		
				Contr	ol Number	_						
				<u> </u>		J	INVOICE NU	MBER:	M01 J	L 14		•
Contractor: UC SFGH - Clinical Practi	ce Group - C	MS# 6906					Ct. Blanket N	o.: BPHM	TBD	3		
Address: 1001 Potrero Avenue, Room 2	M27, San Fr	ancisco, C/	A 94110			7	Ct. PO No.: F	РОНМ	TBD	Use	er Cd	
Tel No.: (415) 206-8431					BHS	_	Fund Source:		GF, SDMC Re	gular FFP, Realignr	nent	
Fax No.							Invoice Period	1 :	July 2014			
Funding Term: 07/01/2014 - 06/30/2015							Final Invoice:			(Check if	Yes)	
PHP Division: Community Behavioral Hea	alth Services		•				ACE Control I	Vumber:	1995 X-100			
	•		Total Con Exhibit			d THIS PERIOD	Delivered Exhibit		% of TOTA Exhibit UD	L Delive	aining erables it UDC	
Unduplicated Clients for	Exhibit:		ME PETERSON			建工作的	Company of the Company of the Company					
*Unduplicated Counts for AIDS Use Only.												
DELIVERABLES			Delivered			1	Deliv				aining	
Program Name/Reptg. Unit Modallty/Mode # - Svc Func (мн олу)	Total Co UOS	ntracted CLIENTS	PERIO UOS	CLIENTS	Unit Rate	AMOUNT DUE	UOS to D	ate CLIENTS	% of TOTA		rables CLIENTS	
B-1 Citywide Linkage PC# - 89114MH												ĺ
15/01 - 09 Case Mgt Brokerage	217,321				\$ 1.79		0.000		0.00%	217,321.0	00	389,06
15/ 10 - 56 MH Svcs	159,266				\$ 2.56	\$ -	0.000		0.00%	159,266.00	00 医蒙蒙	407,720.9
15/60 - 69 Medication Support	7,980				\$ 4.65		0.000	CAPTER NO. INC. ASSESSED.	0.00%	7,980.00	100 No. 00. 110. 110. 110.	37,107.0
15/70 - 79 Crisis Intervention-OP	3,773				\$ 3.31	\$ -	0.000	E PA	0.00%	3,773.00	10	12,488.6
	 					 	 					
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TOTAL	388,340		0,000				0.000		0.00%	388,340.00	0 \$	846,321.1
						1	Expenses	To Date	% of Budge			
F	Budget A	mount		\$	846,320.00	ļ	\$.		0.00%	\\$8	846,320.00	
			SUB	TOTAL AM	OUNT DUE	s -	NOTES:				Į	
			Less: Init	ial Paymer	t Recovery							
					djustments JRSEMENT					•		
I certify that the information provided a	bove is, to th	e best of					ount requeste	d for reimb	ursement is			
in accordance with the contract approvolaims are maintained in our office at the	ed for servic	es provid								•		٠
Signature:				_		Date:					_	
Title:												
									·			
Send to:		ſ		DPH Autho	rization for P	ayment						
Community Programs Budget/ Invoice	Δnalvet	I							-			
1380 Howard St., 4th Floor	Titalyot											
San Francisco, CA 94103		- (. •		Author	ized Signatory				Date	-	
		L										

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

Appendix F PAGE A-2

			Contr	ol Number	7			TAGE A-Z		
					_1	INVOICE NUMBÉR:	M02 JL	14		
Contractor: UC SFGH - Clinical Practic	e Group - CMS# 6906	i				Ct. Blanket No.: BPHM	TBD		7	•
Address: 1001 Potrero Avenue, Room 28	M27. San Francisco. C.	A 94110			٦ .	Ct. PO No.: POHM	ТВО	User Cd	_	
Tel No.: (415) 206-8431	,		CI	BHS		Fund Source:	GF, Fed-SDM0	Pegular EED	_	
Fax No.			L			,		5 (Cegular 1) T	_	
•						Invoice Period :	July 2014			
Funding Term: 07/01/2014 - 06/30/2015						Final invoice:		(Check if Yes)	コ	
PHP Division: Community Behavioral Heal	th Services					ACE Control Number:	ENGLIS		腦	
		Total Conf	Iracted	Delivered	THIS PERIOD	Delivered to Date	% of TOTAL	Remaining Deliverables	7	
Unduplicated Clients for E	chibit:	Exhibit U	JDC	Ext	ibit UDC	Exhibit UDC	Exhibit UDC	Exhibit UDC	<u>.</u>	
		The second second	MANAGE - POOP IN	A STATE OF THE STA	and amounting provide			Test Charles Control	2.4	
*Unduplicated Counts for AIDS Use Only. DELIVERABLES]	Delivered		· · · ·	l	Delivered	T .	Remaining	٦	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (мн олу)	Total Contracted UOS CLIENTS	PERIC UOS	DICLIENTS	Unit Rate	AMOUNT DUE	to Date UOS CLIENTS	% of TOTAL UOS LIENT	Deliverables UOS CLIENT	<u></u>	
ywide Svcs for Supportive Housing I	 	300		,	740000					
, - 09 Case Mgt Brokerage	34,364			\$ 1.70	\$ -	0.000	0.00%	34,364.000	3 \$	58,418.80
15/10 - 56 MH Svcs	373,050			\$ 2.00	\$ -	0.000	0.00%	373,050.000	8	746,100.00
15/ 60 - 69 Medication Support	111,525			\$ 4.25	\$ -	0.000	0.00% 暴躁	111,525.000	2	473,981.25
15/70 - 79 Crisis Intervention-OP	3,125			\$ 3.68	\$ -	0.000	0.00%	3,125.000	3	11,500.00
									ğ	
					***************************************	S. A. Saleki			3	
	類影響		100							
			医发展的						羞	
TOTAL	522,064	0.000	i			0.000	0.00%	522,064.000	վ \$	1,290,000.05
	Budget Amount		s 1.	290,000.00		Expenses To Date \$ -	% of Budget 0.00%	Remaining Budget \$ 1,290,000.00	Н .	
	Dudget Panoditi					NOTES:	0.0070			•
				OUNT DUE	\$ -			•		
		(For DPH Ue	Other A		\$ -				1	
I certify that the information provided ab in accordance with the contract approve claims are maintained in our office at the	d for services provid									•
Signature:					Date:		- 7			
Title:	·					·				
Send to:		i	DPH Autho	rization for P	ayment					
Community Programs Budget/ Invoice A 1380 Howard St., 4th Floor	nalyst	_			`					
San Francisco, CA 94103				Author	ized Signatory		Da	te]	

COST REIMBURSEMENT INVOICE

Appendix F

			Contro	l Number							PA	AGE A
		<u> </u>					INVOICE	NUMBER:	M04	. JL	14	
Contractor: UC SFGH - Clinic	al Practice Grou	n - CMS# 6	sone				Ct Blank	et No.: BPHM	TBD			
		p - Omor (,500		٠		Ot. Diam	OLITO DI TIM			(Jser Cd
							Ct. PO N	lo.: POHM	TBD			
Tel No.: (415) 206-8431					7		Fund So	urce:	General	Fund		
Fax No.:		•	C	BHS	ł		,					
			<u> </u>		Ţ		Invoice P	'eriod:	July 201	4		
Funding Term: 07/01/2014 - 06/	/30/2015						Final Invo	oice:		(Check if	Yes)
PHP Division: Community Beha	vioral Health Ser	vices					ACE Con	trol Number:				
	TOTA	<u> </u>	DEL	IVERED	DELIV	/ERED	1	% OF	REMAI	NING		% OF
	CONTRAC			PERIOD		DATE		TOTAL	DELIVER			TOTAL
Program/Exhibit B-4 Citywide-Svcs for Supporti	UOS ve Housing PCt	UDC	UOS	UDC	uos	UDC	UOS	UDC	uos	UDC	uos	UDC
60/ 78 Client Support	6,720	- 05113/1		 	 -	 	0%		6,720		1009	,
Unduplicated Counts for AIDS Us	e Only.											
		-				NSES		PENSES	% C			MAINING
Description				DGET		ERIOD		O DATE	BUDO			LANCE
Total Salaries				18,270.00 82,944.00	\$		\$		 	0.00%		218,270.00
Fringe Benefits Total Personnel Expenses				01,214.00		÷	\$			0.00%		82,944.00 301,214.00
Operating Expenses:		·	<u>φ</u> 3	01,214.00	V		Ψ		 	0.00%	φ 3	101,214.00
Occupancy			\$		\$		\$			0.00%	¢	
Materials and Supplies			\$		\$		\$		 	0.00%		
General Operating			\$		\$	· -	\$	-		0.00%		 '
Staff Travel			\$		\$		\$			0.00%		
Consultant/Subcontractor			\$	-	\$	_	\$	-		0.00%		_
Other: Vocational Svcs, Clie	nt Food, Misc.			31,632.00	\$	-	\$	-				31,632.00
			\$		\$		\$			0.00%	\$	-
Other: UC Direct Costs			\$		\$		\$	-		0.00%		
Data Network Recharge			\$	1,722.00	\$	-	\$	<u> </u>	,	0.00%		1,722.00
CCDSS: Computing an Device Support Se			\$	1,932.00	\$		\$	-		0.00%		1,932.00
GAEL: General Automobile & E		rges	\$.	1,703.00	\$ \$		\$	-		0.00%		1 702 00
UCSF Faculty and Staff		-	\$	3,521.00	\$		\$			0.00%		1,703.00 3,521.00
. Cool I dodny and coun	, toonange		Ψ	0,021.00	Ψ		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			0.00701	Ψ	0,021.00
Total Operating Expenses			\$ 4	10,510.00	\$	-	\$			0.00%	\$	40,510.00
Capital Expenditures			\$. -	\$	-	\$	-		0.00%		-
TOTAL DIRECT EXPENSES			\$ 34	1,724.00	\$	-	\$	-		0.00%	\$ 34	41,724.00
Indirect Expenses				1,006.00		-	\$	-		0.00%	\$ 4	41,006.00
TOTAL EXPENSES	<u> </u>		\$ 38	2,730.00	\$	-	\$			0.00%	\$ 38	82,730.00
Less: Initial Payment Recove							NOTES:	•				
Other Adjustments (DPH use	only)				····							1
DEIMDURGEMENT					\$							
REIMBURSEMENT					*	لــــــــــــــــــــــــــــــــــــــ						
certify that the information provid	ed above is, to th	e best of m	y knowled	ige, comple	te and ac	curate; t	he amount	requested for re	eimburseme	nt is in		
accordance with the contract appro	oved for services	provided u	nder the p	rovision of	that contr	act. Full	l justificatio	n and backup re	cords for the	ose		
claims are maintained in our office	at the address in	dicated.		•								
Signature:							Date:					
							,					
Title:							Phone:					
			r		-			thorization for F	Payment			
Send to:		ļ	. [ארון אני	io ionzauon iof f	ayıncıl			j
Communitys Programs Budget/ Inv	voice Analyst	1		•								
1380 Howard St., 4th Floor San Francisco, CA 94103		1	i									
on a reco		l	ŀ		Auth	orized S	ignatory		_		Date	

ARTMENT OF PUBLIC HEALTH CON. (3 COST REIMBURSEMENT INVOICE

Appendix F PAGE A - 4

			Con	trol Number	<u>r</u>		_						
·] .	INVOICE	NUMBER:	MOS	j JL	14	
•											, <u>7</u> L		
Contractor: UC SFGH - Clinical Pra	ctice Gro	ıp - CM	S# 6906					Ct. Blank	et No.: BPHM	TBD			User Cd
Address: 1001 Potreto Avenue, Roor	n 2M17, Sa	an Franc	isco, CA	94110				Ct. PO N	o.: POHM	TBD	_		Oser Gu
Tel No.: (415) 206-8431					٦			Fund So	ırce:	MHSA-P	rop63-PN	/HS63-	1513
Fax No.:	•	•	C	BHS				Invoice P	eriod:	July 2	014		
Funding Term: 07/01/2014 - 06/30/20	15							Final Invo	oice:		1 (Check	if Yes)
PHP Division: Community Behavioral	Health Sei	vices	•					ACE Con	trol Number:				
	ТОТ		l DEI	IVERED	1 1	DELIV	EDED	1	% OF	21112221241241	INING		% OF
	CONTR			PERIOD	'	TO D			TOTAL		RABLES		TOTAL
Program/Exhibit	UOS	UDC	UOS	UDC	I	Jos	UDC	UOS	UDC	UOS	UDC	UOS	
B-6 First Impressions PC# - 8911FI	4 224	<u> </u>	<u> </u>	ļ	+-		· · · · · ·	00/		1 201		400	100/
60/ 78 Other Non-Medical Client Support Exp	4,324	-	ļ	 	+			0%)	4,324		100	1%
Unduplicated Counts for AIDS Use Onl	у.												
Description		-		IDOET		EXPE			PENSES	% BUD			MAINING
Description Total Salaries			\$	JDGET 73.700.00	_	nis Pi	RIOD	\$	D DATE -	BUD	0.00%		73,700.00
Fringe Benefits	·			28,743.00				\$			0.00%		28,743.00
Total Personnel Expenses				02,443.00				\$	_	 	0.00%		102,443.00
Operating Expenses:	g				1								,
Occupancy			\$		\$		-	\$			0.00%	\$	
Material and Supplies			\$	114.00	+		-	\$			0.00%		114.00
General Operating			\$	-	\$		-	\$	-		0.00%		-
Staff Travel			\$	-	\$		-	\$	-		0.00%		-
Consultant/ Subcontractor			\$ 1	65,544.00	\$		_	\$			0.00%		165,544.00
Other:			\$		\$		-	\$	-		0.00%		-
Other UC Direct Costs:			\$		\$			\$			0.00%	\$	-
Data Network Recharge			\$	590.00	\$		-	\$	_		0.00%		590.00
CCDSS: Computing and Con		n	\$	662.00	\$		-	\$	-		0.00%		662.00
Device Support Services			\$		\$			\$	<u>-</u>		0.00%		-
GAEL: General Automobile & Employee		rges	\$	575.00	_			\$	<u> </u>		0.00%		575.00
UCSF Faculty and Staff Rech	arge		\$.	1,207.00	\$		<u>-</u>	\$			0.00%	\$	1,207.00
Total Operating Expenses			\$ 1	68,692.00	\$		-	\$	· .		0.00%	\$	168,692.00
Capital Expenditures			\$	-	\$		^- -	\$			0.00%	\$	-
TOTAL DIRECT EXPENSES			\$ 2	71,135.00	\$		-	\$	-		0.00%	\$ 2	271,135.00
Indirect Expenses				32,536.00	_			\$	-		0.00%		32,536.00
TOTAL EXPENSES			\$ 3	03,671.00	\$		-	\$	-		0.00%	\$:	303,671.00
Less: Initial Payment Recovery					<u> </u>			NOTES:					
Other Adjustments (DPH use only)					<u> </u>								
REIMBURSEMENT					\$								
REIMBURSEMENT					ΙΨ								
certify that the information provided ab accordance with the contract approved to claims are maintained in our office at the	for services	provide	d under t									in	
Signature:					_			Date:					
Printed Name:					 -			'					
Title:				•	•			Phone:					•
					-			DBD V	horization for P	o) (mont			
ıd to:			-					PPH AUI	nonzauon for P	ayment			
Community Programs Budget/ Invoice A	nalyst												į
1380 Howard St., 4th Floor													I
San Francisco, CA 94103						Autho	orized S	Signatory				Date	

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Jul Amendmend#2 7-1-14

Prepared: 3/18/2015

Appendix F

Prepared: 3/18/2015

			Co	ntrol Number			•					F-/	HGE A - n
•		L]	· INVOICE	NUMBER:	MOE) JL	14	
Contractor: UC SFGH - Clinical Pra	actice Grou	ıp - CMS	S# 6906	•				Ct. Blank	et No.: BPHM	TBD			
Address: 1001-Potreto Avenue, Roor	n 2M17, Sa	n Franci	sco, CA	94110				Ct. PO N	io.: POHM	TBD			User Cd
Tel No.: (415) 206-8431					7			Fund Sor	urce:	MH Wo	rk Order	- Sheri	ff's Dept.
Fax No.:				BHS				Invoice P	eriod:	July 20			
Funding Term: 07/01/2014 - 06/30/20	15		<u> </u>					Final Invo	nice:		·	Check i	f Voc)
PHP Division: Community Behavioral		vices		-					trol Number:				
FITE Division. Community behavioral	TOT		ר הב	LIVERED	Τ-	DELIV	EDED	1	% OF		INING		% OF
	CONTRA		Į.	S PERIOD	\perp	TO D	ATE		TOTAL	3	RABLES		TOTAL
Program/Exhibit B-2 NOVA PC# - 8911NO - HMHMN	UOS	UDC	UOS	UDC	1	uos	UDC	UOS	UDC	UOS	UDC	UOS	UDC
60/ 78 Other Non-Medical Client	2,917	'			+			0%		2,917		100	04
Support Exp	2,817	 	-	+	+-			1 07	° 	2,917		100	70
Cupport Exp	 	<u> </u>	 	 	+			1	 	 			+
Unduplicated Counts for AIDS Use Onl	y.	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					· 		·		.
]		T	EXPE	ISES		PENSES	%	OF	RE	MAINING
Description				UDGET	_	HIS P	ERIOD	T	O DATE	BUD			ALANCE
Total Salaries				105,886.00		· .		\$		L	0.00%		105,886.00
Fringe Benefits			\$	41,295.00	_			\$		<u> </u>	0.00%		41,295.00
Total Personnel Expenses			\$	147,181.00	15			\$		 	0.00%	\$	147,181.00
Operating Expenses:					+					 	0.000/	•	
Occupancy			\$	457.00	\$			\$	-		0.00%		453
Material and Supplies General Operating			\$	457.00	\$		 _	\$	<u> </u>	 	0.00%		457.
Staff Travel			\$		\$			\$				\$	
Consultant/ Subcontractor			\$		\$			\$		 	0.00%		
Other: Vocational Services			\$	600.00	\$			\$			0.00%		600.00
Other: UC Direct Costs		•	\$	3,758.00	\$		- .	\$		1	0.00%		3,758.00
Data Network Recharge, CCL	SS, GAEL	,	\$	-	\$		-	\$			0.00%		_
UCSF Faculty and Staff Rech	arge		\$		\$		-	\$			0:00%	\$	
					Ļ								
Total Operating Expenses			\$	4,815.00	\$			\$		ļ	0.00%		4,815.00
Capital Expenditures			\$	-	\$			\$			0.00%		-
TOTAL DIRECT EXPENSES	· · · · · · · · · · · · · · · · · · ·		<u>\$</u>	151,996.00 18,239.00				\$	-		0.00%		51,996.00
Indirect Expenses TOTAL EXPENSES				170,235.00	_			\$			0.00%		18,239.00 70,235.00
			Ψ	170,200.00	Ψ_			NOTES:			0.00781	<u>Ψ 1</u>	10,233.00
Less: Initial Payment Recovery Other Adjustments (DPH use only)					-				· Order - HMHMNO	VAPRWO -	\$167 710 (n .	
Other Majactificities (21.11 acc only)					-			GF - WO C	ODB - HMHMCP7	730515 - \$2.	516.00		
REIMBURSEMENT					\$		-						
certify that the information provided ab- accordance with the contract approved to daims are maintained in our office at the Signature:	for services address in	provided dicated.	d under	the provision)	
Printed Name:													
Title:							•	Phone:					
Send to:							·	· DPH Au	thorization for P	ayment			
Community Programs Budget/ Invoice A 380 Howard St., 4th Floor San Francisco, CA 94103	nalyst			,				٠	,			•	'.
ransisso, on or roo		}		1		Autho	orized S	ignatory		-		Date	

