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

**First Amendment**

THIS AMENDMENT (this "Amendment") is made as of January 1, 2016 in San Francisco, California, by and between **The Regents of the University of California, on behalf of its San Francisco Campus, acting by and through its Office of Research** ("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 secure services to provide addiction treatment and reduce the dangers of drug abuse;

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

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

**1a. Agreement.** The term "Agreement" shall mean the Agreement dated November 1, 2010 between Contractor and City, as amended by this Amendment.

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

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

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

**2a. Section 2. Term of the Agreement.** Section 2 of the Agreement currently reads as follows:

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

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

Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to December 31, 2017.

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

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, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed $17,903,628, Seventeen Million, Nine Hundred Three Thousand, Six Hundred Twenty Eight Dollars. 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.

Payments shall become due to Contractor pursuant to the payment provisions set forth in the statement of work when reports are received, services are rendered, or both, as required under and 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. Prior to the withholding of payment to Contractor for those services which City believes Contractor has failed or refused to satisfy pertaining to any material obligation under this Agreement, the parties agree that they will meet and discuss in good faith the alleged failure or refusal as soon as practicable after it becomes known to the City.

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:**

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, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Seven Million Five Hundred Fifty Two Thousand One Hundred Fifty Four Dollars ($27,552,154)**. 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.

Payments shall become due to Contractor pursuant to the payment provisions set forth in the statement of work when reports are received, services are rendered, or both, as required under and 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. Prior to the withholding of payment to Contractor for those services which City believes Contractor has failed or refused to satisfy pertaining to any material obligation under this Agreement, the parties agree that they will meet and discuss in good faith the alleged failure or refusal as soon as practicable after it becomes known to the City.

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

**2c. Sugar-Sweetened Beverage Prohibition.** Section 58 is hereby replaced in its entirety to read as follows:

**58. Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

**2d. Supervision of Minors.** Section 55 is hereby replaced in its entirety to read as follows:

**55. Working with 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 or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 32, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

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

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

**2f. Appendix A, "Services to be Provided by the Contractor," dated 7/1/15 (i.e., July 1, 2015) is hereby added for fiscal year 2015/16.**

**2g. Appendices A-1, A-2, and A-3 dated 7/1/15 (i.e., July 1, 2015) are hereby added for fiscal year 2015/16.**

**2h. Appendix B, "Calculation of Charges," dated 7/1/15 (i.e., July 1, 2015) is hereby added for fiscal year 2015/16.**

**2g. Appendices B-1, B-2, and B-3 dated 7/1/15 (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 date of this Amendment.

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

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

**CITY**

Recommended by:

Barbara Garcia, MPA
Director of the Department of Public Health
Department of Public Health

**CONTRACTOR**

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

Catherine Lagarde
Contract Specialist

City vendor number: 15531

Approved as to Form:

Dennis J. Herrera
City Attorney

By: 11/19/15
Kathleen Murphy
Deputy City Attorney

Approved:

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

**Attachments**

Appendix A: Services to be Provided by the Contractor
Appendix A-1: DSAAM Opiate Treatment Outpatient Program (OTOP)
Appendix A-2: Office Based Opiate Treatment (OBOT)
Appendix A-3: DSAAM HIV Set-Aside
Appendix B: Calculation of Charges
Appendix B-1: DSAAM Opiate Treatment Outpatient Program (OTOP)
Appendix B-2: Office Based Opiate Treatment (OBOT)
Appendix B-3: DSAAM HIV Set-Aside

## Appendix A
## Scope of Services

### 1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Mario Hernandez, Contract Administrator for the City, or his / her designee, and City will contact UC Principal Investigator 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. 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.

G. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (http://www.dir.ca.gov/Title8/5199.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies

and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

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

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

H. 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. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

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

Appendix A-1: DSAAM Opiate Treatment Outpatient Program (OTOP)

Appendix A-2: Office Based Opiate Treatment (OBOT)

Appendix A-3: DSAAM HIV Set-Aside

3. **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.

| Contractor: UCSF DSAAM | Appendix A- 1 |
|---|---|
| City Fiscal Year: FY 15-16 | Contract Term: *07/01/15* **through** *06/30/16* |
| CMS#: 6908 | |

**1. Identifiers:**
Program Name: DSAAM Opiate Treatment Outpatient Program (OTOP)
Program Address: 1001 Potrero Avenue, Ward 93
City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 206-8412
Facsimile: (415) 206-6875

Contractor Address:
1001 Potrero Avenue, Ward 93
San Francisco, CA 94110

Name of Person Completing this Narrative: Lois Edblad, Division Administrator
Telephone: 415-206-6574

Program Code(s): 38134, 71134, 72134, 73134, 87134, 38143

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

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

**3. Goal Statement:** The mission of the Division of Substance Abuse and Addiction Medicine (DSAAM) is to improve the quality of life for our clients and the public by providing the highest quality addiction treatment and reducing the dangers of drug abuse and its consequences. The mission of the Opiate Treatment Outpatient Program (OTOP) is to intervene in opioid addiction and HIV risk behaviors by providing a medically supervised alternative that assists individuals in improving their lives.

**4. Target Population**

- Low to no income clients with opioid use disorders
- Primary target population: drug of choice is heroin and prescription opioids

The target population for OTOP methadone maintenance services are low-income medically/psychiatrically compromised opiate dependent individuals who reside in San Francisco, primarily in the Mission, Bayview, Sunnydale, South of Market, and Tenderloin areas. This includes a large proportion of African Americans and Latinos, gay, lesbian, bisexual, and transgender individuals, and women of childbearing age, pregnant women, and post-partum women. The target population includes people of all ages, races, ethnicities, sexual orientations, gender identities, religions or spiritualities, socioeconomic classes, partner statuses, and physical and mental disabilities. OTOP clients are low-income, uninsured or receive Medi-Cal or Healthy San

Francisco medical benefits. This population faces a variety of health challenges including: substance use disorders, mental health issues, life-threatening medical problems, and significant barriers to receiving proper care. This population is at especially high risk for HIV.

**5. Modality(s)/Intervention(s):**

Unit of Service definition

The Unit of Service (UOS) definition for Narcotic Treatment Programs is based on California Code of Regulations Title 9, Narcotic Treatment Protocols, and Title 20, Medi-Cal Protocols. One UOS is defined as either one dose of methadone or LAAM (either for clinic consumption or take-home) or one 10 minute period of face-to-face individual or group counseling to include assessment, treatment planning, medication review, and crisis intervention. Groups must be 4-10 members in size. For Medi-Cal reimbursement, the standards for service delivery specify daily dosing and a minimum of five units of counseling per month.

Unduplicated Clients (UDC)

The treatment period is indefinite in length depending on a treatment plan developed between a client and counseling/medical/psychiatric staff. Best available evidence supports a treatment cycle of at least 12 months in length, but longer treatment episodes are often appropriate depending on the severity of the opioid use disorder and progress in treatment. Historically OTOP has a 13% annual turnover rate in its maintenance program.

546 treatment slots x (1.00/.87) cycles annually = 628 methadone maintenance UDC

Unit of Service Calculation

Dosing UOS = treatment slots x 365 days per year x 87% utilization

Counseling UOS = treatment slots x 5 ten-minute increments of counseling per client per month x 12 months

Groups UOS = Three 90-minute groups per week with 6 clients each = 3 x 9 x 6 = 162 group increments per week; 162 group units per week x 50 weeks

| FY 2015-16 | Treatment slots | Dosing UOS | Counseling UOS | Groups UOS | UOS Total |
|---|---|---|---|---|---|
| UC Contract (60%) | | 105,554 | 19,656 | 4,860 | 130,070 |
| MOU (40%) | | 70,369 | 13,104 | 3,240 | 86,713 |
| **Total OTOP (PC38134)** | **546** | **175,923** | **32,760** | **8,100** | **216,783** |

## 6. Methodology:

The program responds to multiple levels of authority, reporting to SFDPH primarily through its affiliation with CBHS and SFGH, and reporting to the University of California through affiliation with the Department of Psychiatry, Division of Substance Abuse and Addiction Medicine (DSAAM). The service is also accountable to regulatory agencies such as the DEA, FDA, CARF, and the California Department of Health Care Services (DHCS).

### A. Outreach, recruitment and/or intake criteria and process where applicable

OTOP is an outpatient methadone maintenance clinic admitting clients referred from SFGH inpatient units, outpatient clinics, and the Community Health Network (CHN). Referrals are made to the clinic via Project Homeless Connect, the Forensic AIDS Project, Walden House, Centralized Opiate Program Evaluation (COPE), other community organizations, and Individual CHN inpatient and outpatient providers. Methadone maintenance slots are consistently full at OTOP with availability based on patient turnover.

Outreach focuses on the primary routes of intervention and referral with outreach to the inpatient treatment providers at SFGH and other SFDPH programs. OTOP is listed in the National Directory of Drug and Alcohol Abuse Treatment Programs published by the Department of Health and Human Services. OTOP collaborates in regular meetings and in-services at SFGH to inform inpatient and outpatient units at the hospital about our services. Regular collaboration with outpatient substance use and psychiatric providers occurs in a yearly open house for the program, in case conferencing about common clients and in presentations done by OTOP staff in the community. OTOP is quite involved in community events and educational forums conducted by CBHS, and is frequently involved with educating other providers about the benefits of methadone to the patients we serve.

The demand far exceeds supply of methadone maintenance treatment in San Francisco. The most effective outreach is done by patients who attend or have attended our clinic. Having an easily accessible detoxification and stabilization program (partially funded by SFGH) allows patients eligible for services at OTOP to be triaged into maintenance treatment as openings occur and allows us to screen for the most severe psychiatric and medically ill patients to be admitted into our maintenance program. Of the 12,000-18,000 injection drug users (IDUs) in San Francisco 8,000-10,000 are heroin dependent, and heroin use continues to rise.

### B. Admission, enrollment and/or intake criteria and process where applicable

Patients are admitted into methadone maintenance in various ways: direct admits from the hospital and other CHN units, and through the limited term methadone detoxification

program. Patients from the Forensic AIDS Project in jail or who are pregnant are admitted directly to methadone maintenance. When treatment slots are limited, prioritization of methadone maintenance slots is based on severity of illness. At intake, a comprehensive evaluation is done with both a psychosocial needs assessment and physical examination. Due to the regulations around opiate treatment, per Title 9 of the California Code of Regulations for Narcotic Treatment Programs, OTOP adheres to strict rules regarding administration of methadone and phases of treatment. Please refer to this document for an in-depth description of patient treatment found in subchapter 5.

The number of patients requesting methadone maintenance treatment consistently exceeds program capacity. In accordance with OTOP's mission and the needs of the San Francisco Department of Public Health (SFDPH), clients are prioritized in a consistent and objective fashion for admission:

Highest Priority
Patients with HIV/AIDS (especially those who need HIV primary care services, psychiatric services, or directly administered HIV medications)
Tuberculosis patients who require directly administered medication
Pregnant patients who refuse services at the Family Addiction Center for Education and Treatment (FACET)

High Priority
Patients with severe medical and/or psychiatric illness (OTOP Severity Scale)
Patients with disabilities
Patients with severe non-healing wounds
Discharged OTOP methadone maintenance patients who have relapsed
Patients with a spouse, partner or cohabitant in treatment at OTOP

All other patients are evaluated individually for admission based on the severity of their addiction, medical, and psychiatric co-morbidity and psychosocial factors including homelessness. Admission decisions are made by a multi-disciplinary team including the medical director, nurse manager, nurse practitioner, and counseling staff.

Individuals must be opiate dependent (opioid use disorder) in order to be admitted to methadone maintenance. By integrating medical, psychiatric, and substance abuse treatment in one geographic location, patient adherence to care and the ability to observe patient progress are greatly improved. Patients admitted to the OTOP program remain in treatment for varying lengths of time, ranging from several months to over 10 years. Criteria for successful completion include continued abstinence from illicit opiates and non-opiates, and consistent involvement in activities valued by the client (e.g. work,

volunteer work, school, parenting, and effective use of medical or psychiatric services, etc.) as appropriate for their level of health.

**C. Service delivery model**

OTOP's primary site is located in Building 90 on Ward 93 and Ward 95 of the San Francisco General Hospital (SFGH) campus. SFGH is a University of California, San Francisco (UCSF) affiliate and a leader in medical teaching and research.

OTOP's methadone van provides dosing and counseling services at three additional sites in the community. The community sites are Arriba Juntos in the Mission district, the NIA/Institute for Community Health Outreach (ICHO) site in Bayview Hunters Point, and the Leland House site in the Visitacion Valley district.

While most clients served at OTOP Ward 93 are psychiatrically and medically complex, clients referred to the van sites are generally more stable and less in need of additional psychiatric and medical services at OTOP Ward 93. The van program provides dosing and counseling services at the above three sites Mondays through Fridays. Patients ineligible for weekend take-home doses can receive Saturday and/or Sunday doses at OTOP. Patients are referred out for psychiatric services and primary medical care. Van patients with HIV may receive their psychiatric services at OTOP. Others are referred to Community Behavioral Health Services (CBHS) mental health clinics as appropriate.

<u>Theory of Change/Logic Model</u>
OTOP's overall "theory of change" is to employ evidence-based, population-specific approaches, and interventions to improve client health.

Change strategies are selected based on the strength of the evidence base, applicability to our patient population, and availability of resources. Basic to OTOP is the use of methadone as <u>opiate substitution therapy</u> to treat opiate dependence. This approach has overwhelming support in the medical literature and is associated with high levels of retention in treatment, reduction in opiate use, and improvement in overall health.

<u>Substance abuse counseling</u> occurs in all of the programs, and the theory of change is based on a strong therapeutic relationship focused on retention in treatment and utilizing components of the following therapeutic approaches integrated into an Individualized, patient-centered treatment plan: motivational interviewing, harm reduction, case management, 12-step facilitation, cognitive behavioral therapy, community reinforcement approach, and contingency management. Skills and strategies are reviewed in clinical supervision and all clinical staff attend specialized trainings including motivational interviewing and harm reduction trainings.

Integration of services ("one stop shopping") has been a fundamental strategy for OTOP. Co-location of substance abuse, mental health services, and medical services (HIV care, TB treatment) helps to overcome important barriers to care for clients who may lack time, financial resources, and organizational capacity to access services at multiple locations. This also allows OTOP to be able to truly say, "any door is the right door." Furthermore, bundling services with methadone dosing (TB treatment, HAART for HIV patients, and psychiatric medications) has demonstrated efficacy and is part of our ongoing clinical and research program at OTOP (research separately funded).

OTOP has several procedures in place to assist clients in safe management of prescribed medications. Nurse practitioners work closely with patients with HIV/AIDS providing education, refill assistance, evaluation of side effects, medication adherence counseling and support. For patients unable to manage their own medications, OTOP provides direct administration of psychiatric, HIV, and antituberculosis medications in conjunction with the methadone dose (limited by program capacity).

CalOMS Data Collection

OTOP has a commitment to the timely and accurate completion of all CalOMS data collection. All OTOP programs currently complete the CalOMS data forms as required by CBHS at intake, annually and at exit. Staff time is budgeted for these updates.

Consumer and Family Engagement

All OTOP programs share a strong commitment to engaging our consumers and their families (as clients define family) in the treatment process and in program evaluation. Strategies for engagement and feedback reflect a Community Reinforcement Approach, are tailored to the specific program, and include:

- Annual open house for consumer agencies and neighborhood partners
- Annual consumer (client) focus groups held at each site
- Careful review of patient satisfaction data
- Suggestion boxes located at each site
- Peer volunteer program which allows clients to participate actively with staff in program services and support
- Family meetings with clients and their identified family are common in our programs and may include counseling staff, medical staff, mental health providers and others
- A Community Advisory Board will be implemented in Spring 2015

All suggestions, comments, satisfaction survey data and feedback from community agencies are reviewed and often lead to specific program changes. Following every focus group, input is reviewed and an action plan is developed to address client issues.

Special services available at OTOP include: HIV primary care, psychiatric services, nursing services and social work services; medical and psychiatric triage services; directly administered tuberculosis therapy and prophylaxis; directly administered antiretroviral therapy and psychiatric medications (for clients unable to manage their own medications); and a Women's Center providing evidence-based services to female clients. These services are anchored in strong ongoing relationships with other service providers including the Positive Health Program, the TB Clinic, the DPH Primary Care and Mental Health clinics, SFGH and its emergency room, the Integrated Soft Tissue Infection Services clinic (ISIS [wound care]), and Psychiatric Emergency Services. OTOP has been commended by agencies including the California Department of Health Care Services (DHCS), Commission on Accreditation of Rehabilitation Facilities (CARF), and SFGH for the range and effectiveness of services provided.

OTOP also provides infrastructure, support services, and licensing for the Office Based Opiate Treatment Program (OBOT), an innovate collaboration between UCSF and SFDPH. OTOP provides initial client evaluation and stabilization, 24/7 on call physician service for backup and consultation, re-stabilization for struggling clients and other services as needed to support the OBOT program. Clients can move between programs efficiently to provide the appropriate level of care and location and type of service needed to achieve client and program goals.

In addition to direct service provision, OTOP is also an important educational site for San Francisco Bay Area clinicians. OTOP provides half-day trainings to nursing students (UCSF, CCSF, and USF), nurse practitioner students (UCSF), and medical students and residents (UCSF). Physicians participating in the OBOT program (see separate appendix) and other interested physicians and nurse practitioners also receive specific training in the management of opioid dependence at OTOP. OTOP also serves as a training site for HIV primary care providers needing specific training in working with patients who have co-occurring substance abuse or dependence.

Because people with substance use disorders often report negative experiences with service providers, another important strategy is selection and training of staff so that services are as accessible to clients as possible. Staff is diverse in ethnicity and sexual orientation, and skilled at engaging people of color as well as gay, bisexual, and transgender individuals. All staff are trained and supervised to maximize overall program competence with cultural, sexual orientation, and gender issues. Staff training includes

DSAAM in-services, CBHS educational programs, community seminars, and the SFGH Department of Psychiatry cultural competence training.

The facility is easily accessible by MUNI and BART. A limited number of bus tokens are available to clients for emergency transportation to and from the clinic. HIV positive clients are eligible for and are encouraged to apply for van services. Disabled clients are eligible for and are encouraged to apply for Paratransit services.

**Services**

All clinical staff are licensed (or, in the case of Substance Abuse Counselors, meet certification and/or registration requirements to work), and have extensive experience and expertise in the assessment and treatment of substance-related disorders including use, misuse, and dependence of all drug classifications. They also have training and experience in the following areas: harm reduction education, motivational interviewing, patient-centered recovery model, dual diagnosis assessment and treatment, and extensive knowledge in available community care resources.