Jul Amendment#2 7-1-14

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

Appendix F

•				Cont	rol Number						PAGE A-6			
					Of Humber		INVOICE NUM	BER:	M08	JL	14		7	
Contractory IIC SEGU - Clinical Breetin	a Graum C	1404 6006					Ct.Blanket No.:	ppul	(TPD				- -	
Contractor: UC SFGH - Clinical Practic	•						CLBianket No.:	DELL	עפון		User	Cd		
Address: 1001 Potrero Avenue, Room 28	V17, San Fr	ancisco, C	A 94110			7	Ct. PO No.: PO	MHC	TBD]	
Tel No.: (415) 206-8431				С	BHS		Fund Source:		GF,Fed-S	DMC I	Reg FFP, HSA	Work Order	3	
						- J	Involce Period :		July 2014]	
Funding Term: 07/01/2014 - 06/30/2015							Final Invoice:			Ι	(Check if Y	'es)	_]	
PHP Division: Community Behavioral Hea	alth Services	;					ACE Control No	ımber:					7	
			Total Con · Exhibit			THIS PERIOD	Delivered to I		% of TO		Rema Deliver Exhibit	ables		
Unduplicated Clients for Ex	chibit:		是批學的		Kaini	門原語的語	A SHOWING	政制						
*Unduplicated Counts for AIDS Use Only.	·												-	
DELIVERABLES Program Name/Reptg. Unit	Total Co	otracted	Delivered PERIO		Unit	İ	Delivered to Date		% of TO	TAI	Remai Deliver	-	1	
Modality/Mode # - Svc Func (мн опу)	UOS	CLIENTS	UOS	CLIENTS	4	AMOUNT DUE		LIENT		LIENT		CLIENTS	1	
B-3 Citywide Roving Team PC# - 8911RT	٨.										·			
- 09 Case Mgt Brokerage	37,709			100	\$ 1.70	s -	0.000		0.00%		37,709.000		\$	64,105.30
J-56 MH Svcs	351,053	1		美麗教	\$ 2.40		0.000	100 %	0.00%		351,053,000			842,527.20
15/70 - 79 Crisis Intervention-OP	2,482				\$ 3.69	\$ -	0.000		0.00%		2,482,000			9,158.58
				ALCOHOL:		 	ļ			多数	ļ		4	
				40 E 19 E 1		ļ	 					A STATE OF		
				TO SHE SHALL		 								
***************************************						<u> </u>							1	
TOTAL	391,244	Lagority Ci.	0.000	Dear See 25			0.000	0001111	0.00%	- July - Jan 1	391,244.000	en, reju pres-years	s	915,791.08
	-,220						Expenses To	Date	% of Bud	get	Remaining	Budget		
	Budget A	Amount		\$	915,791.00		\$	•	0.00%	_		15,791.00		
							NOTES:							
					IOUNT DUE	\$ -	FED-SDMC Reg FF GF - WO CODB - H				424,701.00			
						Asarar 440	HSA WO - HMHMR							
					URSEMENT								Í	
						4.5.4							•	
Funding Source (Index Code): Fed-SDMC Reg FFP (HMHMCC730515)	Encumi \$ 43	1,958.00	Current M	onu	\$	-to-Date								
HSA WO (HMHMROVINGWO)	\$ 48	3,833.00	\$	-	\$	k							•	
TOTAL FUNDING I certify that the information provided about		5,791.00			lete and ac	curate: the ar	ount requested	for ro	imhumome	ant ic				
in accordance with the contract approve											e			
claims are maintained in our office at the								•			_			
Signatura						Date:								
Signature:					<u>·</u>	Date:								
Title:									1					
			•			<u> </u>								
Send to:	1	1		DPH Autho	orization for P	ayment						7		
Community Programs Budget/ Invoice A	nalyst	ŀ										-	ı	
1380 Howard St., 4th Floor		I										l		
San Francisco, CA 94103		1	•		Autho	rized Signatory	/			Date	9	ļ		
		L	· · · · · · · · · · · · · · · · · · ·		_									

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

Appendix F

					•					PAGE A	-7 ·		
·		•		Cont	rol Number	٦							
				I		_	INVOICE	NUMBER:	S01 JL	14] .	
Contractor: UC SFGH - Clinical Practice Gr	oup - CMS#	6906					Ct. Blanke	t No.: BPHM	TBD]	
Address: 1001 Patrore Avenue Poem 21427	Con Francis	04 04	440				OL DO No	. 001114	TBD	Us	er Cd	_	
Address: 1001 Potrero Avenue, Room 2M27,	San Francis	CO, CA 94			7		Ct. PO No	.: PUHM	TIBD			J	
Tel No.: (415) 206-8431 Fax No.			CB	HS			Fund Sour	ce:	GF, Drug Me	di-Cal #93,778]	
					_		invoice Pe	riod :	July 2014]	•
Funding Term: 07/01/2014 - 06/30/2015							Final Invol	ce:		(Check if	Yes)]	
PHP Division: Community Behavioral Health Se	ervices						ACE Contr	ol Number:					
			Total Co Exhibi	UDC	Ex	1 THIS PERIOD hibit UDC	Exhil	ed to Date oit UDC	% of TOTAL Exhibit UDC	Deliv Exhib	naining erables oit UDC		
Unduplicated Clients for Exh	lbit:		新花香料 草原	ETHEROIS		推到了美国政			国政治教				
*Unduplicated Counts for AIDS Use Only.													
DELIVERABLES Program Name/Reptg. Uhit	Total Co	ntracted	Delivere PER	IOD 1.	Unit	1		vered Date	% of TOTAL		iaining erables	1	
Modality/Mode # - Svc Func (мн олу)	UOS	CLIENTS		CLIENTS		AMOUNT DUE		CLIENTS	UOS LIE		CLIENTS	1	
B-5 Citywide STOP PC# - 38321	1					ļ <u>. </u>			100				
Nonres-33 SA-Nonresidntl ODF Grp Nonres-33 SA-Nonresidntl ODF Ind	1,775 80				\$ 30,86 \$ 51,54		0.000	HAVE GTO A THE COURSE	0.00%	1,775.0 80.0	STATISTICAL AND ADDRESS OF THE PARTY OF THE	\$	54,7
Nones-33 SA-Nonesigne ODF mg					\$ 51.54	 • 	0.000		0.00%	80.0	100		4,123.20
	 						1						
		1000											
	 					<u> </u>	ļ						
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			}			}	ļ		美元	%) 31			
	 								10000	별 			
TOTAL .	1,855		0.000	23.11A.2 V.A.C.2	,		0.000	7000 300	0.00%	1,855.0	00	\$	58,899.70
								s To Date	% of Budget		g Budget		
	Budget /	Amount		\$	58,903.00		NOTES:		0.00%	\$	58,903.00		
			Less: Init	ial Paymer Other A	OUNT DUE nt Recovery djustments URSEMENT		MOTES:						
I certify that the information provided above in accordance with the contract approved for claims are maintained in our office at the add	r services p	rovided u											
Signature:						Date:							
Title:											_		
		_											
Send to:			•	DPH Autho	orization for P	ayment							
Community Programs Budget/ Invoice Analyst	st	j									1		
1380 Howard St., 4th Floor											_		
San Francisco, CA 94103		ł			Authoriz	ed Signatory			D	ate	j		

Prepared: 3/18/2015

J. ARTMENT OF PUBLIC HEALTH CONTINUE COST REIMBURSEMENT INVOICE

Appendix F PAGE A - 8

			Cont	trol Number		_						
		L					INVOICE	NUMBER:	S02	. JL	14	
Contractor: UC SEGU Clinical D	Pronting Cr	·	ME# 6006				Ct Blank	ot No + DDUM	TBD			
Contractor: UC SFGH - Clinical P	racuce Gr	oup - Cr	M2# 6906	•			CL Blank	et No.: BPHM	LIBD		Us	ser Cd
Address: 1001 Potreto Avenue, Ro	om 2M17, s	San Frai	ncisco, C	A 94110			CĻ PO N	o.: POHM	TBD			
Tel No.: (415) 206-8431				•			Fund Sou	ırce:	Gener	al Fund		
Fax No.:							Invoice P	eriod:	July 20	014		
Funding Term: 07/01/2014 - 06/30/	2015						Final Invo	ice:			Check if \	(es)
PHP Division: Community Behavior		envices					ACE Con	trol Number:	50050000			
The Division. Community Behavior					r:							
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B-5 Citywide STOP PC# - 38321	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000	1 000	1 000	000	1	1 1	020	1000	000	000	1 000
Supt-02 SA-Support Training	40		T				0%		40		100%	
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Unduplicated Counts for AIDS Use O	nly.											7"
	***		Ţ	· · ·	EXP	NSES	EX	PENSES	%	OF	REM	AINING
Description			BU	DGET	THIS	PERIOD	TO	D DATE .	BÚD	GET	BAL	ANCE
Total Salaries			\$	5,265.00	\$	-	\$	-		0.00%	\$	5,265.00
Fringe Benefits			\$	1,775.00	\$	-	\$	-		0.00%	\$ ·	1,775.00
Total Personnel Expenses			\$	7,040.00	\$	-	\$	_		0.00%	\$	7,040.00
Operating Expenses:												
Occupancy			\$	-	\$	_	\$			0.00%	\$	
Materials and Supplies			\$		\$		\$			0.00%		
General Operating			\$	<u> </u>	\$	-	\$			0.00%		
Staff Travel		* *,	\$	·	\$		\$	-		0.00%		
Consultant/Subcontractor			\$		\$		\$			0.00%		
Other: UC Direct Costs:			\$		\$		\$	· · · · · ·		0.00%		
				47.00	7			-				47.00
Data Network Recharge		_	\$	17.00	\$	-	\$			0.00%		17.00
CCDSS: Computing and Co)II	\$	19.00	\$.		\$			0.00%		19.00
Device Support Service			\$		\$		\$	-	-	0.00%		
GAEL: General Automobile	and Employ	/ee	\$	41.00	\$		\$	-		0.00%		41.00
Liability Charges			\$		\$		\$			0.00%		
UCSF Faculty and Staff Rech	narge		\$	44.00	\$	-	\$	<u>-</u>		0.00%	\$	44.00
			_	404.00	_					0.0004	_	
Total Operating Expenses			\$	121.00	\$	-	\$	-		0.00%		121.00
Capital Expenditures			\$	-	\$		\$			0.00%		
TOTAL DIRECT EXPENSES			\$	7,161.00		-	\$	-		0.00%		7,161.00
Indirect Expenses			\$	859.00		-	\$	-		0.00%		859.00
TOTAL EXPENSES			\$	8,020.00	\$		\$	-		0.00%	\$	8,020.00
Less: Initial Payment Recovery							NOTES:					
Other Adjustments (DPH use only	<u>) </u>											
				·								
REIMBURSEMENT					\$	-						
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certify that the information provided a	above is, to	the best	t of my kn	owledge, co	mplete a	and accur	ate; the am	ount requested	for reimbu	rsement i	s in	
accordance with the contract approve				tne provision	on of that	contract	. rus jusun	cation and back	up recoras	ior tnose	}	
claims are maintained in our office at t	me address	indicate	30.									
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Community Programs Budget/ Invoice I380 Howard St., 4th Floor	Analyst		ł	•								1
San Francisco, CA 94103		.	- 1								•	
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Jul Amenament#2 7-1-14

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., 10th 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:

- <u>Campus Risk Managers Directory</u>
- Hospital Risk Managers Directory

CERTIFICATE OF SELF-INSURANCE COVERAGE

Date: June 13, 2014

The Regents of the University of California Office of the President Office of Risk Services 1111 Franklin St., 10th 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 after 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

PARTICIPATION

COMPANY LETTER A The Regents of the University of California

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.

C	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	·
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCURRENCE	Self-Insured	July 1, 2014	June 30, 2015	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY CONTRACTUAL LIABILITY EACH OCCURRENCE	\$ Not applicable \$ 2,500,000 \$ 2,500,000 \$ 2,500,000 \$ 2,500,000
	AUTOMOBILE LIABILITY ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	Self-Insured	July 1, 2014	June 30, 2015	COMBINED SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE	Not applicable 2,500,000 2,500,000 2,500,000
^	PROPERTY X FIRE & EXTENDED PERILS	Self-Insured	July 1, 2014	June 30, 2015 🕏	EACH DCCURRENCE AGGREGATE	7,500,000 Not applicable
^	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	Self-Insured	July 1, 2014 -	June 30, 2015	STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE \$	As required by California Law As required by California Law As required by California Law

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

<u>ADDITIONAL COVERED PARTY- AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO GENERAL LIABILITY</u> AND AUTOMOBILE LIABILITY

<u> OSS PAYEE - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO PROPERTY COVERAGE</u>

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.

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 EightThousand, 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 Agra cent 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.
- 1. 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.
- 1. 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

Recommended by:

CONTRACTOR

time off.

Principles.

Regents of the University of California

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

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

BARBARA A. GARCIA, M.P.A.

Director of Health

Approved as to Form:

Dennis J. Herrera City Attorney

Approved as to Fon

Aleeta Van Runkle /
Deputy City Attorney

10,20,0

March

NAVJO I MAHAL-GILL
CONTRACTS & GRANTS OFFICER

3333 California Street #315 San Francisco, CA 94143

City vendor number: 44467

Approved:

Naomi Kelly

Director Office of Contract Administration and Purchaser

Appendices

A: Services to be provided by Contractor

B: Calculation of Charges

C: Reserved

D: Additional Terms

E: Business Associate Addendumt

F: Invoice

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07/01/2010

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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. <u>Under-Utilization Reports:</u>

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

CMS Contract #: 6906

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

SUMMARY

Service Providers:

Fiscal Agency:

Regents of UC/UCSF Regents of UC/UCSF

Total Contract Amount:

System of Care

\$6,442,504

CBHS-Adult (includes some MHSA)

Provider Address:

Citywide Case Management

982 Mission Street, 2nd Floor, San Francisco, CA 94103

Provider Phone:

(415) 597-8000

Provider Fax #: (415) 597-8004

Contact Person:

David Fariello

982 Mission Street, 2nd 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: Term:

\$4,229,533

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

Total UOS: See CRDC for details.

Funding Source: GF, Medi-Cal, MHSA

Target Population

Description of services

Severely Mentally III (SMI) Adults, including Forensic population Intensive Case Management (ICM) services to SMI adults.

Appendix A-2

Program Name:

Citywide Linkage Team

Amount:

\$854,472

Funding Source: GF, Medi-Cal

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 Total UOS: See CRDC for details.

Target Population

Severely Mentally III (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 : A Amount

\$48,000

07/01/11-06/30/12

Funding Source: GF, Drug Medi-Cal

Term:

Definition of Services:

Number of UDC/NOC:

55.

Substance Abuse Non-Residential Individual (34) & Group (33) services.

Target Population

Total UOS: See CRDC for details.

Citywide Case Management clients who need OP-SA services.

Description of services

Services to Citywide Case Management clients who need OP-SA services.

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

CMS Contract #: 6906

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

Appendix A-4

Program Name:

Citywide Case Management - NOVA

Amount:

\$162,000

Funding Source: Sheriff's WO

Term:

07/01/11-06/30/12

Definition of Services:

Mode 15 MH-OP: Case Management Brokerage, MH services, Medication Support, Crisis

Intervention (Cost Reimbursement)

Number of UDC/NOC:

30

Total UOS: See CRDC for details.

Target Population

SF Jail residents who need CBHS Services.

Description of services

Services to SF jail residents to help their transition back into the community.

Appendix A-5

Program Name:

Citywide Case Management Roving Team

Amount:

\$648,500

Funding Source: HSA WO, Medi-Cal

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:

120

Total UOS: See CRDC for details.

Target Population

Formerly homeless individuals living in the Human Services Agency's Housing First Master

Lease Program residential hotels.

Citywide-Services for Supportive Housing

Description of services

CBHS services to help residents maintain their housing.

Appendix A-6

Program Name:

\$499,999

Funding Source: HUH-GF, Medi-Cal

Amount: 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:

120 .

Total UOS: See CRDC for details.

Target Population

Residents at the DAH funded Drs. Julian & Raye Richardson Apartments.

Description of services

Behavioral health and other onsite support services to assist tenants at the Drs. Julian & Rave

Richardson Apartments maintain housing stability and improve access to resources.

Contractor: UC Regents/UCSF

Appendix A-1

Contract Term: 07/01/11/ through 06/30/12

Program: Citywide Case Management/Forensics

City Fiscal Year: 11/12

CMS#: 6906

1. Program Name: Citywide Case Management/ Forensics

Program Address: 982 Mission Street, 2nd 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

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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.

Contractor: UC Regents

Appendix A-1
Program: Citywide Case Management/Forensics

Contract Term: 07/01/11/ through 06/30/12

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• 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, wraparound 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

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Contractor: UC Regents.

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Program: Citywide Case Management/Forensics

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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 biweekly 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, stepdown 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 <u>Performance Objectives FY 11-12</u>.

8. Continuous Quality Assurance and Improvement

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

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Contractor: UC Regents/UCSF

Program: Citywide Linkage Team (CLT)

City Fiscal Year: 11/12

CMS#: 6906

1. Program Name: Citywide Linkage Team

Program Address (primary program site address): 982 Mission Street, 2nd Floor

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

Telephone: (415) 597-8000 Facsimile: (415) 597-8004

Program Code: 89114/89114MH

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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

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Contract Term: 07/01/11/ through 06/30/12

Program: Citywide Linkage Team (CLT)

City Fiscal Year: 11/12

CMS#: 6906

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, Tagalong, 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

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Contractor: UC Regents/UC

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Program: Citywide Linkage 1 cam (CLT) Contract Term: 07/01/11/ through 06/30/12

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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 <u>Performance Objectives FY 11-12</u>.

8. Continuous Quality Assurance and Improvement

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

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Contractor: UC F	Regents/UCSF					•	Appendix A-3
Program: UCSF	Citywide-STOP				Contract Term:	07/01/11/1	through 06/30/12
City Fiscal Year: 1	1/12	•	•		·		
CMS#: 6906				•	• •	·	•
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1. Program Name: UCSF Citywide-STOP

(Substance [aka Stimulant] Treatment Outpatient Program)

Program Address: 982 Mission 2nd Floor

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

Telephone: (415) 597-8000 Facsimile: (415) 597-8004 Program Code: 38321

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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

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

Contractor: UC Regents/UC
Program: UCSF Citywide-5+0P

City Fiscal Year: 11/12

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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. <u>Orientation</u>: 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.

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Contractor: UC Regents/UCSF
Program: UCSF Citywide-STc.

City Fiscal Year: 11/12

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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

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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 <u>Performance Objectives FY 11-12</u>.

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.

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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, 2nd Floor

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

Telephone: (415) 597-8000 Facsimile: (415) 597-8004 Program Code: 8911NO

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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.