**Services include but are not limited to:**

1. **Methadone replacement therapy**
2. **Individual counseling** done by certified Drug/Alcohol counselors, Marriage and Family Therapy Interns (MFT-I) and/or Associate Social Workers (ASWs)minimum of 50 minutes a month, time in counseling is dependent on patient acuity and need. Counseling time is based on patient readiness for change, and strategies effective for the patient's readiness for change. Precontemplative and contemplative patients are counseled using a motivational interviewing approach.
3. **Random urine drug screening** for the presence of methadone and methadone metabolites as well as other illicit substances at least one time a month
4. **Voluntary group counseling** facilitated by certified Drug/Alcohol counselors, MFT-Is, ASWs, registered nurses, nurse practitioners or a social worker. Several groups are held throughout the week and patients are either self-referred or referred by their counselors for treatment in-group.
5. **Medical and psychiatric triage services.** Nurse practitioners and registered nurses are available during clinic hours to assess and provide referral to patients needing medical or psychiatric treatment.
6. **Directly observed medication** in the dispensary for patients having difficulty adhering to HIV medication regimens, TB medication, and psychiatric medications regimens. All directly observed therapy (DOT) is strictly voluntary

for the patient and methadone dosing is not dependent on the patient's willingness to take DOT on any given day.

7. **Psychiatric evaluations, psychiatric medication management and brief psychotherapy** are provided to patients based on patient need and availability of practitioner. All HIV patients are evaluated psychiatrically within 3 months of admission the Methadone Maintenance Program. (CARE funded)
8. **Initial and annual history and physical** by an MD or NP is provided to each OTOP patient in treatment. Records of a current problem list and medications are updated at least one time a year. Referrals are made to other clinics and providers as needed.
9. **Phlebotomy services** for medical screening of RPR and TB, methadone levels for peak and trough, and HIV testing (HIV funded) for all patients upon admission and annually thereafter. Primary care physicians requesting lab work that cannot be obtained through typical labs use our expert phlebotomist to draw needed clinical labs.
10. **Social and medical resources** are provided by a designated Social Work Associate (SWA). The SWA assists HIV+ clients with housing, applications for financial assistance, case management, and other psychosocial needs
11. **HIV clinics** staffed by HIV physicians are held 2X week for HIV positive patients in the clinic. Case conferences are held monthly with the HIV MDs and medical team at OTOP to insure good case coordination. (Funded by CARE)
12. **TB care** is coordinated by an NP after identification of patients needing care at our adjacent TB clinic at SFGH.
13. **Medication adherence**. RNs and patients work together to set up medisets to help with adherence to various medication regimes (funded by other components).

**Schedule**

The OTOP Ward 93 clinic hours are:

Monday, Tuesday, Wednesday, Thursday, and Friday between 6:45-11:00 am and 12:30-2:00 pm. On Saturday and Sunday, the clinic is open between 7:30-11:30 am and 12:30-2:00 pm.

Bayview Van Program hours are:

Monday, Tuesday, Wednesday, Thursday, and Friday between 7:00–9:00 am and 10:30 am–12:30 pm. Clients dose at OTOP/Ward 93 on Saturdays and Sundays between 7:30-11:30 am and 12:30-2:00 pm.

Mission Van Program hours are:

Monday, Tuesday, Wednesday, Thursday, and Friday between 7:00–9:00 am. Clients dose at OTOP/Ward 93 on Saturdays and Sundays between 7:30-11:30 am and 12:30-2:00 pm.

Sunnydale Van Program Hours are:

Monday, Tuesday, Wednesday, Thursday and Friday 10:30 am–12:30 pm. Clients dose at OTOP/Ward 93 on Saturdays and Sundays between 7:30-11:30 am and 12:30-2:00 pm.

Clients engage in the following schedule of activities:
Clients admitted to methadone maintenance are given intake orientation/assessment/ treatment planning, and an intake physical exam/lab work. The intake includes an Addiction Severity Index (ASI) and California Outcomes Measurement System (CalOMS). Each client is scheduled to receive one methadone dose per day. Clients attend the clinic 7 days per week, Monday through Sunday, unless they have take-home doses for medical reasons or based on time and progress in the program in accordance with Title 9 regulations. Clients are dosed at the clinic no less than one day per every twenty-seven days unless they are hospitalized, incarcerated, or courtesy dosed at another clinic when traveling outside the Bay Area. Most OTOP clients receive 50 minutes of individual counseling per month. At each visit, additional services are provided as needed, including: random monthly urine tests, annual physical exams, medication monitoring/dose adjustments, medical triage and referral, social service referral and advocacy, stimulant counseling, and additional services described on other funding components.

**Linkages**
A participant's individual counselor also serves as his or her advocate in assisting the participant in obtaining services from other community service agencies and governmental programs. These services include but are not limited to assistance with housing, food, vocational rehabilitation, entitlement programs, medical care, acupuncture, and HIV services. OTOP staff also refer clients to other needed treatment services, such as other modalities of drug treatment (e.g. residential programs), to mental health services (county mental health clinics, psychiatric emergency services, or specialty clinics), to medical care (e.g. CHN including the SFGH Ward 86 AIDS clinic and Ward 94 TB Clinic), and to social services (e.g. Catholic Charities).

In addition, formal referral and liaison arrangements exist with:

- SFGH AIDS Clinic, Ward 86
- Wound Care Center, SFGH 4C
- SFGH Emergency Department Case Management

**D. Discharge Planning and exit criteria and process**

Exit Criteria and Process

Though some patients will require or desire methadone treatment for many years, others are able to transition off methadone. This is a joint decision between the treatment team and the patient and is dependent on a number of factors. These factors may include the patient's support systems, the results of their previous attempts to taper off methadone, psychiatric status, medical status, and willingness to tolerate the demands of methadone treatment on an ongoing basis. Patients leave treatment at OTOP for a variety of reasons:

- Voluntary taper off methadone
- Against medical advice taper off methadone
- Voluntary decision to leave treatment before treatment ends,
- Transfer to another methadone clinic because of relocation or convenience
- On occasion the patient is terminated from treatment by the clinic for a violation of the clinic rules

If the transition is planned (such as relocation or a taper off methadone), the counseling staff begins the planning process as soon as possible by facilitating the patient's input and referring the patient to other community or hospital-based support agencies, programs, fellowships, or structures, that will be needed upon discharge. Problems and interventions on this plan that may be addressed are:

- Continued support for substance abuse and relapse prevention
- Informing the patient that OTOP has a welcome back policy if relapse occurs
- Referrals and coordination of transition to another Opiate Replacement Therapy Clinic
- Transfer and coordination of care to a higher level of care such as substance abuse treatment, psychiatric care, hospice care, etc.
- Assurance of ongoing medical care, coordination and referrals as needed
- Assurance of ongoing psychiatric care with coordination and referrals as needed

**E. Program staffing**

See Appendix B for staffing.

**7. Objectives and Measurements:**

A. All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16.

B. Not Required

**8. Continuous Quality Improvement:**

A. Not applicable.

B. The Quality Assurance (QA) program at OTOP instituted the patient chart audit procedure in an effort to improve the quality, consistency, and completeness of patient charts. In an effort to improve the service delivery to the patient, the person selected as the Quality Assurance Manager is an advanced practice psychiatric nurse who has expertise and experience in both the nursing and counselor roles. Clinical supervision regarding the quality of documentation occurs as charts are audited. Prior to the new procedure for auditing, charts were inconsistently and incompletely maintained, causing a potential gap in information delivery between the multidisciplinary staff. Prior to the changes in the audit process, OTOP used a peer review process that was not sufficient to accomplish complete and consistent chart reviews, or furnish useful data on the status of client charts.

Beginning in January 2011, OTOP instituted a standard for QA chart auditing. A QA Manager Position was established with the intent of formalizing chart audits, and was filled in March, 2011. Customized chart audit tools were developed with the intent of providing a detailed account of patient chart contents in:

1. Methasoft client database (including treatment plans, assessments and progress notes)
2. AVATAR client database
3. The physical patient chart

C. OTOP's Education Committee will continue to survey staff and organize CE trainings to increase cultural competency of staff this fiscal year. OTOP's Community/Patient Liaison Committee will facilitate patient focus groups and conduct satisfaction surveys at each treatment site, as well as monitor all suggestion boxes, for evidence of any disparity between client needs and OTOP services; data is forwarded to the QA and Steering Committees. Every effort is made to improve the services provided to consumers based on information gathered from these mechanisms.

The program's CQI project also entails maintaining the following services to the following populations:

- A large proportion of consumers at OTOP are African American, Latino, LGBTQIQ, HIV+, homeless, pregnant women, and individuals referred from the Forensic AIDS Program (FAP). The Mobile Methadone Program provides Opiate Replacement

Therapy (ORT) in three medically underserved communities in San Francisco including: the Mission, Bayview, and Sunnydale districts.

- OTOP's Non-Discrimination Policy states, "It is the policy of the Opiate Treatment Outpatient Program (OTOP) to: provide equal employment opportunities to employees, and care to clients without regard to race, color, creed, religion, national origin, ancestry, citizenship, veteran status, domestic partner status, marital status, sex, sexual orientation, gender identity, pregnancy, age, height, weight, disability, or AIDS/HIV; it is the policy of OTOP to abide by the University of California at San Francisco's and San Francisco General Hospital's fair hiring practices and patient care standards."
- OTOP currently employees staff who fluently speak the following languages: Chinese, Russian, Vietnamese, French, Italian, Spanish, Japanese and Tagalog. In addition, we have 2 staff members who know ASL. All employment flyers ask for diverse people to apply.
- DSAAM is part of San Francisco General Hospital; therefore, has the capacity to offer and provide language assistance services through the SFGH Interpreter Services. The SFGH Interpreter Services provides specialized training to their qualified interpreters, ensuring true bilingual capacity to accurately convey medical, diagnostic, and treatment information without omission of vital information. This allows LEP patients to make informed treatment decisions and offers language assistance in the languages of most immigrant groups in San Francisco, including but not limited to: Spanish, Russian, Mandarin, Cantonese, Vietnamese, ASL, and Tagalog. DSAAM also employs several bilingual and bicultural staff members.

D. Not required.

**9. Additional Required Language:**

Not applicable.

| Contractor: UCSF DSAAM | Appendix A- 2 |
|---|---|
| City Fiscal Year: FY 15-16 | Contract Term: *07/01/15* **through** *06/30/16* |
| CMS#: 6908 | |

1. **Identifiers:**
Program Name: Office Based Opiate Treatment (OBOT)
Program Address: 1380 Howard Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 255-3601
Facsimile: (415) 255-3529

Contractor Address:
1001 Potrero Avenue, Ward 93
San Francisco, CA 94110

Name of Person Completing this Narrative: Lois Edblad, Division Administrator
Telephone: 415-206-6574

Program Code(s): 75134, 74134, 86134, 76134, 77134
*(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)*

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

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

3. **Goal Statement:**
The mission of the Division of Substance Abuse and Addiction Medicine (DSAAM) is to improve the quality of life for our clients and the public by providing the highest quality addiction treatment and reducing the dangers of drug abuse and its consequences. DSAAM provides counseling, health and adjunctive services in an integrated, humane and culturally sensitive manner to clients, including those who suffer from multiple medical, psychological, and social problems. In addition, DSAAM is committed to increasing and disseminating knowledge of drug abuse and treatment through research and training.

The mission of Office Based Opiate Treatment (OBOT) is to improve the lives of opiate dependent people in San Francisco by providing a medically supervised alternative to illicit opiate use in innovative office settings. This mission applies to all arms of OBOT, including community OBOT methadone, Office-based Buprenorphine Induction Clinic (OBIC), and Centralized Opiate Program Evaluation (COPE).

The mission of the OBIC Mental Health exhibit is to provide comprehensive psychiatric assessments and mental health treatment initiation with the goal of stabilizing the patient's mental health problems, then linking the patient with continuity mental health care in community-based mental health or primary care clinics. Services are provided to recipients of State Medicaid (Medi-Cal) benefits, and include: psychiatric assessment and treatment

planning; individual counseling, therapy and psychoeducation; and medical-psychiatric treatment provided by a team that includes psychiatric nurse practitioners and a psychiatrist.

4. **Target Population:**
    - San Francisco residents with opiate dependence
    - Primary target population: drug of choice is heroin, though any opiate dependent adults may be considered for eligibility
    - Secondary target population: low income
    - The target population will be adult San Francisco residents who can benefit from opiate agonist maintenance treatment, psychiatric assessment/treatment planning, individual counseling, therapy, psychoeducation, and medical-psychiatric treatment in settings outside of the traditional Narcotic Treatment Program (NTP) setting.

5. **Modality(s)/Intervention(s):**

**Units of Service**

Unit of Service definition

The Unit of Service (UOS) definition for Narcotic Treatment Programs is based on California Code of Regulations Title 9, Narcotic Treatment Protocols, and Title 20, Medi-Cal Protocols. One UOS is defined as either one dose of methadone or LAAM (either for clinic consumption or take-home) or one 10-minute period of face-to-face individual or group counseling to include assessment, treatment planning, collateral counseling to family and friends, medication review, and crisis intervention. Groups must be 4-10 members in size. For Medi-Cal reimbursement, the standards for service delivery specify daily dosing and five units of counseling per month.

Unduplicated Clients (UDC)

The treatment cycle is indefinite in length depending on a treatment plan developed between a client and counseling/medical/psychiatric staff. The treatment cycle is expected to be at least 12 months in length, but in practice there is a 10% turnover rate.

100 treatment slots x 1.10 cycles annually = 110 UDC

Unit of Service Calculation

By agreement with CBHS, OBIC, and COPE are required to complete 1 Administrative Unit of Service annually.

**6. Methodology:**

A. Referrals to OBOT and OBIC are made by community physicians at OBOT community sites and via numerous other portals of entry to Behavioral Health Services, including but not limited to: Project Homeless Connect, the HOT team, and Treatment Access Program (TAP), and Mental Health Access ("Access").

Outreach
Outreach occurs through Project Homeless Connect, COPE, self-referral, and referral from other treatment providers including OTOP and Walden House. OBOT staff engage in education and outreach at community sites that work with homeless and indigent patients.

B. Methadone patients generally begin treatment at the Opiate Treatment Outpatient Program (OTOP) at SFGH in a specialized stabilization track before transferring to the care of a community physician.

Buprenorphine patients typically begin their specialized treatment at OBIC, where they receive efficient and expert care for several weeks before continuing their care with a community provider.

COPE facilitates access to OBOT methadone and buprenorphine treatment and to other Opiate Replacement Treatment (ORT) in San Francisco by referring clients to all ORT slots that receive General Fund monies from the SFDPH. COPE is thus an entry portal into OBOT and into the SFDPH ORT system of care.

Patient selection is based on established criteria, and highest priority is given to homeless and indigent patients who are injection drug users.

C. OBOT and OBIC are centrally located at 1380 Howard Street with Behavioral Health Access Services. They are affiliated with both UCSF and the San Francisco Department of Public Health (SFDPH). OBOT is an outpatient opiate treatment program that utilizes both methadone and buprenorphine at multiple community sites.

Strategies
In order to help community partners to develop the skills needed to treat opiate dependent patients in the outpatient setting, the OBOT program has provided and continues to provide extensive training and support. This includes buprenorphine training programs for medical providers, DSAAM physicians on call 24/7 for consultation, and a clinical coordinator to provide logistic support, clinical supervision and assistance with regulatory compliance at the community sites.

There are several direct patient service initiatives that help patients to succeed in treatment. First, there are substance abuse counselors available to all patients in the OBOT program for regular counseling. Second, there are several regular group meetings to provide additional support and resources.

Because opiate addicts often have unsatisfactory encounters with service providers, another important strategy is selection and training of staff so that services are as accessible as possible to clients. Staff are diverse in ethnicity and sexual orientation, and skilled at engaging people of color as well as gay, bisexual, and transgender individuals. All staff are trained and supervised to maximize overall program competence with cultural, sexual orientation, and gender issues. Staff training includes DSAAM in-services, CBHS educational programs, community seminars, and the SFGH Department of Psychiatry cultural competence training. The facilities are easily accessible by Muni and BART and are in a central location for many patients.

Regular client satisfaction surveys are administered. Attempts are made to address and change the program to accommodate client suggestions.

Services

OBOT patients are assigned to counselors for the assessment and treatment of substance dependence issues. Methadone patients meet with counselors for 50 minutes or more each month, and buprenorphine patients meet with counselors on a regular basis as clinically indicated. All clients are screened for TB, receive TB chemoprophylaxis if needed, and referred to the TB clinic at SFGH (Ward 94) if treatment of active TB is required.

Schedule

Clinic hours at OBIC are Monday through Friday 8:30 am to noon. At community clinic sites, patients make appointments to see their counselor or physician.

Clinic hours at COPE are Monday through Friday 1:00 pm to 5:00 pm.

Progression

At the time of referral, patients are evaluated for buprenorphine or methadone treatment. They may proceed directly to OBIC for buprenorphine treatment or spend a period of time at OTOP in stabilization for buprenorphine or methadone treatment. Once induction and stabilization are completed, patients transfer to the care of a community physician and counselor at an OBOT community site. Patient progress in treatment is carefully monitored and individualized treatment plans are developed based on the expertise of the clinical team and the patient's needs and desires. Patients generally continue in treatment for at least one year. Medical care is provided by community physicians with addiction expertise and training under the supervision of the OBOT medical director. Patients visit their

physician and substance abuse counselor at community sites and receive either methadone or buprenorphine through community pharmacies (San Francisco General Hospital [SFGH] pharmacy and the Community Behavioral Health Services [CBHS] pharmacy).

Linkages
Through its affiliation with OTOP, OBOT and OBIC maintain a variety of linkages with letters of cooperation. See Appendix A-1 CBHS OTOP.

D. Exit Criteria and Process

Though some patients will require or desire treatment for many years, others are able to transition off of opiate replacement therapy treatments. This is a joint decision between the treatment team and the patient and is dependent on a number of factors. These factors may include the patient's progress in treatment, a substantial decrease in cravings for illicit drugs, support systems, results of their previous attempts to taper off methadone or leave treatment, psychiatric status, medical status, and willingness to tolerate the demands of treatment on an ongoing basis. Patients leave treatment at OBOT for a variety of reasons:

- Arranged transfer to PCP clinic, for continued treatment
- Voluntary taper off methadone
- Against medical advice taper off methadone
- Voluntary decision to leave treatment before treatment ends,
- Transfer to another methadone clinic because of relocation or convenience
- On occasion the patient is terminated from treatment by the clinic for a violation of the clinic rules

If the transition is planned (such as relocation or a taper off methadone), the counseling staff begins the planning process as soon as possible by facilitating the patient's input and making appropriate referrals to other community or hospital-based support agencies, programs, fellowships, or structures, that will be needed upon discharge. Problems and interventions on this plan that may be addressed are:

- Continued support for substance abuse and relapse prevention
- Informing the patient that OBOT has a welcome back policy if relapse occurs
- Referrals and coordination of transition to another Opiate Replacement Therapy Clinic
- Transfer and coordination of care to a higher level of care such as substance abuse treatment, psychiatric care, hospice care, medically assisted detox, residential treatment, etc.