Contractor: UC Regents/UC

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

Program: Citywide Case Management-NOVA

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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 referrred 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

Proposal ID P0045425 (internal UCSF)

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Contractor: UC Regents/UCSF

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Contract Term: 07/01/11/ through 06/30/12

Program: Citywide Case Management-NOVA City Fiscal Year: 11/12

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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.

Document Date: 10/12/2011

Contractor: UC Regents/UCSF Program: CWCM Roving Team

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

City Fiscal Year: 11/12

CMS#: 6906

1. Program Name: Citywide Case Management Roving Team

Program Address: 982 Mission Street, 2nd 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

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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.

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.

Contractor: UC Regents/UCSF Appendix A-5
Program: CWCM Roving Team Contract Term: 07/01/11/ through 06/30/12

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CMS#: 6906

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.

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Contractor: UC Regents/UC Appendix A-5
Program: CWCM Roving Team Contract Term: 07/01/11/ through 06/30/12

Program: CWCM Roving Team City Fiscal Year: 11/12

CMS#: 6906

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.

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Contractor: UC Regents/UCSF Appendix A-5
Program: CWCM Roving Team Contract Term: 07/01/11/ through 06/30/12

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Monitoring Activities

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

B. <u>Fiscal Compliance and Grant Monitoring</u>: 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

Document Date: 10/12/2011

Page 4 of 5

Contractor: UC Regents/UC Program: CWCM Roving Team

Contract Term: 07/01/11/ through 06/30/12

City Fiscal Year: 11/12

CMS#: 6906

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

- Contractor shall submit a 12-month report in lieu of the fourth quarter report covering the period beginning July 1st and ending June 30th 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:
 - 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.

Document Date: 10/12/2011

Contractor: UC Regents/UCSF

Appendix A-6

Contract Term: 07/01/11/through 06/30/12

Program: Citywide-Services for Supportive Housing

City Fiscal Year: 11/12

CMS#: 6906

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)
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\Box .	New ·	Renewal	\boxtimes	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 cooccurring 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:

Contractor: UC Regents/UC

Program: Citywide-Services of Supportive Housing

City Fiscal Year: 11/12

CMS#: 6906

Lontract Term: 07/01/11/ through 06/30/12

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 Process¹ 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 it, 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. <u>Program admission</u>, 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

Document Date: 10/12/11

Page 2 of 5

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

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

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 <u>Performance Objectives FY 11-12.</u>

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.

Document Date: 10/12/11

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"Contractor: UC Regents/UC Appendix A-6 Contract Term: 07/01/11/through 06/30/12

Program: Citywide-Services for Supportive Housing

City Fiscal Year: 11/12

CMS#: 6906

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.

Process Objectives

- 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.
- 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.

Document Date: 10/12/11

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Appendix A-6
Con. _ct Term: 07/01/11/ through 06/30/12

City Fiscal Year: 11/12

CMS#: 6906

8. Continuous Quality Assurance and Improvement

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

Document Date: 10/12/11

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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.

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
Total: \$37,138,080

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

			ontract Budget S		•		·
DMH Legal Entity Number (MH):		Prep	ared By/Phone #:			Fiscal Year:	
DMH Legal Entity Name (MH)/Contractor Name (SA):		· · · · · · · · · · · · · · · · · · ·		Document Date:		Proposal ID P0045425 (Internal UCSF)	
Contract Appendix Number:	B-1	B-2	. B-3	B-4	B-5	B-6	
Provider Number:		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
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Salaries & Employee Benefits:	3,358,603						
Operating Expenses:	417,766	20,262	3,740	1,563	88,588	60,758	592,677
Capital Expenses:	2 770 200	700 004	40.057		=======================================		
Subtotal Direct Expenses:	3,776,369			144,643	579,018		5,752,2
Indirect Expenses:	453,164	91,551			69,482		690,268
Indirect %:	12%						12%
TOTAL FUNDING USES	4,229,533	854,472	48,000	162,000	648,500	499,999	6,442,504
		HE DESIGNATION			Employee I	Fringe Benefits %:	ے 30%
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MH FED - SDMC Regular FFP (50%)	1,587,486	247,987			315,500	132,293	2,283,266
MH Realignment	877,417	200,000	<u> </u>		·		1,077,417
MH COUNTY - General Fund	921,106 [.]	406,485		•	<u> </u>	367,706	1,695,297
MH STATE - MHSA	677,636		1	·		'	677,636
MH STATE - MHSA	165,888						165,888
MH WORK ORDER - Sherrif's Department	· · · · · · · · · · · · · · · · · · ·			162,000	<u> </u>		162,000
MH WORK ORDER - Human Services Agency		<u> </u>	<u> </u>		333,000		333,000
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	4,229,533	854,472	-	162,000	648,500	499,999	6,394,504
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SA STATE - General Fund			8,000	<u> </u>			.8,000
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TOTAL NON-DPH FUNDING SOURCES	4 000 500		1	'I 0	<u> </u>	<u> </u>	<u> </u>
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	4,229,533	854,472	48,000	162,000	648,500	499,999	6,442,504

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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
	TOTAL BUDGET	FOR APPENDIX B-1	-	\$4,229,533

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
Chisis intervention Op	TOTAL BUDGE	T FOR A		<u>·</u>	\$854,4

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

Citywide STOP.

Unit Descri	ption	•	Number of UOS		Unit Rate		Maximum ompensation
Non residential Group	•••••		1564	x	\$29.57	=	\$ 46,265
Non residential Individual	The second second	wasing billion The Common of the 25	X	\$69.59	· qu zaciji ≠- v undu	\$1,735	
		то	TAL BUDGE	T FOR A	PPENDIX B-3	=	\$48,000

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

Çost reimbursement

\$162,000

TOTAL BUDGET FOR APPENDIX B-4

Appendix B-5 (7/01/11 - 06/30/12):

Citywide Roving

Unit Descr	ription		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
		то	TAL BUDGE	Γ FOR A	PPENDIX B-5	=.	\$648,500

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
	TOTAL BUDGET FOR	APPENDIX B-5	= \$499,999

TOTAL BUDGET FOR CITYWIDE

\$6,442,504

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

	ent of Public He		orung/Data Co	nection (CRDC			
DMH Legal Entity Name (MH)/Con	ntractor Name (SA):	UC Regents				ontract Appendix #:	
		Citywide Case Ma	inagement/Forens	SIC	-	Document Date:	
	Provider Number:			- Ai: 11 A	A	Fiscal Year:	FY 11-12
	· '	Citywide Case	Citywide Case	Citywide Case	Citywide Case		
	- /m - 1	Management/	Management	Management/	Management/		
	Program Name:	Forensics	Forensics	Forensics	Forensics	·	
Program Code (forme		89113/89119	89113/89119	89113/89119	89113/89119		
Mode/SFC (M	H) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79 Crisis Intervention-		
	Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	OP 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		
Undinguses					全型的现在分词		于中部位于伊西州省中
Salaries &	Employee Benefits:	541,860	2,171,499	614,899	30,343	(3)	3,358,60
	perating Expenses:	67,400		76,485	3,774		417,70
Capital Expenses (gr				·			
	I Direct Expenses:	609,260	2,441,605	691,384	34,117	· · · · · · · · · · · · · · · · · · ·	3,77
	Indirect Expenses:	73,111	292,993	82,966			453,10
TOTA	L FUNDING USES:	682,372	2,734,598	774,350	38,211		4,229,5
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MH FED - SDMC Regular FFP (50%)	The second secon	256,117	1,026,387	290,640	14,342		1,587,4
MH Realignment		141,558	567,292	160,639			877,4
MH COUNTY - General Fund		148,607	595,540				921,10
MH STATE - MHSA	· · · · · · · · · · · · · · · · · · ·	109,326					677,6
MH STATE - MHSA		26,764			1,499	· · · · · · · · · · · · · · · · · · ·	165,8
TOTAL CBHS MENTAL HEALTH FU	JNDING SOURCES	682,372	2,734,598	774,350	38,211		4,229,53
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TOTAL NON-DPH FUNDING SOURCES	·		<u> </u>	·	0	0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		682,372	2,734,598	774,350	38,211	<u>-</u>	4,229,53
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Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with N	Narcotic Tx Program			l			CHE AND AND AND AND AND AND AND AND AND AND
Cost Reimbursement (CR) or Fee		FFS	FFS ·	FFS	FFS		Principle of Spine (SP)
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	Unit Type:						The State of the S
Cost Per Unit - DPH Rate (DPH FUNDIN			2.35		3.60		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUI			2.35	4.60	3.60	0.00	F-107-8-1219-1-1-10
Published Rate (Medi-					1		Total UDC:
Unduplic	cated Clients (UDC):					l [.]	4

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	G	eneral Fund	(overw	ing Source 1 rite here with Source Name)	(overw	ng Source 2 rite here with Source Name)	(overw	ing Source 3 rite here with Source Name)		Source 4 (overwrite h 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	Salarie* -
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					<u>-</u>		 	
Clinical Social Worker I/II	17.11	1,174,995	17.11	1,174,995 .			<u> </u>		 		ļ	
Clinical Social Worker III - Supervisor	4.00	314,903	4.00	314,903	<u> </u>	·			ļ			<u> </u>
Supervising Clinical Social Worker	1,00	95,181	1.00	. 95,181		·	<u> </u>	· .				<u> </u>
Occupational Therapist	0.70	62,100	0.70	62,100							<u> </u>	<u> </u>
Senior Psychiatric Technician	0.60	45,538	0.60	45,538	·	•					<u> </u>	
Licensed Vocational Nurse	2.50	176,758	2.50	176,758			·	, ,				
Aninistrative Assistant	0.90	36,560	0.90	36,560						· _		
Staff Psychiatrist	0.50	69,102	0.50	69,102							T .	
Serior Employment Specialist	2.10	118,856	2.10			*			1		1	
Community Health Program Representative	0.75	23,855	0.75					•	 		 	· · · · · · · · · · · · · · · · · · ·
Community Health Program Manager	0.20	12,254	0.20	12,254			<u> </u>		 		1	
Social Work Associate	0.15	8,102	1								1	
Associate Clinical Professor	2.28	370,844	2,28	370,844			1		 		 	
Hospital, Assistant I	1.00	40,131	1.00	40,131			 		 		 	
Trophia, rosiolatii i	1.00	40,131	1.00	. 40,131	 		 		1	·	 	
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		, , , , , , , , , , , , , , , , , , , ,	 		 	ļ	 	ļ	 	<u> </u>	 	<u> </u>
<u> </u>	otals: 34.14	2,589,297	34.14	2,589,297	0.00	\$0	0.00	\$0	0,00	\$(0.00	<u> </u>

		•	•	_	
Employee Fringe Benefits:	% \$769,306 30%	\$769,306	T		T
			· -		
TOTAL SALARIES & BENEFITS	3,358,603	3;358,603	\$0	\$0 \$0	\$0

DPH 4: Operating Expenses Detail

Appendix #: B-1, Page 3

Provider Number: 8911

Provider Name: Citywide Case Management/Forensic Document Date: 9/15/11

	<u> </u>		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
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: <u>7/01/11-6/30/12</u>	Term: <u>7/01/11-6/30/12</u>	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	\$ -		٦٠.			
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 &		1,000	· .	 		
Amounts): Sofia	\$ 20,000	. 20,000				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	s -				1 .	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours &	ļΨ	 	 	 		<u> </u>
Amounts)	\$ -	;				,
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours &					•	
Amounts) CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours &	\$ -	ļ	 	 	 	<u> </u>
Amounts)	s -	· · · · · · · · · · · · · · · · · · ·				•
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours &		· · · · · · · · · · · · · · · · · · ·	<u> </u>		·	
Amounts)	\$ -	<u> </u>		ļ		ļ
01	\$		 	<u> </u>	 	
Other:	\$			· ·		
GAEL Nebusek	\$ 13,723	13,723	<u> </u>			<u>.</u>
Marwolk .	\$ 14,339	14,339				
Client Food and Miscelleous Expenses	\$ 10,000	10,000		<u> </u>	,	<u> </u>
Client Stipend	\$.25,000	25,000			<u> </u>	
Resident	\$ 42,000	42,000				
			• • • • • • • • • • • • • • • • • • • •		ŀ	

417,766 TOTAL OPERATING EXPENSE \$417,766

Program Name: Citywide Linkage Citywide Linkage Citywide Linkage Citywide Linkage Citywide Linkage Citywide Linkage Program Code (formerly Reporting Unit): 89114/89114MH	
DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents	742,659 762,92 91,551 854,472
DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents	742,659 762,92 91,551 854,472
DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents	742,659 762,92 91,551 854,472
Provider Name: Citywide Linkage B911	742,659 762,92 91,551 854,472
Program Name: Citywide Linkage Citywide Linka	TOTAL 742,659 762 762,92 91,551 854,472
Program Name: Citywide Linkage Citywide Linkage Citywide Linkage Citywide Linkage Program Code (formerly Reporting Unit): 89114/89114MH 89114/89114/89114MH 89114/89114MH	742,659 - 62 762,92 - 91,551 - 854,472
Program Code (formerly Reporting Unit): 89114/89114MH 89114/8914MH 89114/8914MH 89114/8914MH 89114/8914MH 89114/8914MH 89114/8914MH 89114/8914	742,659 - 62 - 762,92 - 91,551 - 854,472
Program Code (formerly Reporting Unit): 89114/89114MH 89114/8914MH 89114/8914MH 89114/8914MH 89114/8914MH 89114/8914MH 89114/8914MH 89114/8914	742,659 - 62 - 762,92 - 91,551 - 854,472
Mode/SFC (MH) or Modality (SA) 15/01-09 15/10-57 15/60-69 15/70-79	742,659 - 62 - 762,92 - 91,551 - 854,472
Service Description: Case Mgt Brokerage MH Svcs Medication Support OP	742,659 - 62 - 762,92 - 91,551 - 854,472
FUNDING USES Salarles & Employee Benefits: 362,704 295,682 66,177 18,096 Operating Expenses: 9,895 8,068 1,806 Capital Expenses (greater than \$5,000): Subtotal Direct Expenses: 372,599 303,750 67,983 18,590 Indirect Expenses: 44,712 36,450 8,158 2,231 TOTAL FUNDING USES: 417,312 340,200 76,141 20,821 GEHS MENTAL HEALTH FUNDING SOURCES	742,659 - 62 - 762,92 - 91,551 - 854,472
Salaries & Employee Benefits: 362,704 295,682 66,177 18,096	762,92 91,551 854,472
Salaries & Employee Benefits: 362;704 295;682 66,177 18,096 Operating Expenses: 9,895 8,068 1,806 494 Capital Expenses (greater than \$5,000): 303,750 67;983 18,590 Subtotal Direct Expenses: 372,599 303,750 67;983 18,590 Indirect Expenses: 44,712 36,450 8,158 2,231 TOTAL FUNDING USES: 417,312 340,200 76,141 20,821 GBHS MENTAL HEALTH FUNDING SOURCES	762,92 91,551 854,472
Operating Expenses: 9,895 8,068 1,806 494 Capital Expenses (greater than \$5,000): 67,983 18,590 Subtotal Direct Expenses: 372,599 303,750 67,983 18,590 Indirect Expenses: 44,712 36,450 8,158 2,231 TOTAL FUNDING USES: 417,312 340,200 76,141 20,821 GBHS MENTAL HEALTH-FUNDING SOURGES	762,92 91,551 854,472
Capital Expenses (greater than \$5,000): Subtotal Direct Expenses: 372,599 303,750 67,983 18,590 Indirect Expenses: 44,712 36,450 8,158 2,231 TOTAL FUNDING USES: 417,312 340,200 76,141 20,821 GBHS MENTAL HEALTH-FUNDING SOURGES	91,551 854,472
Subtotal Direct Expenses: 372,599 303,750 67,983 18,590 Indirect Expenses: 44,712 36,450 8,158 2,231 TOTAL FUNDING USES: 417,312 340,200 76,141 20,821 GBHS MENTAL HEALTH FUNDING SOURCES: GFDA#III 44,712	91,551 854,472
Indirect Expenses: 44,712 36,450 8,158 2,231	91,551 854,472
TOTAL FUNDING USES: 417,312 340,200 76,141 20,821 GEHS MENTAL HEALTH FUNDING SOURCES	854,472
MU CED CDM® Pegular EED (50%) 1 424 444 09 72/1 22 000 0 0/41	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
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES 417,312 340,200 76,141 20,819	854,472
GEHS SUBSTANCE ABUSE FUNDING SOURCES GFDA# GFDA# 20,015	er dag ing a liphalid kapala
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TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	
OTHER DPH-COMMUNITY PROGRAMS EUNDING SOURCES CEDA#	n mermerated er
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	_
TOTAL OTHER OPH-COMMONTY PROGRAMS FUNDING SOURCES	854,472
NON-DPH-RUNDING SOURCES 170-72-72-72-72-72-72-72-72-72-72-72-72-72-	
	C
TOTAL NON-DPH FUNDING SOURCES - 0 0 0	0 -
TOTAL FUNDING SOURCES (DPH AND NON-DPH) 417,312 340,200 76,141 20,819	854,472
CBHS UNITS OF SERVICE AND UNIT COST	ELECTION A
Number of Beds Purchased (If applicable)	Colorador de la companiona del companiona de la companiona dela companiona del companiona d
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	almanataiteeri katilaati
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	the state of the s
Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS FFS FFS FFS	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la
Units of Service: 226,800 130,345 16,200 6,000 Unit Type: Staff Minute Staff Minute Staff Minute Staff Minute	The same of the sa
Unit Type: Staff Minute Staff Minute Staff Minute Staff Minute Staff Minute Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 1.84 2.61 4.70 3.47 0.	0
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 1.84 2.61 4.70 3.47 0.	
Published Rate (Medi-Cal Providers Only):	Total UDC:
Unduplicated Clients (UDC):	318

DPH:				

Provider Number: 8911	
Provider Name: Citywide Linkage	
Document Date: 9/15/11	

Appendix #: B-2, Page 2

		TOTAL		General Fund	, (ovetv	ing Source 1 rite here with Source Name)	(overw	ing Source 2 rite here with Source Name)	(overw	ing Source 3 rite here with Source Name)	Funding 5 here wit	Source 4 (overwrite h 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	Sąlaries	FTE	. Salaries	FTE	Salaries
iark O'Leary, MD, UCSF, PI	0.01		0.01	·								
upervising Clinical Social Worker	1.00	93,965	1.00	93,965					·			-
urse Practitioner II	0.35	49,461	0.35	49,461			` .					
linical Social Worker I/II	6.00	385,007	6.00	385,007								
dministrative Assistant	1,00	38,482	1.00	38,482				•	~			
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Totals		\$566,915	8.35	³ \$566,915	0,00	\$0	0.00	<u>\$0</u>	0.00	. \$0	0.00	\$(
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Employee Fringe Benefits:	31%	. \$175,744	31%	\$175,744	L	<u> </u>	L	L ·	1	L	<u> </u>	L
	3.					•			_		· ·	
TOTAL SALARIES & BENEFITS	100 m	\$742,659	1	\$742,659] . :	\$0	<u> </u>	\$0	} .	\$(<u>)</u>	- \$
	1.2		-		• .	· · ·	-		-			