- Assurance of ongoing medical care, coordination and referrals as needed
- Assurance of ongoing psychiatric care with coordination and referrals as needed

E. See Appendix B for staffing.

## 7. Objectives and Measurements:

A. All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16.

B. Not required.

## 8. Continuous Quality Improvement:

A. Attainment of performance/outcome objectives will be evaluated using Avatar, which includes CalOMS. The program makes a commitment to collect data with integrity by appropriately trained and skilled staff. An OBOT administrative assistant will enter data into Avatar as instructed, in a timely fashion but no less often than monthly. Management staff will review, analyze, comment, and acknowledge reports prepared by CBHS.

Attainment of integration objectives will be evaluated according to CBHS definitions of change agent, mental health partner, and primary care partner.

C. OBOT, OBIC, and COPE management will function as a quality control team and randomly audit documentation by administrative, medical, and counseling staff. For patients who are in methadone maintenance in OBOT, the program coordinator conducts monthly QI audits of data in the Methasoft database. Deficiencies are addressed in supervision sessions with staff that occur no less than once monthly.

D. Cultural competency, including treating patients with dignity and respect, are included in required yearly trainings that all OBOT staff complete. OBOT counseling staff attend ongoing group supervision in using harm reduction therapy in group settings, which includes treating patients with cultural awareness and respect for individual autonomy. Cultural issues in patient care are discussed as they arise in ongoing clinical supervision meetings.

OBOT clinical and administrative staff administer the CBHS client satisfaction survey. Survey results will be analyzed and discussed with staff at staff and supervision meetings to

plan for any necessary programmatic changes. Every effort is made to improve the services provided to consumers based on information gathered through the survey.

Attainment of integration objectives will be evaluated according to CBHS definitions of change agent, mental health partner, and primary care partner.

E. Not Applicable.

9. **Required Language** (if applicable):

Not Applicable.

| Contractor: UCSF DSAAM | Appendix A-3 |
|---|---|
| City Fiscal Year: FY 15-16 | Contract Term: *07/01/15 through 06/30/16* |
| CMS#: 6908 | |

**1. Identifiers:**

Program Name: DSAAM HIV Set-Aside
Program Address: 1001 Potrero Avenue, Ward 93
City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 206-8412
Facsimile: (415) 206-6875

Contractor Address:
1001 Potrero Avenue, Ward 93
San Francisco, CA 94110

Name of Person Completing this Narrative: Lois Edblad, Division Administrator
Telephone: 415-206-6574

Program Code(s): 38134, 71134, 72134, 73134, 87134, 38143

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

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

**3. Goal Statement:** The mission of the Division of Substance Abuse and Addiction Medicine (DSAAM) is to improve the quality of life for our clients and the public by providing the highest quality addiction treatment and reducing the dangers of drug abuse and its consequences. The mission of the HIV Set-Aside program is to prevent contraction or to delay progression of their respective diseases.

DSAAM provides counseling, health and adjunct services in an integrated, humane and culturally sensitive manner to clients, including those who suffer from multiple medical, psychological, and social problems. In addition, DSAAM is committed to increasing and disseminating knowledge of drug abuse and treatment through research and training.

**4. Target Population:**

- San Francisco residents with opiate dependence enrolled in the OTOP stabilization, maintenance, or van program.
- Primary target population: drug of choice is heroin.
- Secondary target population: co-occurring psychiatric or medical disorder.
- Tertiary target population: low income.

The target population is adults who have substance use disorders, who have HIV or are at high risk for HIV, and who reside in San Francisco, particularly the Mission, South of Market, and Tenderloin areas. Most of these individuals are low income and uninsured or underinsured. The target population includes a large proportion of African American, Latino, gay, lesbian, bisexual, and transgender individuals, women of childbearing age, pregnant women, and post-partum women. The target population includes opiate dependent individuals of all ages, races, ethnicities, sexual orientations, gender identities, religions or spiritualities, socioeconomic classes, partner statuses, and physical and mental disabilities. The target population generally has multiple problems, including substance abuse or dependence, psychiatric disorders, HIV and/or other life-threatening health problems, and significant cultural barriers to receiving proper care.

**5. Modality(s)/Intervention(s):**

**Units of Service**

**Unit of Service Definitions**

UOS HIV Counseling Services:

The Unit of Service (UOS) definition for these modalities is defined as one ten minute period of face-to-face individual counseling or thirty minutes of group counseling, to include pre- and post-test counseling, risk assessment, sexual health support, prevention planning, treatment adherence, HIV prevention counseling for HIV-negatives, HIV prevention counseling with HIV-positives.

UOS Therapeutic Measures:

UOS is defined as one face-to-face encounter between a medical staff member (LVN, RN, NP, PA or MD) and an HIV-positive patient in which one or more medications is directly administered (DOT) to treat or prevent disease or a face-to-face encounter of 5 minutes or more with an HIV-positive client addressing issues related to their overall care including transportation to medical appointments, medical case management, patient navigation, and assistance in retaining patients in HIV care.

UOS Infectious Disease Services:

1 UOS = Performance of one or more of the following tests: HIV, Hepatitis C, TB, or STD testing, or a referral for such test based on patient preference and availability.

Note: Clients may receive more than one contact per day if the services are substantially different, e.g., HIV prevention counseling with HIV-positives followed by treatment adherence services (directly observed therapy).

**Unduplicated Clients (UDC)**

| | |
|---|---|
| At OTOP Stabilization | 300 |
| At OTOP Maintenance | 361 |
| At OTOP Vans | 220 |
| Total UDC for HIV ancillary services = | 881 |

**Units of Service (UOS)**

At OTOP Stabilization

**HIV Counseling Services**

--Average 50% UDC receive monthly risk assessments if on 45-90 day stabilization tracts — 150

**Infectious Disease Services**

--Average 90% of UDC agree to HIV test at intake (and/or other infectious disease screening) — 270

At OTOP Maintenance

**HIV Counseling Services**

--Average 4 HIV Counseling Services per year per UDC — 1,444

**Therapeutic Measures**

--20% FTE DOT RN averaging 3 patients/wk — 138

--75 DOT Med Administrations/wk — 3,900

**Infectious Disease Services**

--Average 70% accept at least annual HIV/infectious disease screening — 253

At OTOP vans

**HIV Counseling Services**

--Average 4 risk assessments per UDC — 880

**Infectious Disease Services**

--Average 70% accept at least annual HIV/infectious disease screening — 154

**Total UOS for HIV ancillary services = 7,189**

| | UDC | 72-HIV Counseling Services: Pre-and Post-Test Counseling, Risk Assessment | 74-Infectious Disease Services: HIV, HCV, or STD Testing or Referral for Testing | 75-Therapeutic Measures: Treatment Adherence, DOT. | Total |
|---|---|---|---|---|---|
| OTOP Stabilization | 300 | 150 | 270 | -- | 420 |
| OTOP Methadone Maintenance | 361 | 1,444 | 253 | 4,038 | 5,735 |
| OTOP Vans | 220 | 880 | 154 | -- | 1,034 |
| Total | **881** | 2,474 | **677** | 4,038 | **7,189** |

## 6. Methodology:

The HIV prevention and treatment services are housed with their host programs: Opiate Treatment Outpatient Program (OTOP) at San Francisco General Hospital (SFGH) and the OTOP methadone vans (Bayview, Mission, and Visitacion Valley sites). SFGH is a University of California, San Francisco (UCSF) affiliate and a leader in medical teaching and research. Admission criteria, intended length of stay, and average length of stay are the same as for the host programs where the HIV prevention and intervention services are provided. Clients in the host programs are eligible for HIV services for the duration of their stay.

### A. Outreach, recruitment and/or intake criteria and process where applicable

Outreach

HIV prevention and intervention is described when conducting general outreach for the host programs, OTOP and the OTOP methadone vans.

### B. Admission, enrollment and/or intake criteria and process where applicable

Program admission, enrollment and/or intake criteria are based on host program policies and procedures. See "A" above and Appendix A-1, OTOP.

### C. Service delivery model

HIV prevention and intervention services include HIV pre- and post-test counseling, risk assessment, and risk reduction counseling (reducing transmission or progression of HIV), infectious disease testing, directly observed therapy (DOT), and treatment adherence. Advances in HIV testing technology at the SFGH Clinical Laboratory allow rapid (within 8 hours) results for OTOP patients. Because phlebotomy is required for syphilis and TB testing, a blood sample for HIV testing can be obtained simultaneously, obviating the need

for an additional blood draw from the patient. The HIV prevention and intervention services provided to OTOP stabilization, maintenance, and van clients include:

1. HIV risk assessment and risk reduction counseling (individual or group; beyond the first session each year),
2. Pre- and post-test counseling,
3. Phlebotomy services for medical screening of RPR and TB, methadone levels for peak and trough, and HIV testing (HIV funded) for all patients upon admission and annually thereafter.
4. Primary care physicians requesting lab work that cannot be obtained through typical labs use our expert phlebotomist to draw needed clinical labs,
5. Directly observed medication in the dispensary for patients having difficulty adhering to HIV medication regimens, TB medication, and psychiatric medication regimens. All directly observed therapy (DOT) is strictly voluntary for the patient and methadone dosing is not dependent on the patient's willingness to take DOT on any given day.
6. Medication adherence: RN and patients work together to set up medisets to help with adherence to various medication regimes.
7. Opt-out HIV testing for all OTOP patients at intake and annually, per the following policy and procedure:

   **Subject:** HIV testing at OTOP

   **Policy:** It is the policy of OTOP to provide HIV testing that meets the current recommendations of the CDC.

   *For patients in all health care settings:*

   - HIV screening is recommended for patients in all health care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
   - Persons at high risk for HIV infection should be screened for HIV at least annually.
   - Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
   - Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

   *For pregnant women:*

   - HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women.