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)
	<u>:</u>	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		\$ -				<u> </u>	·
Building Maintenance Supplies and Repair		\$ -	· · · · · · · · · · · · · · · · · · ·	· ·			
Printing and Reproduction		\$ -					• .
Insurance		\$ -					
Staff Training		\$ 7.00	700	:			
Saff Travel-(Local & Out of Town)		\$ 4,050	4,050		·		
Rental of Equipment		\$ -		· ·			
Computer and computer related equipment		\$ -	-		}	•	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dat Amounts):	es, Hours &			·			
Amounts)							
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Amounts)					<u> </u>	ļ.	<u> </u>
Amounts)	·						
Amounts)	<u>: </u>				·	<u> </u>	
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Other:			•	1 .			
GAEL		\$ 3,005	3,005	<u> </u>		<u> </u>	<u> </u>
Network		\$ 3,507	3,507			<u> </u>	<u> </u>
Client Food and Miscelleous Expenses		\$ 4,000	4,000		<u> </u>	<u> </u>	
Client Slipend		\$			<u></u>		
	 			<u> </u>	ļ	<u> </u>	
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

TOTAL OPERATING EXPENSE

20,262

\$20,262

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

DMH Local I	Entity Name (MH)/Co		UC Regents	· · · · · · · · · · · · · · · · · · ·			ntract Appendix #:	B-3 Page 1
Divil i Legal L	i.	Provider Name:	Citywide STOP				Document Date:	9/15/2011
	:-	Provider Number:	383832				Fiscal Year:	
		Program Name:		Citywide STOP			7.000.7.001	
	Program Code (form		38321	38321		·	·_	
	Mode/SEC (N	MH) or Modality (SA)		Nonres-34				<u> </u>
	inoderor o (n	. · ·	SA-Nonresidnti ODF		·			<u> </u>
		Service Description:	Grp .	. Indv	,		•	TOTAL
	1. 1.	FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012				
FUNDING USES TO THE TOTAL PROPERTY OF THE PROP					THE CONTRACT		AND AND AND AND AND AND AND AND AND AND	在中华人类的政策中的
	Salaries &	Employee Benefits:	37,703	1,417		•		39,11
	· (Derating Expenses:	3,605	132	· ·			3,740
	Capital Expenses (g	reater than \$5,000):						
	Subtota	I Direct Expenses:	41,308	1,549	i i	•		42 ^<
	***	Indirect Expenses:	4,957	186				
	TOTA	L FUNDING USES:	46,265	1,735				48,00
CBHSIMENTAL HEALTH FUNDING SOURCES		1	""李明王和时间 李明等	Part of the property	THE RESIDENCE	THE STATE OF THE S		TOTAL TREBUIES
	To the second se	Property and State of the State	Dela Mari Cardella relevata a peri di	Principal and the Comment	District to the state of the st	and the state of the second state of	Contract to make the state of the party of the state of t	Service of the Street and Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of the Street of Company of
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	45.4							
	MENTAL HEALTH F	UNDING SOURCES	- 			· · · · · · · · · · · · · · · · · · ·		
GBHSISUBSTANCE ABUSE FUNDING SOURCES					当世紀を持ちためた。日本学のか	and sometimes are the	remaint Trainfortration comme	PHOSPHOLOGICAL PARTY
GRHS: SUBSTANCE-ABUSE FUNDING SOURCES	ig Medi-Cal #93.778		38,554			31-31-31-31-31-31-31-31-31-31-31-31-31-3	and the second second second	40,000
SA COU	NTY - General Fund	<u> </u>	7.711		 			8,000
CA COU	IAT - Concrait and			5.50 or 20.0				0,000
	11.					 	ļ—— ,	
TOTAL CRUS SIL	BSTANCE ABUSE F	INDING SOURCES	46,265	1,735		<u> </u>		48,000
OTHER DRIEGOMMUNITY PROGRAMS FUNDING							stratura and Reference on several	ing water than leading
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	11:			 	ļ		 	<u> </u>
TOTAL OTHER DPH-COMMU	NITY PROGRAMS F	UNDING SOURCES			·			
TOTAL OTTILIT DI TI-COMMO	TOTAL DPH F	UNDING SOURCES	46,265	1,735	<u> </u>			. 48
NON-DPH FUNDING SOURCES						·····································		
MON-DEUGONGINO SOCIOS		A STATE OF THE PARTY OF THE PAR	The Age of the Same Age of the Same			I was a second of the second o	- A 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTAL NON-DPH F	INDING SOURCES			<u> </u>	 			
				ļ	}		<u> </u>	40.000
TOTAL FUNDING SOURCES (D	KH AND NON-DPH)	· · · · · · · · · · · · · · · · · · ·	46,265	1,735				48,000
CBHS UNITS OF SERVICE AND UNIT COST	10.7	··········	'				<u> </u>	The state of the state of the state of
	Number of Beds Purc	chased (if applicable)	<u> </u>	<u> </u>				
Substance Abuse Only - Non-Re	s 33 - ODF # of Grou	p Sessions (classes)		<u> </u>				Philipping Committee on the
Substance Abuse Only - Licensed Capacity for Me	edi-Cal Provider with	Narcotic Tx Program	<u> </u>	1	<u> </u>	<u> </u>		Carlot of Carlot of San San San San San San San San San San
	ursement (CR) or Fe		FFS	FFS				Control of the second
	Will be	Units of Service:	1,564			<u> </u>	 	and the state of the state of the
	<u> </u>	Unit Type:	Staff Hour			<u> </u>	<u> </u>	The state of the s
Cost Per Unit - DP	H.Rate (DPH FUND)	NG SOURCES Only)	29.57	. 69.59		<u> </u>		
Cost Per Unit - Contract Rate				69.59				State of the Same Same State of the
<u> </u>	Published Rate (Medi					<u> </u>		Total UDC:
	de Undunt	cated Clients (UDC):	I	•	1 .	1	1	·5

DPH 3: Salaries & Benefits Detail

Provider Number:	383832		·	
Provider Name:	Citywide S	TOP	•	
Document Date:				

Appendix #: B-3, Page 2

			TOTAL		eneral Fund	(overw	ing Source 1 vrite here with y Source Name)	(overw Funding	ng Source 2 rite here with Source Name)	(overw Funding	ing Source.3 rite here with Source Name)	here with	ource 4 (overwrit Funding Source Name)
			07/01/2011-6/30/12		07/01/2011-6/30/12	Term:		Term:		Term:		Term:	
Position Til		FTE	. Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salarles	· FTE	Salaries
erie Gruber, PHD, UCSF, PI	· 44	. 0.15	20,035	0.15	20,035		· - 						
cial Work Associate	<u>į.</u>	0.30	14,674	.0.30	14,674				·				·
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·			1	<u> </u>	<u> </u>		<u> </u>	<u> </u>	•		<u> </u>		·
	Totals	0.45	\$34,709	0.45	· \$34,709	0.00	\$0	0.00	. \$0	0.00	\$0	0.00	
				•							,		
	Employee Fringe Benefit	22%	6 · \$4,408	22%	\$4,408	J · · · ·	<u> </u>			T :	1		
	·		¥1,700		ν, ψη, φου			<u> </u>	J				•
benefits for the Social Work Assoc	r.c.	:		1		ri ·		-i ·		3		~1	
· TO1	'AL SALARIES & BENEFIT	ş	\$39,117	1.	\$39,117	Į.	\$1) [[:]	\$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: <u>7/01/11-6/30/12</u>	Term: <u>7/01/11-6/30/12</u>	Term:	Term:	Term:	Term:	
Rental of Property	\$ -	· <u>-</u>					
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$::			<u> </u>	
Office Supplies, Postage	\$ 3,367	3,367	·.	<u> </u>			
Building Maintenance Supplies and Repair	\$ -		:		·	·	
Printing and Reproduction	\$		<u> </u>	<u> </u>	·		
Insurance	\$	į.			<u> </u>		
Staff Training	\$ -						
Stat Travel-(Local & Out of Town)	\$ -	<u>:</u>	:				
Resident of Equipment	\$	· · ·			,		
Computer and computer related equipment	\$ -						
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts):							
Amounts)				<u> </u>	<u> </u>		
Amounts)		·					
Amounts)		1.8				,	
Amounts)							
Amounts)							
		•				1	
Other:	10.	1				·	
GAEL	\$ 184			 			
Network :	\$ 189	189	 	 		<u> </u>	
Client Food and Miscelleous Expenses	\$ <u> </u>		<u></u>	 	<u> </u>	 	
Client Stipend	\$ -	-		 	 	· · · · · · · · · · · · · · · · · · ·	
	·	<u>, </u>		<u> </u>	 	 	
	<u> </u>	J	<u> </u>	J	<u> </u>	<u> </u>	
TOTAL OPERATING EXPENSE	\$ 3,740	\$3,740	\$0	\$0	\$0	· \$(

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\mathfrak{h}	DPH 2: Departme	ent of Public Hea	th Cost Repor	ting/Data Colle	ection (CRDC)		-	•
DMH Lega	al Entity Name (MH)/Co						Contract Appendix #:	B-4, Page 1
·		Provider Name:	Citywide NOVA -	Cost Reimbursem	ent		Document Date:	
<u> </u>	<u> </u>	Provider Number:	8911		:		Fiscal Year:	FY 11-12
		Program Name:	NoVA CR	NoVA	NoVA			
[c]	Program Code (form	erly Reporting Unit):	8911NO	8911NO	8911NO		<u> </u>	ļl
	Mode/SFC (N	MH) or Modality (SA)	15/01-09.	15/10-57	15/70-79 Crisis Intervention-		 	
	•	Service Description:	Case Mgt Brokerage	MH Svcs	QP QP			· TOTAL
1		FUNDING TERM:		07/01/2011-06/30/2012	07/01/2011-06/30/2012		-	
FUNDING USES CHOSE TO ME ME THE TREE TO SERVICE THE PROPERTY OF THE PROPERTY O			THE PROPERTY.			ARTON PROPERTY.	- Secondario	13305015553
1,000		Employee Benefits:	55,050	85,553	2,477			143,080
		Operating Expenses:	. 601	934	27			<i>^</i> −53
i.	Capital Expenses (g						<u> </u>	0
<u> </u>		al Direct Expenses:	55,652	86,487	2,504			144,643
		Indirect Expenses: AL FUNDING USES:	6,678	10,378		ļ	ļ	17,357 162,000
		CEDA#	62,330	96,866	2,804	Southartha on South 198 State Solvin	f viels triageness (Servate todals)	-1
CBHSMENTALEHEALTHEUNDING SOURGES	∹ Sherrif's Department		62,330	96,866	2.804	and the property of the second	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	162,000
WIT WORK ORDER	- Siletti s Department		02,000	. 90,000	2,004	 	- 	102,000
							 	0
	S MENTAL HEALTH F		62,330	96,866	2,804			162,000
GBHS SUBSTANCE/ABUSE FUNDING SOURCE	ES:	CFDA#i	ALL THE PARTY OF T	建设的数据	Belgin Andrew			i de perdenante la la la la la la la la la la la la la
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	<u>:</u>	·	<u> </u>	<u> </u>	<u> </u>		·	
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TOTAL COUR	SUBSTANCE ABUSE F	HINDING SOUDCES	<u> </u>		}			ļ
OTHER DRH-COMMUNITY PROGRAMS FUND			Sound Willer A. 1854 to disting Superior	ANADORES PROBABIOS	Care for the post of the Full Color of the	- Proposition is alread in countries in 1277	ri Prakveternom (na nakon mengelegakera)	of place of processes of
OHITEM DECEMBER OF THE STATE OF		SI DAW			ASSESSED OF			1 44.6542.74731
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	<u>.</u> i				 	1.	 	
TOTAL OTHER DPH-COM				_	-	•	-	
		UNDING SOURCES	62,330	96,866	2,804		-	162,000
NON-DPH-EUNDING SOURCES		THE RESIDENCE OF THE PROPERTY OF THE PARTY O	ESTATE OF STREET		CONTRACTOR OF THE PARTY OF THE	THE PARTY OF THE P	the statement to applicate full	d military and in
TOTAL NOV SEL	EUNDING SOURCES		ļ	ļ,	J	,		0
					(0	460 000
TOTAL FUNDING SOURCES	(DPH AND NON-DPH)		62,330	96,866	2,804	 		162,000
	Number of Beds Pure	chased (if applicable)		 	 	 	 	Final Company of the
Substance Abuse Only - Non-				 	 	1.		- The state of the
Substance Abuse Only - Licensed Capacity for	Medi-Cal Provider with	Narcotic Tx Program				1	1	Library Company
	mbursement (CR) or Fe	e-For-Service (FFS):	CR	CR	CR		<u> </u>	Total Transplant
	W.: :.	Units of Service		1	1			
0-15-11-1	BOU B. C. (BBU ELMS)	Unit Type	N/A	. N/A	N/A	 	· .	Control House
Cost Per Unit - I Cost Per Unit - Contract Ra	DPH Rate (DPH FUND)			 	 		 	The grant the second of the se
	Published Rate (Medi			 	 	 		Total UDC:
		icated Clients (UDC)		 	 		- 	10tai UDC:
	Mes:	Control Chorice (CDC)	``					

DPH 3: Salaries & Benefits Detail

Provider Number: 8911
Provider Name: Citywide NOVA - Cost Reimbursement
Document Date: 9/15/11

Appendix #: B-4, Page 2

		TOTAL		General Fund	Sheriff	Sheriff's Department Work Order		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Source 4 (overwrite h Funding Source Name)
	Term:	07/01/2011-6/30/12	Term:	07/01/2011-6/30/12	Term:	7/01/2011-6/30/	Term:		Term:		. Term:	
Position Title	FTE	Salaries	FTE	Salaries	- FTE	Salaries	FTE	Salaries	FTE	Salaries .	FTE ·	Salaries .
Mark O'Leary, MD, UCSF, PI	0,00	<u> </u>	<u> </u>	<u> </u>	0.00		<u> </u>	·	·	·		·
Clinical Social Worker I/II	1.70	109,221			1.70	109,221		•	·			
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	<u> </u>			<u> </u>	<u> </u>	<u> </u>					-	<u> </u>
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Totals		\$109,221	0.00	· \$0	1.70	\$109,221	0.00	. \$0	0.00	\$0	0,00	. \$
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	marie Bros				•							
	<u> </u>	T		·		7			1	1 : : : : :		
Employee Fringe Benefits		\$33,859	319	\$0	31%	\$33,859	1	L	1		<u> </u>	1
							• •	•			٠.	· · .
TOTAL SALARIES & BENEFITS		\$143,080].	* \$0	7	\$143,080	7	\$0	7.	\$0	7	· s
to the oriental of Delta He	;	ψ1-3,000	.		- l	\$ 140,080	-	, 90	_	·	┙.	L

DPH 4; Operating Expenses Detail

TOTAL OPERATING EXPENSE

Provider Number: 8911
Provider Name: Citywide NOVA - Cost Reimbursement
Document Date: 9/15/11

Appendix	#:	B-4,	Pag	e 3	ì

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: <u>7/01/11-6/30/2012</u>	Term:	Term:	Term:
Rental of Property	\$	·					
Utilities(Elec, Water, Gas, Phone, Scavenger)	. \$				•		
Office Supplies, Postage	\$	270.	<u> </u>	270			
Building Maintenance Supplies and Repair	* \$	-	,	-			
Printing and Reproduction	\$			· · · · ·			
Insurance	. \$				<u> </u>	<u> </u>	
Staff Training	: \$	· · · · · · · · · · · · · · · · · · ·		· ` ` -			
Saff Travel-(Local & Out of Town)	\$						<u> </u>
Rental of Equipment	\$						
Computer and computer related equipment	; .\$		·	-			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts): Sofia	\$				·		·
& Amounts)	<u>: </u>		<u> </u>		}		
& Amounts)		<u> </u>	<u> </u>		· ·		
& Amounts)							
& Amounts)		· · · · · · · · · · · · · · · · · · ·					
& Amounts)							;
			• •			<u> </u>	
Other:	u.]:	
	\$	579		579	<u> </u>		
Network	\$	714		714			<u> </u>
Client Food and Miscelleous Expenses	\$				<u> </u>		
Client Stipend	<u>: \$</u>			_		<u> </u>	
·	: :			<u> </u>			
	# a.			l :			

\$1,563

1,563

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

DMH Legal Entity Name (MH)/Contractor Name				Contract Appendix #:	B-5, Page 1		
		Citywide Roving 7	eam		Document Date:		
Provider Nu					:	Fiscal Year:	
	.]	Citywide Roving	Citywide Roving	Citywide Roving		1	J .
Program	Name:	Team	Team	Team		1	1
Program Code (formerly Reporting	Unit):	. 8911RT	8911RT	: 8911RT			
Mode/SFC (MH) or Modali	ty (SA)	15/01-09	15/10-57	15/70-79			
Sarvice Desc	rintion:	Case Mgt Brokerage	MH Svcs	Crisis Intervention- OP			TOTAL
		07/01/2011-06/30/2012	07/01/2011-06/30/2012			· · · · · · · · · · · · · · · · · · ·	101712
Unding uses	語が語を記	THE REPORT OF THE PARTY.	中的一种特殊的	Per Minister Constitution		TENCEN STEPP CONTROL	rio recitor
Salaries & Employee Be	enefits:	74,271	411,122	5.037	* P.O. Sang S. C. Stern Copped at Market Superior 2 (1977)	- Copposition to the second se	490,430
Operating Exp		13,416.	74,262	910	· · · · · · · · · · · · · · · · · · ·		88,58
Capital Expenses (greater than \$							
Subtotal Direct Expe	enses:	87,686	485,384		•	1 : .	579,
Indirect Exp	enses:	10,522	58,246	714			69,48
TOTAL FUNDING	USES:	98,209	543,631	6,661			648,50
CBHS MENTAL HEALTH FUNDING SOURGES		The Action with the Company		THE THE PARTY.		The state of the s	i in Tarris all Tarris (A.).
MH FED - SDMC Regular FFP (50%)		47,779	264,480	3,241			315,50
MH WORK ORDER - Human Services Agency		50,429	. 279,150	3,420			333,00
							-
]
TOTAL CBHS MENTAL HEALTH FUNDING SOL		98,209.	543,630	6,661	-	· .	648,500
CBMS SUBSTANCE ABUSE FUNDING SOURCES	nerginal and the second	Trine the same and the same		West of Participation of the Control			1. 在一个工作中心
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TOTAL CBHS SUBSTANCE ABUSE FUNDING SOL					-	•	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Barrer .			PER TENTE	11-13 State of the second section of	a freezent to the government of the	
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						·	
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOL		-	· •		<u>:</u> -	<u> </u>	
TOTAL DPH FUNDING SOL	JRCES	98,209	543,630	6,661	-	<u> </u>	648,5
NON-DPH-FUNDING SOURCES				The state of the s	性性感性的思想		Property and the Co
TOTAL NON DOUGLANDING COURGES				<u> </u>		<u> </u>	<u> </u>
TOTAL NON-DPH FUNDING SOURCES				,-,			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		98,209	543,630	6,661	-	<u> </u>	648,500
CBHS UNITS OF SERVICE AND UNIT COST		٠.	<u> </u>				The state of the s
Number of Beds Purchased (if app			·		·		Tand the Typical
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (c		1 × 1					the market and property
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx P					•		The second second
Cost Reimbursement (CR) or Fee-For-Service			FFS	FFS	•		
Units of S	ervice:	49,600	212,360	1,753			30-11-11-11-11-11-11-11-11-11-11-11-11-11
Uni	t Type:	Staff Minute					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCE	S Only)	1.98	2.56	3.80			Artist Market
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOUR		1.98	2.56	3.80			Assessment with
Published Rate (Medi-Cal Providers							Total UDC
Unduplicated Clients	(UDC):	•	1		•	•	12

DPH 3: Salaries & Benefits Detail

Provider Number: 8911
Provider Name: Citywide Roving Team
Document Date: 9/15/11

Appendix #: B-5, Page 2

	TOTAL				WORK ORDER #1 Human Service Agency		Funding Source 2 (overwrite here with Funding Source Name)		(overw	ing Source 3 rrite here with Source Name)	Funding Source 4 (overwrite here with Funding Source Name)		
	Term:	07/01/2011-6/30/12				7/01/2011-6/30/1	Term:		Term:		Term:		
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Mark O'Leary, MD, UCSF, PI	0.00	<u> </u>	0,00		0.00								
Division Director	. 0.10	12,447	0.05	6,056	0.05	6,391	 			· · · · · · · · · · · · · · · · · · ·	1		
Clinical Social Worker I/II	2.88	190,371	1.40	92,617	1.48	97,754	<u> </u>	<u> </u>	 	<u> </u>		· .	
Clinical Social Worker III - Supervisor	0.67	60,610	0.33	29,487	0.34	31,123			ļ				
Clinical Social Worker II - Supervisor	0.80	57,119	0.39	. 27,789	0.41	29,330	<u> </u>		·	.:			
Administrative Assistant	0.40	16,453	0.19	. 8,005	0.21	8,448			ļ				
Social Work Associate	0.72	37,374	0.35	18,183	0,37	19,191						•	
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			 	ļ		<u> </u>	J	 	 	 			
Tota	ls: 5.57	\$374,374	2.71	\$182,136	2.86	\$192,238		\$0	0.00	<u> </u>	0.00	<u> </u>	
		-					• • •				٠.	•	
	•								·			·	
Employee Fringe Benefi	ts: 319	\$116,056	319	\$56,462	2	\$59,594		1	_1	1	i	1 .	

	• •					
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	n: <u>7/01/11-6/30/12</u>	Term: <u>7/01/11-6/30/12</u>	Term: <u>7/01/11-6/30/12</u>	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	<u> </u>				,		
Printing and Reproduction	<u> </u>	,			٠,		
Insurance]		- :				
Staff Training	\$	500	243	257			
Staff Training Of Staff Travel-(Local & Out of Town)	\$	2,559	1,245	1,314		٠.	
ental of Equipment	\$	•		.,			7
Computer and computer related equipment	\$	-	:				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts): Sofia	<u> </u>				:	: 7	
Amounts)	<u> </u>				<u> </u>	-	
Amounts)	<u> </u>						<u> </u>
Amounts)	<u> </u>		: ·		<u> </u>		
Amounts)	<u> </u>	· .					
Amounts)	<u> </u>	· · · · · · · · · · · · · · · · · · ·				<u> </u>	<u> </u>
	<u> </u>	<u> </u>					
Other:		•				i '	
GAEL	\$	1,984	965	1,019	<u> </u>		
Network	\$	2,339	1,138	1,201	. 12		
Client Food and Miscelleous Expenses	\$	4,000	1,946	2,054	· · ·	·	
Client Stipend				<u> </u>			<u> </u>
					<u> </u>	ļ·	
	j	•				•	

\$43,099

\$45,489

88,588

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

DPH 2: Department of Public			ng/Data Colle	ction (CRDC)	<u> </u>	•	
DMH Legal Entity Name (MH)/Contractor Name ((SA): UC	C Regents		. •	Cor	ntract Appendix #:	B-6, Page 1
Provider Na	ame: Ci	tywide-Services	for Supportive Ho	using		Document Date:	9/15/2011
Provider Num	ber: 89	911				Fiscal Year:	FY 11-12
		Citywide-	Citywide-	Citywide-	Citywide-	Citywide-	
		Services for	Services for	Services for .	Services for	Services for	. 1
	- ; ∤ .	Supportive	Supportive	Supportive	Supportive	Supportive	
Program Na		Housing (FFS)	Housing (FFS)	Housing (FFS)	,Housing (FFS)	Housing (CR)	
Program Code (formerly Reporting L		8911SH	8911SH	8911SH	8911SH	8911SH	
Mode/SFC (MH) or Modality	(SA)	· 15/01-09	15/10-57	15/60-69	15/70-79 Crisis Intervention-	. 60/78	
Service Descrip	ption: C	ase Mgt Brokerage	MH Svcs	Medication Support	OP '	Client Support	TOTAL
FUNDING TE	ERM: 07	7/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	
FUNDING USES				是物质生产区域	理學學是共享的	理學學學學學	
Salaries & Employee Ben	nefits: .	54,601	209,468	63,849	5,002	52,749	385,
Operating Exper	nses:	9,873	37,876	11,545	904	. 560	60,758
Capital Expenses (greater than \$5,							0
Subtotal Direct Expen	nses:	64,474	247,344	75,394	5,906	53,309	446,427
Indirect Exper		. 7,737	29,681	9,047	709	6,397	53,572
TOTAL FUNDING U	SES:	72,211	277,025	84,441	6,615	59,706	499,999
CBHS MENTAL HEALTH FUNDING SOURGES					建加速性的外部		
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	59,706	367,706
						·	
TOTAL CBHS MENTAL HEALTH FUNDING SOUR	RCES	72,211	277,026	84,442	6,616	59,706	499,999
CFDA#			PERSONAL PROPERTY.	建物制制的	Perfect		强烈的现代
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TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	RCES	-		, -	· -		
OTHER DPH:COMMUNITY PROGRAMS FUNDING SOURCES	20世紀 20世紀 20世紀 20世紀 20世紀 20世紀 20世紀 20世紀	NAME AND THE	HERETE STREET		The same	"你就是有些的理想	多类型的
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TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOUR	RCES	-	·	-	-		· · ·
TOTAL DPH FUNDING SOUR	RCES	72,211	277,026	84,442	6,616	59,706	499,995
NON-DPH-FUNDING SOURCES	那些教育						Paralle Tra
			•.				0
TOTAL NON-DPH FUNDING SOURCES	<u> </u>	<u>-</u>	0	. 0	<u> </u>	<u> </u>	<u> </u>
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		72,211	277,026	84,442	6,616	59,706	499,999
CBHS UNITS OF SERVICE AND UNIT COST		<u> </u>					The Market State of the Control of t
Number of Beds Purchased (if applie				<u> </u>		1	at the I to
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (cla			<u> </u>		<u> </u>	<u> </u>	moved stains
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Pro		i			<u> </u>	<u> </u>	The State of the State of
Cost Reimbursement (CR) or Fee-For-Service (FFS	FFS	FFS.	. FFS	CR .	Marie de la companion de la co
Units of Se		35,748	106,140	17,519	1,705	1	
	Type:	Staff Minute	Staff Minute				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES		2.02	2.61	4.82			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOUR		2.02	2.61	4.82	3.88		T-4-LUDG
Published Rate (Medi-Cal Providers Unduplicated Clients (Total UDC:
Unduplicated Clients (UDC):		<u> </u>	.5	1	<u> </u>	170

DPH 3: Salaries & Benefits Detail

Appendix #: B-6, Page 2

Provider Number: 8911
Provider Name: Citywide-Services for Supportive Housing
Document Date: 9/15/11

		TOTAL	General Fund			de-Services for Ive Housing (CR)	(overw	ng Source 2 rite here with Source Name)	(overw	ing Source 3 rrite here with 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		07/01/2011-6/30/2012 Salaries	Term:	Salaries	Term:	Salaries	Term:	Salaries	
Pasition Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FIE	Salaries	FIE	Salaries	- FIE	- Salaties	
Mark O'Leary, MD, UCSF, Pl	0.01		0.01			·	- ::-	· · · · · · · · · · · · · · · · · · ·			 	, -	
Gupervising Osmour Odolar Werker	0.07	5,736	0.07	. 5,736		<u> </u>					 	<u> </u>	
Clinical Social Worker II-Supervisor	0.50	36,000	0.50	36,000							 	·	
Associate Clinical Professor	0.15	6,800	0,15	6,800					·		ļ <u> </u>		
Clinical Nurse II	0.50	. 60,000	0.50	60,000						ļ	ļ		
Chical Social Worker I/II	2.00	139,800	2.00	139,800	·			•			↓		
Amministrative Assistant	0.50	19,653	0.00		· 0.5	19,653					<u> </u>		
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	•					:			
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	 					· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u> </u>	 	<u> </u>	
Totals	4.17	\$294,404	3.35	\$254,138	0.83	\$40,267	0.00	\$0	0.00	\$0	0.00	\$0	
1 :	·						<u> </u>					· .	
		<u> </u>				•	·	·	·				
Employee Fringe Benefits	: 31%	\$91,265	31%	\$78,783	31%	\$12,483	<u> </u>	•		<u> </u>		<u> </u>	
		• .			,	•	•			•	,		
TOTAL SALARIES & BENEFITS	•	\$385,669		\$332,920		\$52,749		\$0	[\$0		\$0	

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: <u>7/01/11-6/30/2012</u>	Тегт: <u>7/01/11-6/30/2012</u>	Term: <u>7/01/11-6/30/2012</u>	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	\$ -	<u> </u>		<u> </u>	
Printing and Reproduction	\$. 260	260			
Insurance	\$ -		<u> </u>		
Staff Training	\$ 800	. 800			
Staff Travel-(Local & Out of Town)	\$ 2,000	2,000	<u> </u>		
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 Miscelleous Expenses	\$ 14,640.	14,640	.:.		
Client Stipend	\$ 24,000	24,000			
	<u> </u>			· · · · ·	·
	<u> </u>	<u> </u>	<u> </u>	<u>. </u>	1

60,758

\$60,198

\$560

DPH 6: Contract-Wic direct Detail

Contractor Name UC-Regent

Document Date: 09/15/11

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
		-
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		· · · · · · · · · · · · · · · · · · ·
EMPLOYEE FRINGE BENEFITS		\$ -
TOTAL SALARIES & BENEFITS		\$ -

2. OPERATING COSTS

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

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

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: Errol Fitzpatrick
Risk Management Staff
Judith Blackwell
Mike Ward

City Hall, Room 370

1 Dr. Carlion B. Goodlett Place, San Francisco, CA 94102

Telephone (415) 5544878; Fax (415) 554-6168

Appendix F-1

		• •		Cont	trol Number	7			•		PAGE A	
				<u> </u>		l · .	INVOICE NUI	MBER:	M05	JL ·	1 .	
Contractor: UC SFGH - Clinical Practic	e Group - Cl	#S# 6906		•			Ct.Blanket No	.: ВРНМ	TBD			
Address: 1001 Potrero Avenue, Room 2	M27, San Fra	ncisco, C	A 94110	·		•	Ct. PO No.: F	ЮНМ	TBD			User Cd
Tel No.: (415) 206-8431							Fund Source:		MHSA-Prop	63, GF,	SDMC Reg FFP, I	Realignment
		·					Invoice Period	ı:	July 2011		:	
Funding Term: 07/01/2011 - 06/30/2012			. , .				Final Invoice:				(Check if	Yes)
PHP Division: Community Behavioral He	alth Services			•			ACE Control N	lumber:	對歐大學			
			Total Cor	ntracted	Delivered	THIS PERIOD	Delivered	to Ďate	% of TC	TAL		aining erables
Unduplicated Clients for E	vhihit:	•	Exhibit			hibit UDC	Exhibit I		Exhibit I			olt UDC
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*Unduplicated Counts for AIDS Use Only. DELIVERABLES			Delivere	ATHIS			Delive	· ha	T		l Rem	aining
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Modality/Mode # - Svc Func (мн ону)	uos	CLIENTS		CLIENTS	Rate `	AMOUNT DUE	UOS	CLIENTS	UOS	LIEN	· UOS	CLIENTS
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15/ 10 - 57 MH Svcs	1,163,659	柯縣			\$ 2,35		0.000	Call Street Company of the last	0.00%	11-12-15	1,163,659.000	
15/60 - 69 Medication Support	168,337	西域是			\$. 4.60		0.000	小学生的	0.00%	11.00	168,337.000	
15/70 - 79 Crisis Intervention-OP	10,614				\$ 3,60	\$	0.000		0.00%	第	10,614.000	
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I certify that the information provided about accordance with the contract approved claims are maintained in our office at the	d for service	s provide	ny knowledged under the	e, compl provision	ete and acc	tract. Full justi	ount requested ification and ba	for reimbu ckup reco	rsement is ords for tho	s se		
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CMHS/CSAS/CHS 10/27/2011 Invoice

Appendix F-3 PAGE A

	•			Contr	ol Number	n ,			•			
	. •			L	·	J	INVOICE	NUMBER:	S01	JL	1	
Contractor: UC SFGH - Clinical Pract	ion Group	CMC# 601					Ct Blanka	t No.: BPHM	TEPIX	<u> </u>	·	
Contractor: OC SPON - Chinical Flact	ice Group -	CINIO# USI	,0			•	OL DIATIKE	· INO. DETIN	LIBD			User Cd
Address: 1001 Potrero Avenue, Room	2M27, San F	rancisco, (CA 94110				Ct. PO No	.: РОНМ	TBD'			
Tel No.: (415) 206-8431 Fax No.		*4					Fund Sour	ce:	General	Fund		
		. · :					Invoice Pe	riod:	July 201	0.	· · · · · · · · · · · · · · · · · · ·	
Funding Term: 07/01/2011 - 06/30/2012	2			•		•	Final Invoi	ce:		<u> </u>	(Check if Ye	s) .
PHP Division: Community Behavioral He	aith Services	· •			•		ACE Contr	ol Number:		模拟		等電影響
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I certify that the information provided al in accordance with the contract approvided al claims are maintained in our office at the Signature: Send to: DPH Fiscal/Invoice P 1380 Howard St 4th San Francisco, CA 94	ed for service address in the addres	ces provided ndicated.	led under the	ne provisi	on of that c	ontract. Full ju	stification a	and backup	records f	or thos	se:	
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CMHS/CSAS/CHS10/27/2011 INVOICE

DEI ATMENT OF PUBLIC HEALTH CONTRAC R COST REIMBURSEMENT INVOICE

Appendix F-4 PAGE A

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ontractor: UC SFGH - Clinical	Practice G	roup - C	MS# 690	6	•	٠	Ct. Blank	et No.: BPHM	TBD			
ddress: 1001 Potreto Avenue, Ro	oom 2M17,	, San Fra	incisco, C	A 94110	٠.	•	Ct. PO N	o.: POHM	TBD	· · · · ·		: User Cd
el No.: (415) 206-8431					•		Fund Sou		Shoriff	Departm	ant Mark	Ordor
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unding Term: 07/01/2011 - 06/30	/2012						Final Invo	oice:		(Check if Y	'es)
HP Division: Community Behavio	oral Health	Services	:	:		·	ACE Con	trol Number:			i i i i i i i i i i i i i i i i i i i	du en en en
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Appendix F-5

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Contractor: UC SFGH - Clinical Practi	ce Group -	CMS# 690	6 .				Ct.Blanket No.	: BPHN	/TBD			
Address: 1001 Potrero Avenue, Room 2	M17, San F	rancisco, C	CA 94110		,		Ct. PO No.: P	ОНМ	TBD			User Cd
Tel No.: (415) 206-8431							Fund Source:		Fed-SDM	: Reg i	FFP, HSA Wo	rk Order
	•	•					Invoice Period	:	July 2011			
Funding Term: 07/01/2011 - 06/30/2012	•				•		Final Invoice:		<u> </u>		(Check if Ye	;s)
PHP Division: Community Behavioral He	ealth Service	es		•		<i>:</i> · .	ACE Control N	umber:	当如為書	OF STATE		
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15/ 70 ÷ 79 Crisis Intervention-OP	1,753			超級製業	\$ 3.80	\$	· 0.000		0.00%		1,753.000	
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HSA WO (HMHMROVINGWO) TOTAL FUNDING		33,000.00 48,500.00			\$		•		•			
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San Francisco, CA 941					Author	rized Signatory	,			Date	 .	<u> </u>
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Appendix F-

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ontractor: UC SFGH - Clinical Practice	e Group - C	MS# 6906	3				Ct. Blanket	No.: BPHM	TBD			
idress: 1001 Potrero Avenue, Room 2N	/127, San Fra	ancisco, .C	A 94110				Ct. PO No.:	POHM	TBD			User C
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San Francisco, CA 941]		-	Authori	zed Signatory				Date		• . ,
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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F-6 PAGE 2

			· Cont	rol Number			•					
	· -						NVOICE	E NUMBER:	M04	JL	1	· · · · · ·
Outer town UC SECH Clinical	D	^	MO# cor			•	4	ket No.: BPHM	TDD			
Contractor: UC SFGH - Clinical	Practice Grot	1b - C		,			Ci. Diani	Kel No.: BENIV				User Cd
Address: 1001 Potreto Avenue, Ro	oom 2M17, Sa	ın Fra	ncisco, C	À 94110		•	Ct. PO N	lo.: POHM	TBD		·	
Tel No.: (415) 206-8431 Fax No.:						, .	Fund So	urce:	Gener	al Fund	<u> </u>	
	•		•		•		Invoice F	Period:	July 20)11		,
Funding Term: 07/01/2011 - 06/30	/2012						Final Inv	oice:		. (Check if	Yes)
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B-6 Citywide-Svcs for Supportive	Housing RU	¥ 8911	ISH	 	╀		#D0 #01		<u> </u>		450.46	.
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Total Salaries				40,266.00	\$		\$	-		0.00%		40,266.00
Fringe Benefits				12,483.00	\$	-	\$	-		0.00%		12,483.00
Total Personnel Expenses	· · ·	一		52,749.00	\$		\$	· · · _		0.00%	\$	52,749.0
Operating Expenses:		_			i i	-	 					
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. Consultant/Subcontractor			\$		\$		\$		•	0.00%		
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TOTAL DIRECT EXPENSES		_		3,309.00	\$	_:	\$:	, -				53,309.00
Indirect Expenses			\$	6,397.00	\$	· · .	\$	· ·	· · · · · ·		\$	6,397.00
TOTAL EXPENSES				9,706.00	\$		\$			0.00%		59,706.00
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REIMBURSEMENT	· :				\$. =	ŀ	•				
certify that the information provided accordance with the contract approve claims are maintained in our office at Signature:	ed for services	provi	ded und									
Title:		. ;			. ·	· ·	Phone: _					
Send to: DPH Fiscal Invoice 1380 Howard St 4th San Francisco CA 9	Floor	• .	·	·	٠.			horization for P	ayment	·		
			L			uthorized S	ignatory		· ·	<u> </u>	Date	<u> </u>

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.

P-500 (5-10)

1 of 25

07/01/2010

Subject to Section 1, the term of this Agreement shall be from Term of the Agreement. 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.

- 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.
- 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.

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.

07/01/2010 P-500 (5-10) 6474

- 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.

- 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.
- 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.
- Oualified 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,
- 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.