- HIV screening is recommended after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Repeat screening in the third trimester is recommended in certain jurisdictions with elevated rates of HIV infection among pregnant women.

**Criteria for Screening**

HIV screen tests are obtained for all OTOP patients:

- Admitted to stabilization
- Admitted to maintenance
- In maintenance treatment during annual visit with an OTOP medical provider
- Who are pregnant
    1. On admission
    2. Testing positive for pregnancy
    3. During the beginning of the third trimester
- Upon patient request (unless unjustified medically)
- Medical provider recommendation

**Ordering and Obtaining the HIV Test**

1. The admitting nurse practitioner or MD orders the HIV test along with other required laboratory tests. No special consent needs to be obtained, but the patient should be aware of what lab work is being ordered and has the right to refuse the HIV test. HIV testing is not a requirement for treatment at OTOP.
2. If a patient refuses an HIV test, the medical provider should give and document informed refusal. **Informed refusal:** When a patient refuses an intervention, information will be exchanged which will help the patient understand the nature of the recommended intervention, its risks, complications, expected benefits or effects, and the likely consequences of refusing the intervention. This informed refusal is documented in the medical record.
3. When drawing the blood for an HIV test, the phlebotomist uses universal precautions per hospital procedure and draws one tube of blood in a gold gel tube.
4. The blood is sent to the lab at SFGH and is tested.

**Results**

1. The initial results are obtained from the lab within one working day unless the results show a preliminary positive.
2. If the results show a preliminary positive, the lab will send the remainder of the blood from the tube for confirmatory testing. (Usually results are available in 3-4 working days)
3. If patients ask how long it will take to get their results back, they are informed that it will take from 1-7 days.

**Negative Results**

1. The negative results along with a form *HIV Negative Test Results Counseling Documentation* are distributed to the ordering provider by the Phlebotomist.
2. The nurse practitioner will review the results, initial them, and place them in the MD Sign Box. The *HIV Negative Test Results Counseling Documentation* form will be signed by the provider and given back to the phlebotomist for distribution.
3. The phlebotomist will distribute the results to the patient's counselor.
4. At the first possible time (usually the patients first dosing day after the results are obtained), the counselor will meet with the patient and discuss the negative results and document on the result form, checking each section reviewed and sign and date the bottom of the form.
5. If the patient refuses counseling, this should be documented on the *HIV Negative Test Results Counseling Documentation* form.
6. *The HIV Negative Test Results Counseling Documentation* form will be returned to the phlebotomist.
7. The phlebotomist will record in the database that the counseling has been completed and place the completed *HIV Negative Test Results Counseling Documentation* form in the To Be Filed box in medical records for filing.

**Positive Results**

1) If the results are positive, the laboratory will call the Positive Health Access to Services and Treatment (PHAST) team. The PHAST team will notify the clinic director or designee by pager (415-327-4207) at OTOP. The positive results, along with the patient's B #, DOB, and first and last name, will be read back by the clinic director or designee to the PHAST team staff.
2) On the next business day, staff trained in HIV test counseling and a medical provider (if possible) will meet with the patient to inform the patient of their HIV results using the protocol developed by the AIDS Health Project.
3) Disclosure will be documented in the LCR and the patient's medical record immediately after counseling. The patient's response to the counseling will

be noted as well as any follow up referrals that were discussed during the counseling.

**Medical Record**

1) HIV results and associated documentation will be placed in the medical section of the patient's record. The HIV prevention and intervention services provided to OTOP stabilization, maintenance, and van clients also includes:
   - HIV testing by patient request.
   - Phlebotomy for HIV positive clients.
   - Nurse practitioner visits for HIV positive clients in stabilization.
   - HIV medication adherence visits for HIV positive clients in maintenance in OTOP maintenance or van maintenance.
   - The staffing, cultural competence, and continuous quality improvement strategies used in the host programs, OTOP and the OTOP methadone vans, are also applied to the HIV services.

**Linkages**

This ancillary service is *integrated* with substance abuse treatment, medical care, and psychiatric care all of which are funded by other components. This "one-stop shopping" modality provides care to multi-problem patients who are referred by SFGH, the Community Health Network (CHN), and other substance abuse treatment providers for whom their care is too complex. The HIV services program uses the same linkages, referral arrangements, and advocacy as the host programs, OTOP and the OTOP methadone vans.

**Services, Staff, and Progression**

Clients admitted to OTOP stabilization are offered HIV testing and receive HIV counseling. Clients with HIV receive additional visits with a nurse practitioner and are admitted preferentially to methadone maintenance. HIV+ clients in methadone maintenance receive HIV assessment/risk reduction counseling (assessing and reducing HIV transmission or progression) with nursing or counseling staff. In addition, they receive HIV medication adherence visits with nursing staff. These include CD4 and viral load updates to assess medication needs, reviews of all medications for interactions and adherence problems, and client education and counseling to address any problems identified. Results of these visits are communicated to the client's HIV medical provider. If HIV+ patients are unable to manage their own medications, they are offered directly administered antiretroviral therapy (DAART) in conjunction with their methadone dosing.

Staff are selected, trained, and supervised to maximize program competence with cultural, spiritual, sexual orientation, gender, age, multi-diagnosis, and disability issues. Staff training for cultural competence includes the SFGH Department of Psychiatry cultural competence training, as well as DSAAM in-services and other selected trainings in the community.

**Schedule**
HIV prevention and intervention services are provided for clients in conjunction with other services on an as-needed basis throughout the treatment episode. Testing for HIV is offered at admission, annually (for clients remaining in treatment for 12 months or more), and by request. HIV medication adherence visits occur within 3 months of admission and every 3 months thereafter.

**D.** **See Appendix B1** for detailed account of host program's exit criteria and process, e.g. successful completions, step-down process to less intensive treatment programs, aftercare, discharge planning.

E. ***See*** *Appendix B for staffing.*

**7. Objectives and Measurements:**

A. All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16.

B. Not applicable.

**8. Continuous Quality Improvement:**

**A.** Achievement of Contract Performance Objectives
See Appendix A-1 CBHS OTOP for achievement strategies.

**B.** Documentation Quality, Including a Description of Internal Audits
HIV Services falls under the governance of the OTOP Quality Assurance (QA) program. See Appendix A-1 CBHS OTOP for description of audit structure and process.

**C.** Cultural Competency of Staff and Services
HIV Services staff is required to participate, attend and engage in all OTOP cultural competency trainings, projects and discussions. See Appendix A-1 CBHS OTOP for cultural competency strategies of staff and services.

**D.** Client satisfaction

HIV Services staff participate on the OTOP Community/Patient Liaison Committee that facilitates focus groups and conducts satisfaction surveys at each site, at multiple times throughout the year; anonymous suggestion boxes are also maintained by this committee. Data from these mechanisms are discussed at OTOP Steering Committee meetings, and presented to staff in Power Point, for discussion/planning and/or delegation to OTOP's QA committee. Every effort is made to improve the services provided to consumers based on information gathered through these information channels.

**E.** Not applicable.

**9. Additional Required Language:**

Not applicable.

## Appendix B
## Calculation of Charges

### 1. Method of Payment

**FFS Option**

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**

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.

Appendix B-1: DSAAM Opiate Treatment Outpatient Program (OTOP)
Appendix B-2: Office Based Opiate Treatment (OBOT)
Appendix B-3: DSAAM HIV Set-Aside

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **$944,485** 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:

| Term | | Amount |
| --- | --- | --- |
| 7/1/10 – 6/30/11 | | $ 2,936,433 |
| 7/1/11 – 6/30/12 | | $ 3,138,362 |
| 7/1/12 – 6/30/13 | | $ 3,368,223 |
| 7/1/13 – 6/30/14 | | $ 3,626,787 |
| 7/1/14 – 6/30/15 | | $ 3,778,096 |
| 7/1/15 – 12/31/15 (1) | | $ 1,055,727 |
| | Subtotal | $17,903,628 |
| 7/1/15 – 12/31/15 (2) | | $ 833,321 |
| 1/1/16 – 6/30/16 | | $ 1,889,048 |
| 7/1/16 – 6/30/17 | | $ 4,013,992 |
| 7/1/17 – 12/31/17 | | $ 1,967,680 |
| | Subtotal | $26,607,669 |
| | Contingency Awarded | $ 2,862,731 |
| | Contingency Used | $ 1,918,246 |
| | Contingency Remaining | $ 944,485 |
| | TOTAL | $27,552,154 |

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.

D. Final Invoice

**FFS option**

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.

**Actual Cost Option**

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 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.