Independent Contractor; Payment of Taxes and Other Expenses

- 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.
- 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:
- 8. Submitting false claims
- 10: Taxes
- 15. Insurance
- 24. Proprietary or confidential information of City
- 30. Assignment

- 37. Drug-free workplace policy,
- 53. Compliance with laws
- 55. Supervision of minors
- 57. Protection of private information
- 58. Graffiti removal

And, item 1 of Appendix D attached to this Agreement

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- (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

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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.

- 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.
- 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.
- 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.
- 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).
- 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.
 - City's payment obligation under this Section shall survive termination of this Agreement. f.
- Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:
- 8. Submitting false claims
- 9. Disallowance
- 10.
- Payment does not imply acceptance of work 11.
- Responsibility for equipment
- 14. Independent Contractor; Payment of Taxes and Other Expenses
- 15. Insurance
- 16. Indemnification
- 17. Incidental and Consequential Damages
- Liability of City 18.

- 26. Ownership of Results
- 27. Works for Hire
- 28. Audit and Inspection of Records
- 48. Modification of Agreement.
- 49. Administrative Remedy for Agreement Interpretation.
- 50. Agreement Made in California; Venue
- 51. Construction
- 52. Entire Agreement
- 56. Severability.
- Protection of private information

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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.

- 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.
- 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

FAX: (415) 431-1100 San Francisco, California 94102 e-mail: Kelly.Jackson@sfdph.org

and: David Fariello

Contract Administrator

San Francisco General Hospital 1001 Portrero Ave. Room 2M17

San Francisco, Ca 94110

To Contractor: Regents of the University of California

For Notices: 3333 California St. FAX: (415)594-3995

> San Francisco, CA 94143 e-mail: cgccsfteam @ucsf.edu

Email:

David.Fariello@ucsf.edu

For Payments: Same as For Notices

Any notice of default must be sent by registered mail.

- 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.
- 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

P-500 (5-10) 11 of 25 07/01/2010 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 12O 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 12O 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

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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

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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. 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. 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.
- 1. 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 quantity; 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.
- 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 Contactor 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.
- 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
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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

Recommended by:

CONTRACTOR

Regents of the University of California

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.

Aleeta Van Runkle

//, /A ·/O
Date Deputy City Attorney

John Radkozwski

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

Approved:

Director Office of Contract Administration and Purchaser

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 City vendor number: 44467

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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 nd Floor					
	San Francisco, CA 94103					
	Telephone: (415) 597-8065					
	Facsimile: (415) 597-8004					

2. Nature of Document (check one)

		•	
X	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 top consumers, support members or other agencies.

- D. Discharge Criteria: All three Division programs (CWCM/Forensics/SPR) will continue with comprehensive, wraparound services as long as clinically needed. When the following criteria are met a step-down transition will be initiated.
- 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
- 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. <u>Applicable to:</u> 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 Care 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.I. 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. <u>Applicable to:</u> 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.

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 A1.C). 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 Ayatar 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.

Program: Citywide Linkage Team

City Fiscal Year (CBHS only): 10-11

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

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)

\boxtimes	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(les)/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.

UCSF Reference # P0031213; A115285

Document Date

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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):

- 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, tagalong, 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

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 Care 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.I.** 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

B.1.a. 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: Citywide Linkage Team.

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

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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.

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 A1.C). 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

UCSF Reference # P0031213; A115285

Document Date

10/05/2010

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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 faceto-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

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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

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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.

Program: NoVA (Fee for Service / Cost

Reimbursement)

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Appendix A-3a & 3b Contract Term (MM/DD/YY) 07/01/10 through 06/30/11

Funding Source (AIDS Office & CHPP only):

1. Program Name: Citywide Case Management Forensic

Program Address: 982 Mission Street, 2nd Floor

San Francisco, CA 94103 Telephone: (415) 597-8065 Facsimile: (415) 597-8004

2. Nature of Document (check one)

\mathbf{X}	New		Renewal		Modification
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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. CWCMF 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

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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): CWCMF 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 has 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 be referred and assisted with appointments to a primary care provider. CWCMF 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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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 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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Funding Source (AIDS Office & CHPP only):

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 serves: 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. Tagolog, Russian, French, Italian and Farsi. CWCMF 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 CWCMF 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 pscyhoeducation 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.

CWCMF 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 CWCMF 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 CWCMF 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.

Program: NoVA (Fee for Service / Cost

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Funding Source (AIDS Office & CHPP only):

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

UCSF Reference # P0031213; A115285

Document Date

10/14/2010

Program: CWRT/CBHS

Appendix A-4 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 Roving Team

Program Address: 982 Mission Street, 2nd Floor

San Francisco, CA 94103 Telephone: (415) 597-8065 Facsimile: (415) 597-8004

2. Nature of Document (check one)

\mathbf{X}	New		Renewal		Modification
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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.

Program: CWRT/CBHS

Appendix A-4 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):

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.

Program: CWRT/CBHS

Appendix A-4 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):

Monitoring Activities 8.

- 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

- Quarterly Reports
 - Contractor shall submit quarterly responses for each individualized objective outlined above.
 - 2. In addition, the quarterly reports will provide the following data:
 - Number of individual interventions with SRO residents.
 - Ъ. 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
 - Quarterly reports shall include relevant quantitative and qualitative information and attachments as appropriate.
 - 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.

· Nine Month Report B.

- Contractor shall submit a nine-month report in lieu of the third quarter report for the final year of
- 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

- Contractor shall submit a 12-month report in lieu of the fourth quarter report covering the period beginning July 1st and ending June 30th for each year.
- This report shall provide cumulative results for each objective as outlined above and shall 2. include 12-month demographic information.
- This report is due 15 days after the end of the period (July 15). 3. .
- D. All reports are to be submitted in duplicate to:
 - Scott Walton, Deputy Director, Housing and Homeless Programs 1. Scott.Walton@sfgov.org
 - Larry Chatmon, Contract Manager, Office of Contract Management 2. Larry.Chatmon@sfgov.org

San Francisco Human Services Agency P.O. Box 7988

SAN FRANCÍSCO, CA 94120

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)
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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)

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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

UCSF Internal Reference #P0031213; A115285

Document Date

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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):

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. <u>Drop-in Screening and Orientation</u>: 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.

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):

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)

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Document Date

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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.

UCSF Internal Reference # P0031213; A115285

Document Date

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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.

UCSF Internal Reference # P0031213; A115285

Document Date

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.

<u>Cultural competence</u>: 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) <u>Continuous Quality Improvement</u>: Client satisfaction surveys provide feedback on program performance. Feedback is also obtained informally from clients.

UCSF Internal Reference # P0031213: A115285

Document Date

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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	\$5,948,75 <i>5</i>
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: New X	Renewal	Modification				Page3
If modification, Effective Date of Mod.:	# of Mod:		Maniper (10/10)	a usecum.		
LEGAL ENTITY NUMBER: 00117						
LEGAL ENTITY/CONTRACTOR NAME: UC Regents - Behavio	ral Health Integrated	and Full Service O	utpatient Services		······································	
APPENDIX NUMBE	R B-1	B-2	B-3e	B-3b	B-4	B-5
PROVIDER NUMBER	8911	8911	8911	8911	8911	TBD'
	(CWCM) / Citywide Forensic	Citywide Linkage		-	Citywide Roving	
PROVIDER NAME		(CWL)	NoVA FFS	NoVA CR	(CWRT)	Citywide STOP
CBH SIRUNDING TERM	valities en la	STATED STREET	STANKI STATUL	Torio Record	SALUST CEDEST	Parin Escrip
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS						7,092
OPERATING EXPENSE					126,204	51
CAPITAL OUTLAY (COST \$5,000 AND OVER	 			<u>_</u>	570.040	.0
SUBTOTAL DIRECT COSTS		769,077	58,214	113,214	579,018	7,143
INDIRECT COST AMOUNT	454,167 12%	92,289 12%	6,986 12%	13,586	-69,482	857
INDIRECT %				12%	12%	12%
TOTAL FUNDING USES: GERSMENTAL SHEAT THE FUNDING SOURCES	4,238,889	861,366	65,200	126,800	648,500	8,000
FEDERAL REVENUES - click below						
· · · · · · · · · · · · · · · · · · ·	1,739,485	197,988	10,000		215,500	
SDMC Regular FFP (50%) ARRA SDMC FFP (11.59)	349,377	50,000	2,000		100,000	
STATE REVENUES - click below	348,377	90,000	2,000		100,000	
MHSA	843,524					
INTO A						
GRANTS - click below			· · · · · · · · · · · · · · · · · · ·			
TOTALLO - SILON POLOTI	-					
Please enter other funding source here if not in pull down						
PRIOR YEAR ROLL OVER - click below					· · · · · · · · · · · · · · · · · · ·	_
Then Tolk 1000 of the Colon						
WORK ORDERS - click below						
HSA (Human Svcs Agency)					333,000	-
Sheriff's Department			53,200	126,800		-
3RD PARTY PAYOR REVENUES - click balow						-
·					1.	-
Please enter other funding source here if not in pull down		. 1				
REALIGNMENT FUNDS	474,132	200,000			: :	
COUNTY GENERAL FUND	832,371	413,378				
POLYAGORISTES TESTENETIES NOTNESSOURCES ASSESSED	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			125,4000	CONTRACTOR OF THE PARTY OF THE	
CHIS SUBSTANCEMBUSERUNGING SOURCESE				AND THE PROPERTY OF THE PARTY O	a partici di	
FEDERAL REVENUES - click below						•
STATE REVENUES - click below						
						-
GRANTS/PROJECTS - click below					•	
				·		
WORK ORDERS - click below						
	<u> </u>					
3RD PARTY PAYOR REVENUES - click below .						•
						•
COUNTY GENERAL FUND						8,000
TOTAL DEHE SUBSTANCE ABUSE PUNUING SOURCES.	4230900	2861-866		126800	648.50B	6 4 6 400 3 2 4000
NON-DPH REVENUES - click below					STATE OF THE PARTY	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
Terral attenda allot water						
TOTAL NON-DPH REVENUES	0	o	n n	ol	0	
FOR WEST STATES AND STATES AND STORED SHIPS AND STATES AND STORED SHIPS AND STATES AND STORED SHIPS AND STATES AND STORED SHIPS AND STATES AND STORED SHIPS AND STATE		ALL SECTION	85,200 j	- Socialina		and the same of
repared by/Phone #: Constance Revore / 597-8047	20031213/A1152	9 5 233	10/5/2010	•	· · · · · · · · · · · · · · · · · ·	

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:		VENDORACA	PHUSE ONLYG		
LEGAL ENTITY NUMBER: 00117	: • 		Commence of the Commence of th		The state of the s	
LEGAL ENTITY/CONTRACTOR NAME; UC Regents - Behavior	al Health Integrate	and Full Service C	outpatient Services			
APPENDIX NUMBER						
		 	 	 		
PROVIDER NUMBER			<u> </u>	<u> </u>	<u> </u>	
			ı		1	
PROVIDER NAME:		1				Total
CENSRUNWAGAERA						PRIVATOR BOOK 1
funding uses:						
SALARIES & EMPLOYEE BENEFITS						4,589,244
OPERATING EXPENSE						722,14
CAPITAL OUTLAY (COST \$5,000 AND OVER)		<u> </u>				• (
SUBTOTAL DIRECT COSTS			<u> </u>			5,311,38
INDIRECT COST AMOUNT		<u> </u>	<u> </u>	<u></u>		637,367
. indirect %		<u> </u>		<u> </u>		129
TOTAL FUNDING USES:	0			0	0	5,948,75
PEHEN ENTAGE AUTH FUNDING SOURCES!	Constitution:					
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)		<u> </u>		· · ·		2,162,973
ARRA SDMC FFP (11.59)			<u> </u>	<u> </u>		501,377
STATE REVENUES - click below		<u></u>	-			
MHSA		ļ	 	<u> </u>		843,524
			 	 		•
GRANTS - click below		ļ <u>.</u>				• /
						•
PRIOR YEAR ROLL OVER - click below						-
			<u> </u>			
WORK ORDERS - click below	 ,		 	<u> </u>		
HSA (Human Svcs Agency)	····					333,000
Sheriff Dept	 		 	ļ	· · · · · ·	180,000
3RD PARTY PAYOR REVENUES - click below	 					
PCALICALIST FINDS						674 122
REALIGNMENT FUNDS COUNTY GENERAL FUND						674,132 1,245,749
STOTAL CONTINUENTACHER STRUMGSCORGES						
GENESIANGE ABRIS FINDINGSOURCES						
FEDERAL REVENUES - click below				·		-
CTATE DEVENUES aliab balance				·		
STATE REVENUES - click below				· · · · · · · · · · · · · · · · · · ·		
GRANTS/PROJECTS - click below						<u> </u>
GRANT OF ROJECTS - CHICK DRIDW						<u></u> _
WORK ORDERS - click below				<u> </u>		 -
MANUTA AND PLANT AND ADDRESS OF THE PROPERTY O						
3RD PARTY PAYOR REVENUES - click below					· ·	
Arm 1 2 Mart 1 Mart mandemen - Mind Polida				:		
COUNTY GENERAL FUND	•					8,000
TOTAL CHIEST AND ABUSE RUNDING SOURCES						8 100
ronationerences # # 2			- 1- 1- 1- 1- 1 - 1			
NON-DPH REVENUES - click below						Market Williams
HON-PL II VET FROTO - PROK DEIDM						 (
TOTAL NON-DPH REVENUES	0	0	0			<u> </u>
TO FAL PROVENIES YOUR EAND NEAFORTH	. V			1	<u></u>	
	20031213/A115	Marie and Autor at the Minister of the Colon	10/5/2010			2,040,120
repaired by// mone #. Outstande Nettole / 03/-004/						

BUDGET UCSF Citywide

Appendix B-1 (7/01/10 - 6/30/11): Citywide Case Management/Forensics

Unit Description	Number of UOS	I legit I			Maximum Compensation
Case Management Brokerage	256,690	· x	\$1.80	#	\$ 462,042
MH Services	1,019,064	х	\$2.35	=	\$2,394,800
Medication Support	288,453	х	\$4.60	=	\$1,326,884
Crisis Intervention OP	15,323		\$3.60	_	\$55,163
	TOTAL BUDGE	r for A	APPENDIX B-1	=	\$4,238,889

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	х	2.70	=.	\$340,055
Medication Support	16377	х	4.70	. =	\$76,972
Crisis Intervention Op	6519		3.50		\$22,816
	TOTAL BUDGET	FOR A	PPENDIX B-2	<u> </u>	\$861,366

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	х	\$2.35	=	\$55773
Crisis Intervention Op	480		\$3.60		\$1727
	TOTAL BUDGET	FOR AI	PPENDIX B-3a	· =	\$65,200

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	х ·	\$2.56	=	\$543,631
Crisis Intervention Op	1,753		\$3.80		\$6,661
	TOTAL BUDGE	FOR A	PPENDIX B-4	=	\$648,500

Appendix B-5 (7/01/10 - 06/30/11):

STOP

Unit Description	Number of UOS	I nit Deta			
Non residential ODF Group	100	х .	\$29.00	=	\$ 2,900
Non residential ODF Individual	75 -	х	\$68.00	=	\$5,100
	TOTAL BUDGET	FOR A	PPENDIX B-5	=	\$8,000

TOTAL BUDGET FOR CITYWIDE

\$5,948,755

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

DPH 2: Department of Pul		Jost Kepol	ungivata			P.L. 4
FISCAL YEAF LEGAL ENTITY NAME		·		APPENIDX #		Page 1
	: Citywide Case I	Janagement/CH	wide Forencia D		וופט	
PROVIDER NAME	Citywide/	Citywide/	Citywide/	Citywide/	1	T
ļ	Citywide	Citywide	Citywide	Citywide		1
· · · REPORTING UNIT NAME		Forensic	Forensic	Forensic		
REPORTING UNIT	:	89113 - 891	19 8911A3			
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/60-69	15/70-79	·	
	Case Mgt		Medication	Crisis Intervention-		
SERVICE DESCRIPTION	Brokerage	, MH Svcs	Support	0 P .		TOTAL
CBHS FUNDING TERM	Watt beatsoned	27/07/03/3001	Pario Educati	17/10 6130m1	STATE OF THE STATE	STATIC BARRA
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	355,296	1,841,530	1,020,334	42,419		3,259,57
OPERATING EXPENSE	57,241	296,684	164,384	6,834		525,14
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	412,537	2,138,214	1,184,718	49,253		3,784,72
INDIRECT COST AMOUNT	49,505	256,586	142,166	5,910		454,16
TOTAL FUNDING USES:	462,042	2,394,800	1,326,884	55,163		4,238,88
COHOMONIA CHEALAN (FUNDING SOURCES)						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	189,605	982,738	544,505	22,637		1,739,485
ARRA'SDMC FFP (11,59)	38,082	197,384	109,364	4,547		349,377
STATE REVENUES - click below					-	
MHSA .	91,945	476,557	264,045	10,977		843,524
GRANTS - click below CFDA#:					•	-
		•				
			•			
PRIOR YEAR ROLL OVER - click below						
				•		
WORK ORDERS - click below			·			-
						-
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS	51,681	267,865	148,416	6,170		474,132
COUNTY GENERAL FUND	90,729	470,256	260,554	10,832		832,371
TOTAL CERSUENTAL PREALTH FUNDING SOURCES	a la activit			A STATE OF THE STATE OF		A Dan Bar
OBYS EURSTANCE ABUSE HUNDING BOURGES						
FEDERAL REVENUES - click below	ALLOW WHEN A PROPERTY OF THE PA		AND THE PERSON NAMED OF	A CONTRACTOR OF THE PARTY OF TH	ARRIVA PIECE SERVICE AND RES	efferancial control of the
FEDERAL REVERDES - LINK DROW						
STATE REVENUES - click below						·
STATE KEAEMOES - CHICK DRIDM						 -
GRANTS/PROJECTS - click below CFDA #:						<u> </u>
GRANTS/PROJECTS - CITCH DEIDW CFDA #:						
MODE OFFICE ALL LAND						 -
WORK ORDERS - click below						
DOD DADAY DAVON GENERALISMA						
RD PARTY PAYOR REVENUES - click below						
ACTION OF STREET						
COUNTY GENERAL FUND						en are designed
NOTAL CORPS SUBSTANCE IN BUSINESS CONTROLS					46.00	
O A THE REVENUES A THE SECOND	462,012	2234900	AND DESCRIPTION OF THE PERSON			41238 869
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						•
O A SEVENIE TO SHAND KOLODY)	46Z40W)	7.2.504,500J	1 226 RB4	25,763		4 238 889
CBHS UNITS OF SVCS/TIME AND UNIT COST:				. 1		
UNITS OF SERVICE1			•			
UNITS OF TIME ²	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)						
						434

¹Units of Service: Days, Client Day, Full Day/Half-Day ²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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 #:_ Document Date:

B-1, Page 2 10/05/2010

	τ	OTAL	(Agency-g	RAL FUND & peneraled) OTHER REVENUE	1	MHSA		ANT #2: ant title)		ORDER #1: ot. name)		ORDER #2: ot. name)
	Trai	oposed nsaction 7/1/10-6/30/11	Ti	Proposed ansaction : 7/1/10-6/30/11	Tra	oposed nsaction 7[1/10-6/30/11		oposed nsaction		oposed nsaction		oposed nsaction
POSITION TITLE	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	. 94,268	0.75	70,700	0.25	23,566						
Occupational Therapist	9.60	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	84,687	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						i
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		0.00	\$0	0.00	\$0	0.00	\$(

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	\$n	\$n	\$0

6539

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

	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
Expenditure Category	Térm; <u>7/1/10-6/30/11</u>	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:
Rental of Property	239,000	189,000	50,000			
Utilities(Landlines, Cell Phones and Pagers)	52,000	42,000	10,000			
Office Supplies	23,000	15,000	8,000			
Building/Van Maintenance Supplies and Repair	2,000	1,645	355			
Printing and Reproduction	700	500	200	·		
Insurance	-					
Staff Training	2,800	2,000	800			
Staff Travel-(Local & Out of Town)	18,000	11,000	7,000			
Postage and Mail	1,270	1,000	. 270			
Rental of Equipment	10,000	7,000	3,000			ļ
Computer, supplies and services CONSULTANT/SUBCONTRACTOR (Provide Names,	15,000	10,000	5,000			
Dates, Hours & Amounts)					<u> </u>	<u> </u>
Sophia Vinogradov	20,000		20,000	<u> </u>	 	· · · · · · · · · · · · · · · · · · ·
OTHER .	• · · · · · · · · · · · · · · · · · · ·		<u></u>			<u> </u>
GAEL Assessment	13,824	11,421	2,403		1	
Data Network Recharge	14,549	11,781	2,768	<u> </u>		
Client Food	33,000	18,000	15,000	 		
Cilent Miscellaneous	50,000	20,000	30,000	 		1
Client Stipends	30,000	0	30,000			
TOTAL OPERATING EXPENSE	\$525,14 3	\$340,347	\$184,796	\$0	\$0	\$0

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

DPH 2: Department of Put		Cost Repo	rting/Data			
FISCAL YEAR				APPENIDX #:		Page 1
LEGAL ENTITY NAME				PROVIDER #:	8911	
PROVIDER NAME	Citywide Linkag		1 20			· · · · · · · · · · · · · · · · · · ·
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		
	Case Mgt		Medication	Crisis Intervention-		
SERVICE DESCRIPTION	<u> </u>	MH Svcs	Support	OP		TOTAL
CBHS FUNDING TERM:	###D#03074(S	ESSAVADE SOCIAL	catatio-executi	V/3/2045/80/38 3		A PARTAD-BITACO A S
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS				18,550		700,324
OPERATING EXPENSE	33,645			1,821		68,753
CAPITAL OUTLAY (COST \$5,000 AND OVER)	0 378,360		68,725	20,371		769,077
SUBTOTAL DIRECT COSTS INDIRECT COST AMOUNT	45,163			2,445		92,285
TOTAL FUNDING USES:	421,523	340,055	76,972	22,816		861,366
CHEMENTAL HE USEN SUNDING BOURGES		3-0,00				
FEDERAL REVENUES - click below	on of the statement of	ar er er en produktion Schille Belle in			magnine distribution	
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						
			<u> </u>			-
WORK ORDERS - click below						
Diama anto alto a track a grill davis						
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
NOTA NOMES WE WITH THEA THE FUNDING SOURCES	A	GASSES BANDESS	enta reser	2286		46136
CRYS SAUBET AND E MOUSE PHYLONIC BOURCES				State of the		
FEDERAL REVENUES - click below						
						-
STATE REVENUES - click below						-
						•
GRANTS/PROJECTS - click below CFDA#:						-
·					}	
WORK ORDERS - click below						
ARD DARTH BAND DEUTABLES - P. L. L.		· -				-
3RD PARTY PAYOR REVENUES - click below			-,			
COUNTY GENERAL FUND						 -
MOTAL ERUS SUESTANCE ABIDS FUNDING SOURCES						
	e de la constant	and the same of				001366
NON-DPH REVENUES - click below					THE RESERVE OF THE PARTY OF THE	N. W. S. S. S. S. S. S. S. S. S. S. S. S. S.
HALLE IN HELFLAND . CHAN DEIGH						 :
TOTAL NON-DPH REVENUES						•
TOTAL MESCENDES TOPHISMO NON-DRHIT		3102551	76 STE	200		661 386
CBHS UNITS OF SVCS/TIME AND UNIT COST:	omite and survey and a	and the very second and the	and the second second	Act and a series of the series	, and the second second	ned Tree with the Ch
UNITS OF SERVICE1						
. UNITS OF TIME ²	229,089	125,946	16,377	6,519		377,931
COST PER UNIT-CONTRACT.RATE (DPH & NON-DPH REVENUES)	1.84	200	4.70	3.50		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		2.70	4.70	3.50		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	· - T	,				315

¹Units of Service: Days, Client Day, Full Day/Half-Day ²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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

	т	OTAL.	(Agency-ge	RAL FÜND & merated) OTHER EVENUE		ANT #1:		ANT #2:		ORDER #2: pt. name)		ORDER #2: pt. name)	
	Trar	Proposed		Proposed		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	
arnes Dilley, MD, UCSF, PI	0.01		0.01	<u> </u>									
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								l	
Nurse Practitioner	0.35	48,490	0.35	48,490			 		·			ļ	
			 				 						
									·				
			1										
			 	·							<u> </u>		
							 		 		<u> </u>		
			-					<u> </u>	 _	ļ	 		
TOTALS	8.35	\$555,813	8.35	\$555,813	0.00	\$0	0.00	. \$0	0.00	\$0	0.00		
MPLOYEE FRINGE BENEFITS	26%	\$144,511	26%	\$144,511]]		
					_		_		_				
TOTAL SALARIES & BENEFITS		\$700,324	il.	\$700,324	1	\$0	\mathbf{J}_{-}	\$0	7	\$0	7		

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

•
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)

OTHER
GAEL Assessment
Data Network Recharge
Client Food
Client Miscellaneous
Cilent Stipends

TOTAL OPERATING EXPENSE

TOTAL .	GENERAL FUND & (Agency- generated) OTHER REVENUE			WORK ORDER #1:	WORK ORDER #2: (dept. riskne)	
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED - TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	
Terra: 7/1/16-8/35/11	Term: 7/1/10-8/39/11	Term:	Term:	Term:	Term:	
21,000	21,000					
18,400	18,400		<u> </u>			
5,000	5,000		<u> </u>			
	<u> </u>	<u> </u>	1		 	
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3,000	3,000			<u></u>		
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2,946	2,946					
. 3,507	3,507					
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3,000	3,000					
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DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DPH 2: Department of Public H		reporting/			
FISCAL YEAR			APPENIDX #:		Page 1
LEGAL ENTITY NAME		- Camalar	PROVIDER #:	8911	
	:: NoVA - Fee Fo	NoVA FFS	NoVA FFS	1	7
REPORTING UNIT NAME REPORTING UNIT		8911NO	8911NO		
MODE OF SVCS / SERVICE FUNCTION COD		15/10-59	15/70-79		
MODE OF SVCS / SERVICE FONCTION COD	Case Mgt	13/10-33	Crisis Intervention-	 	
SERVICE DESCRIPTION	Barrier	MH Svcs	OP		TOTAL
CBHS FUNDING TERM			an market day		e de la company la com
FUNDING USES:		330 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3043344444	And the second second	
SALARIES & EMPLOYEE BENEFITS	6,775	49,072	1,519		57,366
OPERATING EXPENSE	+		23		848
CAPITAL OUTLAY (COST \$5,000 AND OVER)				C
SUBTOTAL DIRECT COSTS	6,875	49,797	1,542		58,214
INDIRECT COST AMOUNT	825	5,976	185		6,986
TOTAL FUNDING USES		55,773	1,727		65,200
GBHSMENTAL HEALTH FUNDING BOURGES!					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)	1,181	8,554	265		10,000
ARRA SDMC FFP (11.59)	236	1,712	52		2,000
STATE REVENUES - click below					-
GRANTS - click below CFDA #:					<u> </u>
					•
					•
Please enter other here if not in pull down		·			-
PRIOR YEAR ROLL OVER - click below					
					-
WORK ORDERS - click below					20 000
Sheriff Dept	6,283	45,507	1,410		53,200
Please enter other here if not in pull down				·	
3RD PARTY PAYOR REVENUES - click below					
Die gen enter ether here if not in well down					
Please enter other here if not in pull down REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL OBLIGATE A TRADITION OF SOURCES		SOLUTION AND AND ADDRESS OF THE PARTY OF THE			165,200
OBI SSUBBRANC AND SETUIDING SOURCES.	der de la companya de				
FEDERAL REVENUES - click below		HOWEL PRINCIPLE	STATES AND CONTRACTOR		
FEDERAL REVERDES - CIER DRIOW					
STATE REVENUES - click below					
STATE REPUBLIS - CHICK BRION					
GRANTS/PROJECTS - click below CFDA #:					
WI WATE					
WORK ORDERS - click below				· · · · · · · · · · · · · · · · · · ·	
3RD PARTY PAYOR REVENUES - click below					
				· · · · · · · · · · · · · · · · · · ·	
COUNTY GENERAL FUND					
TOTAL CENESUESTANCE ABUSE FROMOING STOURCES					
ALOUATEDES ENERGY STORY					65200
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES	0	. 0	. 0	0	. 0
TOTAL EREVENUES (OPELAND NONEMEN)	2 2 2 7 00 1	en ami			12 at 200
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE1	·				
UNITS OF TIME ²	A,208	F. 23,733	1084-1-101		. 28,421
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)					
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		10 C . C . (11 . (The state of the s		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
. UNDUPLICATED CLIENTS				0	- 14-2- 30

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Datail

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

	7	OTAL.	(Agency-ge	RAL FUND & enerated) OTHER EVENUE		ANT #1:		rant title)		K ORDER #1: riff's Office		ORDER #2: ot. name)
	Trai	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: <u>7/1/10-8/30/11</u>		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term: <u>07/01/2010-06/30/2011</u>		Proposed Transaction Term:
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIE
mes Dilley, MD, UCSF, PI	0.01		0,01				<u> </u>		0.01	0		
nical Social Worker I/II	0.74	45,529	0.14	8,380					0.60	37,149		
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TOTALS	0.74	\$45,529	0.14	\$8,380	0.00	\$0	0.00	\$0	0.61	\$37,149	0.00	
	ž.	•	٠									
MPLOYEE FRINGE BENEFITS	. 26%	\$11,837	26%	\$2,178		<u> </u>	7	·	7 26%	\$9,659		<u> </u>
	2070	411,007		Y2.110		<u> </u>			1 20/0	1 600,69		· · · · · ·

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APPENDIX #: B-3a, Page 3
Document Date: 10/05/2010

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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 Mali
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 OPERATING EXPENSE

TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE PROPOSED	GRANT #1: (grant title) PROPOSED	GRANT #2: (grant title) PROPOSED	WORK ORDER #1: Sheriff's Office PROPOSED	WORK ORDER #2: (dept. name)
TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Term: <u>7/1/10-6/30/11</u>	Term: 7/1/10-6/30/11 .	Term:	Term:	Term: 7/1/10-6/30/11	Term:
-				<u> </u>	
<u> </u>					
296	54	l		242	
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241	44		1 .	197	
311				254	<u> </u>
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DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DPH 2: Department of Pub	olic Heath (Jost Repo	rting/Data	Collection	(CRDC)	
FISCAL YEAR	: 10/11			APPENIDX #:	B-3b	Page 1
LEGAL ENTITY NAME	<u> </u>			PROVIDER #:	8911	
PROVIDER NAME	NoVA-Cost Rei	mbursement	···		·	
REPORTING UNIT NAME:	NoVA CR	NoVA CR	NoVA CR	<u> </u>	<u> </u>	
REPORTING UNIT	8911NO	8911NO	8911NO		<u> </u>	
MODE OF SVCS / SERVICE FUNCTION CODE		15/10-59	15/70-79		<u> </u>	
,	Case Mgf		Crisis Intervention-	· ·		
SERVICE DESCRIPTION		MH Svcs	, OP			TOTAL
CBHS FUNDING TERM:	THE OWNER OF STREET	PROPRIEDONI !				
FUNDING USES:	<u> </u>		Ĺ	<u> </u>		
\$ALARIES & EMPLOYEE BENEFITS	13,235	95,865	2,969			112,051
OPERATING EXPENSE	·	979	30			1,14
CAPITAL OUTLAY (COST \$5,000 AND OVER)						1 1
SUBTOTAL DIRECT COSTS		96,844	2,999			113,214
INDIRECT COST AMOUNT	1,605	11,621	360			13,584
TOTAL FUNDING USES:	14,976	108,465	3,359			126,800
SEAL WENT WATER THE KONDING SCHOOLS						
FEDERAL REVENUES - click below			ļ			
SDMC Regular FFP (50%)						<u> </u>
ARRA SDMC FFP (11.59)						
STATE REVENUES - click below						<u> </u>
GRANTS - click below GFDA #:	i				·	
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						<u> </u>
Please enter other here if not in pull down					·	<u> </u>
PRIOR YEAR ROLL OVER - click below				·		<u> </u>
						-
WORK ORDERS - click below						
Sheriff Dept	14,976	108,465	3,359			125,800
Please enter other here if not in pull down						<u> </u>
3RD PARTY PAYOR REVENUES - click below						-
						-
Please enter other here if not in pull down						
REALIGNMENT FUNDS			<u> </u>			-
COUNTY GENERAL FUND						
TOTAL CHIS MENTAL HEAD THE LINGUIS COURGES (1992)						1 25 800
CONTROL STANDS AND SET ON PING SOURCES!	William St.					
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	Darken Co. Springer Lands	ANTENNE CHARACTER	HAND THE RESERVE WAS AND A STATE OF THE PARTY OF THE PART	NAME OF TAXABLE PARTY.	DESIGNATION AND DESIGNATION OF THE PERSON OF	Light of the second of the sec
TOTAL CERTIFICATION CERTIFICE PROPRIES SOURCES	TO THE PARTY OF TH	arther Each				
PROMEDER SYCHUES TO THE PROPERTY OF THE PROPER	\$		7,850			100,000
NON-DPH REVENUES - click below						-
						-
TOTAL NON-DPH REVENUES	<u> </u>	1				-
TO NISTENERUPES OF PROMISED BY	11976	200,865	1 1 1 1 1 1 1 1			
CBHS UNITS OF SVCS/TIME AND UNIT COST:	•					
UNITS OF SERVICE ¹	1	1	1			•
UNITS OF TIME ²	28.962	32:562				1
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	cr :	POP BRIDE	CR			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	LUCR!	CR. CR.	POR C			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	<u> </u>					
UNDUPLICATED CLIENTS			·			13/6 27/2 30

¹Units of Service: Days, Client Day, Full Day/Half-Day ²Units 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

•	TC	OTAL	GENÉRAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: Sheriff's Dept		WORK ORDER #2:		
POSITION TITLE	Tran	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	
imes Dilley, MD, UCSF, PI	0.01		ļļ						0.01	0			
Inical Social Worker I/II	1.45	88,944	ļļ.	·					1.45	88,944		···	
			 										
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TOTALS	1.45	. \$88,944	0.00	\$0	0.00	\$0	0.00	\$0	1.46	\$88,944	0.00		
TOTALS		. 400,011		<u> </u>	0.00	<u> </u>	1 0.00	<u></u>		900,344	0.00		
MPLOYEE FRINGE BENEFITS	26%	\$23,125	1		1		1		26%	\$23,125			
EMPLOYEE FRINGE BENEFITS	<u>26%</u>	\$23,125	1		<u> </u>		<u> </u>	<u> </u>	26%	· \$23,125			
TOTAL SALARIES & BENEFITS		\$112,069		\$0	7	\$0	7 ·	\$0]	\$112,069] 1		

DPH 4: Operating Expenses Detail

APPENDIX #: B-3b, Page 3
ocument Date: 10/05/2010 Document Date:

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1):

8911

NoVA-Cost Reimbursement

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER#11 Sheriff& Bepi	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:	Term:	Term:	Term: <u>7/1/10-6/30/11</u>	Term:
Rental of Property	•					
Utilities(Landlines, Cell Phones and Pagers)	<u>-</u>					
Office Supplies	65				65	
Building/Van Maintenance Supplies and Repair						
Printing and Reproduction						
Insurance			-			
Staff Training	-					
Staff Travel-(Local & Out of Town)	-					
Postage and Mail	-					
Pagers	_		<u> </u>			
Rental of Equipment						
Computer, supplies and services	-		·			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
			<u> </u>			
OTHER	-	ļ		<u> </u>		
GAEL Assessment	471	 	<u> </u>	<u> </u>	471	}
Data Network Recharge	609	 	 	 	609	
Client Food	-		-		 	
Client Miscellaneous	-		-	<u> </u>		
Client Stipends		<u> </u>	<u> Li</u>	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ
TOTAL OPERATING EXPENSE	\$1,145	. \$0	\$0	\$0	\$1,145	\$0

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
James Dilley, 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
		!
Clinical Social Worker I/II 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,	1	
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.	P00 D44	4 45
TOTAL SALARIES	\$88,944 \$88,944	1.45_ 1.45
	+50,011	
Staff benefits are 26%	\$23,125	
		<u> </u>
TOTAL BENEFITS	\$23,125	
TOTAL SALARIES & BENEFITS	\$112.060	
Operating Expenses	4112,000	
	•	
Occupancy:		
Rent:		
Utilities:		
Odinides.		
		