**3.** 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.

## DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number: 00117 | Prepared By/Phone #: Connie Paw / 415-206-4894 | Fiscal Year: 2015-16

Contractor Name: **UCSF DSAAM** | 07/01/15

Contract CMS #: 6908 | 

| Contract Appendix Number: | B-1 | B-2 | B-3 | | | | |
|---|---|---|---|---|---|---|---|
| Appendix A/Program Name: | OTOP | OBOT | HIV Set-Aside | | | | |
| Provider Number: | 383813 | 383813 | 383813 | | | | |
| Program Code(s): | 38134, 71134, 72134, 73134, 87134, 38143 | 75134, 74134, 86134, 76134, 77134 | 38134, 71134, 72134, 73134, 87134, 38143 | | | | |
| **FUNDING TERM:** | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | | | | **TOTAL** |
| **FUNDING USES** | | | | | | | |
| Salaries & Employee Benefits: | 1,754,344 | 880,900 | 537,231 | | | | 3,172,475 |
| Operating Expenses: | 131,114 | 41,904 | 27,808 | | | | 200,826 |
| Capital Expenses: | - | - | - | | | | - |
| **Subtotal Direct Expenses:** | 1,885,458 | 922,804 | 565,039 | - | - | - | 3,373,301 |
| Indirect Expenses: | 226,255 | 110,736 | 67,804 | | | | 404,795 |
| Indirect %: | 12.00% | 12.00% | 12.00% | | | | 12.00% |
| **TOTAL FUNDING USES** | 2,111,713 | 1,033,540 | 632,843 | - | - | - | 3,778,096 |
| | | | | | Employee Fringe Benefits %: | | 39.80% |
| **BHS MENTAL HEALTH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL BHS MENTAL HEALTH FUNDING SOURCES** | - | - | - | - | - | - | - |
| **BHS SUBSTANCE ABUSE FUNDING SOURCES** | | | | | | | |
| SA FED - SAPT Fed Discretionary, CFDA #93.959 | 200,000 | | | | | | 200,000 |
| SA FED - SAPT HIV Set-Aside, CFDA #93.959 | | | 632,843 | | | | 632,843 |
| SA FED - Drug Medi-Cal, CFDA #93.778 | 596,970 | | | | | | 596,970 |
| SA STATE - PSR Drug Medi-Cal | 596,970 | | | | | | 596,970 |
| SA COUNTY - General Fund | 717,773 | 1,033,540 | | | | | 1,751,313 |
| | | | | | | | - |
| **TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES** | 2,111,713 | 1,033,540 | 632,843 | - | - | - | 3,778,096 |
| **OTHER DPH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL OTHER DPH FUNDING SOURCES** | - | - | - | - | - | - | - |
| **TOTAL DPH FUNDING SOURCES** | 2,111,713 | 1,033,540 | 632,843 | - | - | - | 3,778,096 |
| **NON-DPH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL NON-DPH FUNDING SOURCES** | - | - | - | - | - | - | - |
| **TOTAL FUNDING SOURCES (DPH AND NON-DPH)** | 2,111,713 | 1,033,540 | 632,843 | - | - | - | 3,778,096 |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Contractor Name: | UCSF DSAAM | | | | Appendix/Page #: | B-1, Page 1 | |
| Provider Name: | UCSF DSAAM | | | | | 07/01/15 | |
| Provider Number: | 383813 | | | | Fiscal Year: | 2015-16 | |
| Program Name: | OTOP | | | | | | |
| Program Codes: | DSAAM OTOP MM (38134)<br>DSAAM OTOP Van Mission (71134)<br>DSAAM OTOP Van Bayview (72134)<br>DSAAM OTOP Van Sunnyvale (73134)<br>DSAAM OTOP MM CARE (87134)<br>DSAAM OTOP Meth Detox (38143) | | | | | | |
| Mode/SFC (MH) or Modality (SA): | | NTP-48 | NTP-48 | NTP-48 | | | |
| Service Description: | | SA-Narcotic Tx Narc Replacement Therapy - Dosing | SA-Narcotic Tx Narc Replacement Therapy - Individual Counseling | SA-Narcotic Tx Narc Replacement Therapy - Group Counseling | | | TOTAL |
| **FUNDING TERM:** | | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | | | |
| **FUNDING USES** | | | | | | | |
| Salaries & Employee Benefits: | | 1,423,679 | 265,115 | 65,550 | | | 1,754,344 |
| Operating Expenses: | | 106,401 | 19,814 | 4,899 | | | 131,114 |
| Capital Expenses: | | - | - | - | | | - |
| **Subtotal Direct Expenses:** | | 1,530,080 | 284,929 | 70,449 | | | 1,885,458 |
| Indirect Expenses: | | 183,610 | 34,191 | 8,454 | | | 226,255 |
| **TOTAL FUNDING USES:** | | 1,713,690 | 319,120 | 78,903 | | | 2,111,713 |
| **BHS MENTAL HEALTH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL BHS MENTAL HEALTH FUNDING SOURCES** | | - | - | - | - | - | - |
| **BHS SUBSTANCE ABUSE FUNDING SOURCES** | **Index Code** | | | | | | |
| SA FED - SAPT Fed Discretionary, CFDA #93.959 | HMHSCCRES227 | 162,303 | 30,224 | 7,473 | | | 200,000 |
| SA FED - Drug Medi-Cal, CFDA #93.778 | HMHSCCRES227 | 484,451 | 90,214 | 22,305 | | | 596,970 |
| SA STATE - PSR Drug Medi-Cal | HMHSCCRES227 | 484,451 | 90,214 | 22,305 | | | 596,970 |
| SA COUNTY - General Fund | HMHSCCRES227 | 582,485 | 108,468 | 26,820 | | | 717,773 |
| | | | | | | | - |
| **TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES** | | 1,713,690 | 319,120 | 78,903 | - | - | 2,111,713 |
| **OTHER DPH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL OTHER DPH FUNDING SOURCES** | | - | - | - | | | - |
| **TOTAL DPH FUNDING SOURCES** | | 1,713,690 | 319,120 | 78,903 | | | 2,111,713 |
| **NON-DPH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL NON-DPH FUNDING SOURCES** | | - | - | - | | | - |
| **TOTAL FUNDING SOURCES (DPH AND NON-DPH)** | | 1,713,690 | 319,120 | 78,903 | | | 2,111,713 |
| **BHS UNITS OF SERVICE AND UNIT COST** | | | | | | | |
| Number of Beds Purchased (if applicable): | | | | | | | |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes): | | | | | | | |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program: | | 900 | 900 | 900 | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | FFS | FFS | | | |
| DPH Units of Service: | | 105,554 | 19,656 | 4,860 | | | |
| Unit Type: | | Slot Days | Slot Days | Slot Days | | | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only): | | 16.24 | 16.24 | 16.24 | | | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 16.24 | 16.24 | 16.24 | | | |
| Published Rate (Medi-Cal Providers Only): | | 17.59 | 17.51 | 17.51 | | | **Total UDC:** |
| Unduplicated Clients (UDC): | | 628 | 628 | 628 | | | 628 |

## DPH 3: Salaries & Benefits Detail

Contractor Name: UCSF DSAAM
Program Name: OTOP

Appendix/Page #: B-1, Page 2
07/01/15

| | TOTAL | | SAPT Fed Discretionary Fed Drug Medi-Cal State PSR DMC & General Fund HMHSCCRES227 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Term: | 7/1/15-6/30/16 | Term: | 7/1/15-6/30/16 | Term: | | Term: | | Term: | | Term: | |
| **Position Title** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** |
| Psychiatrist/UCSF PI | 0.19 | 39,990 | 0.19 | 39,990 | | | | | | | | |
| Program Physician/Medical Director | 0.55 | 108,078 | 0.55 | 108,078 | | | | | | | | |
| Program Psychiatrist | 0.15 | 29,476 | 0.15 | 29,476 | | | | | | | | |
| Psychologist | 0.23 | 35,224 | 0.23 | 35,224 | | | | | | | | |
| Program Physician | 0.15 | 32,095 | 0.15 | 32,095 | | | | | | | | |
| Clinical Social Worker III-Supvr | 0.20 | 17,291 | 0.20 | 17,291 | | | | | | | | |
| Social Work Associate | 11.83 | 639,156 | 11.83 | 639,156 | | | | | | | | |
| Intake Program Manager | 0.50 | 31,398 | 0.50 | 31,398 | | | | | | | | |
| Hospital Assistant III | 0.50 | 31,236 | 0.50 | 31,236 | | | | | | | | |
| Nurse Practitioner III-Supvr | 0.25 | 41,357 | 0.25 | 41,357 | | | | | | | | |
| Nurse Practitioner II | 0.15 | 22,660 | 0.15 | 22,660 | | | | | | | | |
| Division Administrator | 0.20 | 18,580 | 0.20 | 18,580 | | | | | | | | |
| Financial Analyst | 1.00 | 75,846 | 1.00 | 75,846 | | | | | | | | |
| Project Assistant III | 0.96 | 47,853 | 0.96 | 47,853 | | | | | | | | |
| Project Assistant II | 1.98 | 86,400 | 1.98 | 86,400 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Totals:** | 18.84 | $1,256,640 | 18.84 | $1,256,640 | | | | | | | | |
| **Employee Fringe Benefits:** | 40% | $497,704 | 40% | $497,704 | | | | | | | | |
| **TOTAL SALARIES & BENEFITS** | | **$1,754,344** | | **$1,754,344** | | **$0** | | **$0** | | | | |