		
Building Maintenance:		
*. •	40	
Total Occupancy: Materials and Supplies:	\$0	
Office Supplies:		
\$65 is budgeted for copy paper, office supplies such as staplers, lamps, tissue, envelopes, pens,	\$65	
folders, etc.	***	
		•
Printing/Reproduction:		
	 	
Program/Medical Supplies:		

Total Materials and Supplies	\$65
General Operating: insurance:	
Staff Training:	
Rental of Equipment:	
Total General Operating: , Staff Travel (Local & Out of Town):	\$0
	\$0
Consultants/Subcontractors:	
University Cost: GAEL liability is .0053 percent of personnel salaries.	\$471
Campus Network Equipment Upgrade: The recharge cost based on total FTE*\$35.00*12 months	\$609
CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0
TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$113,214

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

DPH 2: Department of Pul		cost Kepo	ung/Data		<u> </u>	
FISCAL YEAR				APPENIDX #		Page 1
LEGAL ENTITY NAME	UC Regents		•	PROVIDER #	8911	
PROVIDED MAKE	Citavido Bordo	Toom				
PROVIDER NAME	: Citywide Roving Citywide	Citywide	Citywide	1	1	τ
REPORTING UNIT NAME:	1 '	Roving Team	Roving Team	ļ		Í
REPORTING UNIT	 	8911RT	8911RT	 	 	
MODE OF SVCS / SERVICE FUNCTION CODE		15/10-59	15/70-79	 		
MODE OF SVOS / SERVICE FONOTION CODE	Case Mgt	10/10-00	Crisis Intervention	<u> </u>	 	
SERVICE DESCRIPTION	Destruction	MH Svcs	OP OP	1	ł	TOTAL
	<u> </u>	L			3.72 (0.10) 50(25) 7423	
CBHS FUNDING TERM						OTATA DE SUPERIO
FUNDING USES:		270 500	· · · · · · · · · · · · · · · · · · ·			
SALARIES & EMPLOYEE BENEFITS						452,814
OPERATING EXPENSE		105,796	1,296			126,204
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS		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
IOBLIS MENTAL SHEALTH INDIAD MC SOURCES	25.00					
FEDERAL REVENUES - click below						
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
STATE REVENUES - click below						-
GRANTS - click below . CFDA #:						-
	,					
PRIOR YEAR ROLL OVER - click below						-
						-
WORK ORDERS - click below						
HSA (Humain Svcs Agency)	50,429	279,151	3,420			ĞÖ0,8Ê8
3RD PARTY PAYOR REVENUES - click below	50,425	272,101	5,425			-
SRD PARTI PATOR REVERDES - CICK DEIOW						
Per at leastifface process						
REALIGNMENT FUNDS						-
COUNTY GENERAL FUND	***************************************	549,6916		ELEVERACION DE L'ANNE	Photography and annual	
TOTA GUBH SWENT PALCHEA LEH IE IMIDING BOURCES		DISABIN			Maria de la Maria de la Companya de	248500
CHISSUESTANCE MOUSE FUNDING SOURCES						
FEDERAL REVENUES - click below					<u> </u>	
					·	
STATE REVENUES - click below						
						-
GRANTS/PROJECTS - click below CFDA #:						•
,						•
Please enter other here if not in pull down						-
NORK ORDERS - click below						-
1						· -
Please enter other here if not in pull down						
ORD PARTY PAYOR REVENUES - click below						
						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CONSUMBITANCE ARE SEE FUNDING SOURCES						
	and their properties in the property of the second co.		a Cabilly Col. Inc. College	Committee of the commit		
	2 2 40 200					F 64500
NON-DPH REVENUES - click below						
		 				
OTAL NON-DPH REVENUES	0	이	0			
POTAL-REPORTUES POPH AND MONOPHINE TO THE STATE OF THE ST	98,708	54,631	*********			1,000,500
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
· UNITS OF SERVICE1						
UNITS OF TIME ²	49.600	212,360	1753		•	263,713
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)			3.80			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		-153.60			<u>-</u>	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	· · ·	2 302.21.302.00	Market and the second			
UNDUPLICATED CLIENTS						170
. ONDUTLIONIED CLIENTS						.,,

¹Units of Service: Days, Client Day, Full Day/Half-Day ²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

Provider Number (same as line 7 on DPH 1): 8911
Provider Name (same as line 8 on DPH 1): Citywide Roving Team

APPENDIX #: B-4, Page 2 10/05/2010 Document Date:

	т	OTAL	(Agency-g	ERAL FUND & Jenerated) OTHER REVENUE		ANT #1:		ANT #2: ant title)		ORDER #1: ervice Agency		ORDER #2: ot. name)
	Tran	pposed isaction /1/10-6/30/11	Ti	Proposed ransaction : 7/1/10-6/30/11		oposed · nsaction		oposed nsaction	Tra	oposed nsaction 7/1/10-6/30/11		oposed nsaction
POSITION TITLE	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	6,266		
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		
		· · · · · · · · · · · · · · · · · · ·							ļ			

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TOTALS	5.56	\$359,376	2.70	\$174,839	0.00	\$0	0,00	. \$0	2.86	\$184,537	0.00	
	i	\$93,438	7	\$45,458	1		l	I	7 26%	\$47,980	ļ	
EMPLOYEE FRINGE BENEFITS	26%	\$93,438		1 345,458			<u> </u>	<u> </u>	20%	1 341,480		<u> </u>
TOTAL SALARIES & BENEFITS	1	\$452,814	7	\$220,297	1	. \$0	ι	\$0	٠ .	\$232,517	I	

DPH 4: Operating Expenses Detail

APPENDIX #: Document Date: B-4, Page 3 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
Expenditure Category	Term: 7/1/10-5/30/11	Term: <u>7/1/10-8/30/11</u>	Term:	Term:	Term: 7/1/10-6/30/11	Term:
Rental of Property	35,000	17,028			17,972	
Utilities(Landlines, Cell Phones and Pagers)	<u>1</u> 7,500	8,514			8,986	
Office Supplies	. 13,000	6,325			6,675	
Bullding/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 Mali	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				<u> </u>	•	
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	

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

DPH 2: Department of Pul		Cost Repo	rting/Data	Collection	(CRDC)	
FISCAL YEAR				APPENIDX #:	B-5	Page 1
LEGAL ENTITY NAME			····	PROVIDER #:	TBD	
PROVIDER NAME	: Citywide STOP)				
`.						
REPORTING UNIT NAME:				 	ļ	
REPORTING UNIT		38321	ļ	<u> </u>		
MODE OF SVCS / SERVICE FUNCTION CODE		Nonres-34	 	<u> </u>		
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SERVICE DESCRIPTION	1		to the second se	Alexander and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and	s Griller article francisco brasamolis de la	
CBHS FUNDING TERM:	STATION STATE	POSTAL DIRECTOR				333440-619041
FUNDING USES:		·	<u> </u>			
SALARIES & EMPLOYEE BENEFITS				ļ		7,093
OPERATING EXPENSE				 		50
CAPITAL OUTLAY (COST \$5,000 AND OVER)		<u> </u>		 		<u> </u>
SUBTOTAL DIRECT COSTS				 		7,143
INDIRECT COST AMOUNT						857
TOTAL FUNDING USES:					STATE OF THE PARTY AND ADDRESS OF THE PARTY AN	8,000
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FEDERAL REVENUES - click below	 	 	<u> </u>			
						
		 	 			
STATE REVENUES - click below		ļ	 			ļ
GRANTS - click below CFDA #:		ļ	<u> </u>	ļi	<u> </u>	
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	<u>_</u>		<u> </u>		·	
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WORK ORDERS - click below				ļ		ļ <u>.</u>
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3RD PARTY PAYOR REVENUES - click below						-
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COUNTY GENERAL FUND	·					-
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FEDERAL REVENUES - click below				• .		-
Drug Medical	•					-
STATE REVENUES - click below						-
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GRANTS/PROJECTS - click below CFDA #:						
				· .	• • •	•
WORK ORDERS - click below						
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3RD PARTY PAYOR REVENUES - click below						٠
						-
COUNTY GENERAL FUND	2,900	5,100	•			8,000
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NON-DPH REVENUES - click below					of the state of	
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TOTAL NON-DPH REVENUES	۵	· D	.0	0	, 0	
	2,900	E E E E E	42.00			100 813 46
CBHS UNITS OF SVCS/TIME AND UNIT COST:			ACT ACT ACT ACT ACT ACT ACT ACT ACT ACT		on although the second	AND DESCRIPTION OF THE PARTY OF
UNITS OF SERVICE	100	75			i	
UNITS OF TIME ²	100	,,,				
COST PER.UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	29,00	68.00				
	29.00	68.00				
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	28.00	00.00				
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS			i			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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

	то		(Agency-g	RAL FUND & enerated) OTHER EVENUE		ANT #1:		RANT #2:		ORDER #1:		ORDER #2:
	Tran	posed saction /1/10-6/30/11	Tr	roposed ansaction : 7/1/10-6/30/11		roposed insection	Pi	roposed insaction	Pı	oposed insaction	Pr	oposed nsaction
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	. FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Valerie Gruber, PhD, UCSF, PI	0.05	5,960	0.05	5,96D								
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TOTALS	0.05	\$5,960	0.05	\$5,960			1	 	 	 	 	
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EMPLOYEE FRINGE BENEFITS	19%	\$1,132	19%	\$1,132	l				<u>l</u> _]	
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TOTAL SALARIES & BENEFITS	Ļ	\$7,092	」	\$7,092	j	\$0	1	\$0	1	\$0	J	\$

APPENDIX #: Document Date: B-5, Page 3 10/05/2010

Provider Number (same as line 7 on DPH 1): Provider Name (same as line 8 on DPH 1):

TBD

6556

Citywide STOP

	TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE	GRANT #1:	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
T	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION Term;	TRANSACTION Term:	TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: <u>7/1/10-6/30/11</u>	Term:	Term:	10rm:	Term:
Rental of Property	-				 	
Utilities(Elec, Water, Gas, Phone, Scavenger) Office Supplies					 	
Building/Van Maintenance Supplies and Repair						
Printing and Reproduction	•		·			
Insurance					<u> </u>	
Staff Training	•					
Staff Travel-(Local & Out of Town)	-					•
Postage and Mail	_				·	
Pagers	-					
Rental of Equipment	-					
Computer, supplies and services	_	`				
CONSULTANT/SUBCONTRACTOR (Provide Names,					1	
Dates, Hours & Amounts)	•			 	 	
			 		<u> </u>	
OTHER				 	<u> </u>	
GAEL Assessment	. 32	32			1	
Data Network Recharge	19	19	 			
Client Food	-			1		
Client Miscellaneous	•			,		
Client Stipends	-					
TOTAL OPERATING EXPENSE	51	51	\$0	\$0	\$0	- \$0

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

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: Errol Fitzpatrick
Risk Management Staff
Judith Blackwell
Mike Ward

City Hall, Room 370

1 Dr. Carlion B. Goodlett Place, San Francisco, CA 94102
Telephone (415) 564-6278; Fax (415) 554-6168

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:

\boxtimes	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.

MATERIALS REVIEW 3.

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.

CERTIFICATION REGARDING LOBBYING

Contractor certifies to the best of its knowledge and belief that:

- 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.
- 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.
- 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.
- 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

APPENDIX F- #1
July 1, 2010 - June 30, 2011
PAGE ' A

						Control Nu	mber	_		In	voice N	umber
CONTRACTOR: Regents of the		California	2			HP#			(AC	E#)		060
Address: Mali Remittano				-					1		·	
UCSF Account	-					Contrac	at Direct	Purchase	(DP) No.			
1855 Folsom St San Francisco,	-		*					Enma	Source:	GND	CAPP	A/MHSA
Telephone: (415) 476-2977	GA 54143-00	13						· runo	source:	Smu	CARR	Acumb
FAX # (415) 476-8158			•				. (Grant Code	e/Detail:			
CONTRACT NAME: City Wide												
·	٠.,				•			Invoicing	Period:	7- 1-10 -	6- 30-11	
APPENDIX TERM: July 1, 2010 - Ju	ıne 30, 2011											
								FINAL i	invoice		(check	if Yes)
ROGRAM EXHIBIT: CWCMF									-			
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se management Brokerage	256,690	434			\$1.80					-		
rensic	1,019,064	434			\$2.35							
edication Support	288,453	434			\$4.60							
				——				 				
isis Intervention	15,323	434			\$3.60		<u></u>					
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rtify that the information provided above is, t	in the best of my	knowledne	e. complete en	d accurate	the amount	requested for reimb	ursement i	<u> </u>				
ccordance with the contract approved for se ns are maintained in our office at the address	rvices provided	under the p	provision of tha	at contract.	Full justifice	tion and backup reci	ords for the	ose				
			٠								•	
Signature:						Date:	·					
Title:												
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nd to: SF Department of						FDPH AIDS OF	FICE Aut	horization	For Payri	nent:		
1380 Howard Str San Francisco, C					D.,,			,		Date:		
Attn: AIDS Office					mv.							

APPENDIX F- 2 uly 1, 2010 - June 30, 201 PAGE A

						Control Nu		_		Inv	roice Nu	mber
CONTRACTOR: Regents of the Un		alifornia				HP#11-00	3909		(A	CE #)		060
Address: Mail Remittance C						· ^	ne Manage	Dunet	/DDL SZ-			
UCSF Accounting 1855 Folsom Street						Contra	CT DILECT	Purchase	(DP) NO)• <u>L</u>		
San Francisco, CA	- •							Fund	I Source	SME	C/GEN	/Real
Telephone: (415) 476-2977	, 54 145-06 15	,						ranc	Bouice	·	70/02/4	//CAI
FAX # (415) 476-8158								Grant Cod	ie/Detail			
ONTRACT NAME: CityWide										·L		
•		٠.						Invoicing	Period	: 7-1-10 - (6-30-11	
PPENDIX TERM: July 1, 2010 - June	30, 2011										_	
		•						FINAL	invoice		(check	if Yes
OGRAM EXHIBIT: Citywide Linkage		•										
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Deliverables	& Clie		PER UOS &		UNIT RATE	AMOUNT DUE	UOS & Clients		UOS & Clients			
e management Brokerage	229,089	315			\$1.84					-		
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Services	125,946	315			\$2.70			 				
lication Support	16,377	315			\$4.70		<u> </u>					
is Intervention	6,519	315		1	\$3.50							
	 											
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ordance with the contract approved for servic are maintained in our office at the address in		nuer ine pro	ANDIGH OLD		r van Jastiiicen	MI BOO DECKUD FECOT	us IUI IIIOS	6				
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Signature:						Dale:						
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San Francisco, CA					By:					Date:		
ad to: SF Department of F 1380 Howard Stree San Francisco, CA	et, 4th Floor 94103	-			By: _	SFDPH AIDS OF	FICE Aut	horization	For Pay			_

APPENDIX F- 3 uly 1, 2010 - June 30, 201 PAGE A

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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR STATEMENT OF DELIVERABLES AND INVOICE

EXHIBIT F 3b PAGE A

Regents of the University of California

CON		

Address: Mail Remittance Cash UCSF Accounting Off 1855 Folsom Street, S	îce Sulte 425		FUND SOURCE:	Sheriff Wor	k Order
San Francisco, CA 94 Telephone	143-0815	•	INVOICING PERIOD:	7/21/2/1910	forsture to
CONTRACT TERM: 7-1-2010-5-30-11			INVOICING PERIOD:		
CONTRACT NAME: CityWide		C	ontract PO Number		
OGRAM / EXHIBIT: NOVA				<u> </u>	
	TOTAL	UOS DELIVERED	UOS DELIVERED	% OF	REMAINING
	CONTRACTED UOS	THIS PERIOD	TO DATE	TOTAL	DELIVERABLES
DELIVERABLES					
Case Management	28,962				·
MH Services	32,562		·		ļ
Crisis Intervention	1,440	·			ļ
					
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EXPENDITURES	BUDGEŤ	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$88,944				·
ringe Benefits	\$23,125	······································			
Total Personnel Expenses	\$112,069				
Operating Expenses:	\$1,145				
Program/Educational Supplies					
Other					
Insurance					
Staff Training					
Other:		 			<u> </u>
<u> </u>					
Total Operating Expenses					
Capital Expenditures					
OTAL DIRECT EXPENSES	\$113,214				
Indirect Expenses @ 10%	\$13,586				
OTAL EXPENSES	\$126,800	•			
LESS: Initial Payment Recovery					
Other Adjustments				:	
Other Adjustments					
REIMBURSEMENT		<u>: </u>			_
certify that the information provided above is, to coordance with the budget approved for the co- lose claims are in our office at the address ind	ntract cited for services provide icated.	ed under the provision of	of that contract. Full i	ustification a	nd backup for .
				Date:	
VEXC1.XLS	Title: _				
end to: SFDPH	S	FDPH / Authorization	on For Payment:		
	Bv:		•	Date:	
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APPENDIX F- 4 uiy 1, 2010 - June 30, 201 PAGE A

					Control Nu			voice Number
CONTRACTOR: Regents o		of Califor	nia	•	HP#11-0	6909	(ACE #)	060
Address: Mail Remit						•	·	
	ounting Office				Contra	ct Direct Purchase	(DP) No.	
	m Street, Suite							
	sco, CA 94143-0	815				Func	i Source: S	MDC/HAS
Telephone: (415) 476-2			•	•				
FAX # (415) 476-4	158					Grant Cod	de/Detall:	
CONTRACT NAME: CityWide								
APPENDIX TERM: July 1, 201		I					g Period: 7-1-10 -	check if Yes
						ACE Con	trol No.	
•						7.02.00		
		oryeston.	Total Contracte	d Deliveres	THIS PERIOD	Delivered to Date	% OF TOTAL	Remaining
			Exhibit UDC		hibit UDC	Exhibit UDC	Exhibit UDC	Deliverables
				-				Exhibit UDC
Unduplicated Client	s for Exhibit		170					170
	Total Contra	acted UOS	Delivered THIS			Delivered to Date	% OF TOTAL	Remaining
Deliverables	& Cli	ents	PERIOD UOS & Clients	UNIT RATE	AMOUNT DUE	UOS & Clients	UOS & Clients	Deliverables UOS & Clients
ase Management	49,600	170		\$1.98	·			
I Services	212,360	170		\$2.56				
isis Intervention	1,753	170		\$3.80				
ISIS IIILEI VEIILIOTI	1,755	170		\$3.00		<u> </u>		
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Signature:				·	Date:			
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San Francis	co, CA 94103			By:			Date:_	
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APPENDIX F- 5 uly 1, 2010 - June 30, 201 PAGE A

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

						Control Nu	mber	_			oice Nu	nber
CONTRACTOR: Regents of the	University	of Califor	nla			HP#11-06	909]	(AC	E#)		060
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San Francisco,	GA 94143-1	0815			•			Fund	Source:	L	Gen Fur	10
Telephone: (415) 476-2977	•					•		~	- 5 -4-9-			
FAX # (415) 476-8158								Grant Cod	ie/Detail:	<u> </u>		
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1380 Howard S		loor			_	•						
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6568

Regents of the University of California-San Francisco — CityWide Program \$34,343,322

Amendment of the Whole in Committee. 12/1/10

FILE NO. 100927

RESOLUTION NO. 563-10

	·
1	[Contract Approval - 18 Non-Profit Organizations and the University of California of San Francisco - Behavioral Health Services - \$674,388,406]
2	
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

City Hall I Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689

Resolution

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, Dufty, 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

File No. 151044

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information (Please print clearly.)	
Name of City elective officer(s):	City elective office(s):
Members, Board of Supervisors	Members, Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: Regents of the University of California San Fra	ancisco
Please list the names of (1) members of the contractor's board of difinancial officer and chief operating officer; (3) any person who has any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary.	an ownership of 20 percent or more in the contractor; (4)
(1) Members of the contractor's board of directors (Board of Regents: http://regents.universityofcalifornia.edu/about/committees.htm	
Appointed Regents: Richard C. Blum, William De La Peña, M.D., C Sherry L. Lansing, Monica Lozano, Hadi Makarechian, Eloy Ortiz C Pérez, Bonnie Reiss, Fred Ruiz, Richard Sherman, Bruce D. Varner	Dakley, Abraham (Avi) Oved, Norman J. Pattiz, John A.
Ex Officio Regents: Jerry Brown, Gavin Newsom, Toni Atkins, Tor Gorman	n Torlakson, Janet Napolitano, Rodney Davis, Yolanda
(2) The contractor's chief executive officer, chief financial officer as	nd chief operating officer
Janet Napolitano, President, University of California http://www.uce Nathan Brostrom, Executive Vice President — Chief Financial Officerostrom.html Rachael Nava, Executive Vice President — Chief Operating Officeroperations/staff/bios/rachael-nava.html	cer http://www.ucop.edu/finance-office/staff/bios/nathan-
(3) any person who has an ownership of 20 percent or more in the co	ontractor - No
(4) any subcontractor listed in the bid or contract - No	
(5) any political committee sponsored or controlled by the contracto	r - No
Contractor address: 3333 California, St 315, San Francisco, CA 9	4143
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 m	ental 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 Fra	ncisco Board of Supervisors int Name of Board
the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City ele	n, Relocation Appeals Board, Treasure Island

File No. 151044

Filer Information (Please print clearly.)	
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