## DPH 4: Operating Expenses Detail

Contractor Name: UCSF DSAAM
Program Name: OTOP

Appendix/Page #: B-1, Page 3
07/01/15

| Expenditure Category | TOTAL | SAPT Fed Discretionary Fed Drug Medi-Cal State PSR DMC & General Fund HMHSCCRES227 | | | | |
|---|---|---|---|---|---|---|
| Term: | 7/1/15-6/30/16 | 7/1/15-6/30/16 | | | | |
| **Occupancy:** | | | | | | |
| Rent | - | | | | | |
| Utilities(telephone, electricity, water, gas) | - | | | | | |
| Building Repair/Maintenance | - | | | | | |
| **Materials & Supplies:** | | | | | | |
| Office Supplies | 25,514 | 25,514 | | | | |
| Photocopying | - | | | | | |
| Printing | 1,040 | 1,040 | | | | |
| Program Supplies | 8,010 | 8,010 | | | | |
| Computer hardware/software | 11,906 | 11,906 | | | | |
| **General Operating:** | | | | | | |
| Training/Staff Development | 10,080 | 10,080 | | | | |
| Insurance | - | | | | | |
| Professional License | - | | | | | |
| Permits | - | | | | | |
| Equipment Lease & Maintenance | - | | | | | |
| **Staff Travel:** | | | | | | |
| Local Travel | - | | | | | |
| Out-of-Town Travel | - | | | | | |
| Field Expenses | - | | | | | |
| **Consultant/Subcontractor:** | | | | | | |
| | | | | | | |
| **Other:** | | | | | | |
| Storage Services | 4,526 | 4,526 | | | | |
| Vehicle Maintenance and Repair | 2,170 | 2,170 | | | | |
| Pagers | 1,446 | 1,446 | | | | |
| Cell Phone | 1,378 | 1,378 | | | | |
| Temporary Help | 8,000 | 8,000 | | | | |
| | | | | | | |
| **Other UC Direct Costs:** | | | | | | |
| Data Network Recharge | 9,222 | 9,222 | | | | |
| CCDSS: Computing and Communication Device Support Service | 18,808 | 18,808 | | | | |
| GAEL: General Automobile and Employee Liability Charges | 9,778 | 9,778 | | | | |
| UCSF Faculty and Staff Recharge | 19,236 | 19,236 | | | | |
| | | | | | | |
| **TOTAL OPERATING EXPENSE** | **131,114** | **131,114** | | | | |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Contractor Name: | | UCSF DSAAM | | | | Appendix/Page #: | B-2, Page 1 |
| Provider Name: | | UCSF DSAAM | | | | | 07/01/15 |
| Provider Number: | | 383813 | | | | Fiscal Year: | 2015-16 |
| Program Name: | | OBOT | | | | | |
| Program Codes: | | OBOT TWHC: 75134<br>OBOT PHHC: 74134<br>OBOT PHP/Wd86: 86134<br>OBOT at SFGH Pharmacy: 76134<br>OBOT at CBHS Pharmacy: 77134 | | | | | |
| Mode/SFC (MH) or Modality (SA): | | SecPrev-21 | | | | | |
| Service Description: | | SA-Sec Prev Referrals/Screening/ Intake | | | | | TOTAL |
| **FUNDING TERM:** | | 7/1/15-6/30/16 | | | | | |
| **FUNDING USES** | | | | | | | |
| Salaries & Employee Benefits: | | 880,900 | | | | | 880,900 |
| Operating Expenses: | | 41,904 | | | | | 41,904 |
| Capital Expenses: | | - | | | | | - |
| **Subtotal Direct Expenses:** | | 922,804 | | | | | 922,804 |
| Indirect Expenses: | | 110,736 | | | | | 110,736 |
| **TOTAL FUNDING USES:** | | 1,033,540 | - | - | - | - | 1,033,540 |
| **BHS MENTAL HEALTH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL BHS MENTAL HEALTH FUNDING SOURCES** | | - | - | - | - | - | - |
| **BHS SUBSTANCE ABUSE FUNDING SOURCES** | **Index Code** | | | | | | |
| SA COUNTY - General Fund | HMHSCCRES227 | 1,033,540 | | | | | 1,033,540 |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES** | | 1,033,540 | - | - | - | - | 1,033,540 |
| **OTHER DPH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL OTHER DPH FUNDING SOURCES** | | - | - | - | - | - | - |
| **TOTAL DPH FUNDING SOURCES** | | 1,033,540 | - | - | - | - | 1,033,540 |
| **NON-DPH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL NON-DPH FUNDING SOURCES** | | - | - | - | - | - | - |
| **TOTAL FUNDING SOURCES (DPH AND NON-DPH)** | | 1,033,540 | - | - | - | - | 1,033,540 |
| **BHS UNITS OF SERVICE AND UNIT COST** | | | | | | | |
| Number of Beds Purchased (if applicable): | | | | | | | |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes): | | | | | | | |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program: | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | CR | | | | | |
| DPH Units of Service: | | 11,666 | | | | | |
| Unit Type: | | Staff Hour | | | | | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only): | | 88.60 | | | | | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 88.60 | | | | | |
| Published Rate (Medi-Cal Providers Only): | | 88.60 | | | | | **Total UDC:** |
| Unduplicated Clients (UDC): | | 110 | | | | | 110 |

**DPH 3: Salaries & Benefits Detail**

Contractor Name: UCSF DSAAM
Program Name: OBOT

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

| | TOTAL | | Fed Drug Medi-Cal State PSR DMC & General Fund HMHSCCRES227 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Term: | 7/1/15-6/30/16 | Term: | 7/1/15-6/30/16 | Term: | | Term: | | Term: | | Term: | |
| **Position Title** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** |
| Program Psychiatrist | 0.35 | 68,777 | 0.35 | 68,777 | | | | | | | | |
| Program Psychologist | 0.10 | 15,042 | 0.10 | 15,042 | | | | | | | | |
| Social Work Associate | 2.00 | 113,219 | 2.00 | 113,219 | | | | | | | | |
| Program Asst II | 1.00 | 44,072 | 1.00 | 44,072 | | | | | | | | |
| Clinical Social Worker III-Supvr | 0.60 | 51,873 | 0.60 | 51,873 | | | | | | | | |
| Nurse Practitioner III-Supvr | 0.75 | 124,071 | 0.75 | 124,071 | | | | | | | | |
| Nurse Practitioner II | 1.34 | 208,149 | 1.34 | 208,149 | | | | | | | | |
| Analyst I | 0.20 | 13,351 | 0.20 | 13,351 | | | | | | | | |
| **Totals:** | 6.34 | $638,554 | 6.34 | $638,554 | | | | | | | | |
| **Employee Fringe Benefits:** | 38% | $242,346 | 38% | $242,346 | | | | | | | | |
| **TOTAL SALARIES & BENEFITS** | | $880,900 | | $880,900 | | | | | | | | |

## DPH 4: Operating Expenses Detail

Contractor Name: UCSF DSAAM
Program Name: OBOT

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

| Expenditure Category | TOTAL | Fed Drug Medi-Cal State PSR DMC & General Fund HMHSCCRES227 | | | | |
|---|---|---|---|---|---|---|
| Term: | 7/1/15-6/30/16 | 7/1/15-6/30/16 | | | | |
| **Occupancy:** | | | | | | |
| Rent | - | | | | | |
| Utilities(telephone, electricity, water, gas) | - | | | | | |
| Building Repair/Maintenance | - | | | | | |
| **Materials & Supplies:** | | | | | | |
| Office Supplies | 12,550 | 12,550 | | | | |
| Photocopying | - | | | | | |
| Printing | 280 | 280 | | | | |
| Program Supplies | 10,000 | 10,000 | | | | |
| Computer hardware/software | 3,500 | 3,500 | | | | |
| **General Operating:** | | | | | | |
| Training/Staff Development | - | | | | | |
| Insurance | - | | | | | |
| Professional License | - | | | | | |
| Permits | - | | | | | |
| Equipment Lease & Maintenance | - | | | | | |
| **Staff Travel:** | | | | | | |
| Local Travel | - | | | | | |
| Out-of-Town Travel | - | | | | | |
| Field Expenses | - | | | | | |
| **Consultant/Subcontractor:** | | | | | | |
| | - | | | | | |
| | | | | | | |
| **Other:** | | | | | | |
| Pagers | 325 | 325 | | | | |
| | | | | | | |
| **Other UC Direct Costs:** | | | | | | |
| Data Network Recharge | 3,131 | 3,131 | | | | |
| CCDSS: Computing and Communication Device Support Service | 729 | 729 | | | | |
| GAEL: General Automobile and Employee Liability Charges | 4,978 | 4,978 | | | | |
| UCSF Faculty and Staff Recharge | 6,411 | 6,411 | | | | |
| | | | | | | |
| **TOTAL OPERATING EXPENSE** | 41,904 | 41,904 | | | | |

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

Contractor Name: UCSF DSAAM
Provider Name: UCSF DSAAM
Provider Number: 383813

Appendix/Page #: B-3, Page 1
07/01/15
Fiscal Year: 2015-16

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Program Name: | | HIV Set-Aside | | | | | |
| Program Codes: | | DSAAM OTOP MM (38134)<br>DSAAM OTOP Van Mission (71134)<br>DSAAM OTOP Van Bayview (72134)<br>DSAAM OTOP Van Sunnyvale (73134)<br>DSAAM OTOP MM CARE (87134)<br>DSAAM OTOP Meth Detox (38143) | | | | | |
| Mode/SFC (MH) or Modality (SA): | | Anc-72 | Anc-74 | Anc-75 | | | |
| Service Description: | | SA-Ancillary Svcs HIV Counseling Services | SA-Ancillary Svcs Infectious Disease Services | SA-Ancillary Svcs Therapeutic Measures for People Living with HIV/AIDS | | | TOTAL |
| **FUNDING TERM:** | | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | | | |
| **FUNDING USES** | | | | | | | |
| Salaries & Employee Benefits: | | 184,881 | 50,592 | 301,758 | | | 537,231 |
| Operating Expenses: | | 9,570 | 2,619 | 15,619 | | | 27,808 |
| Capital Expenses: | | - | - | - | | | - |
| **Subtotal Direct Expenses:** | | 194,451 | 53,211 | 317,377 | | | 565,039 |
| Indirect Expenses: | | 23,334 | 6,385 | 38,085 | | | 67,804 |
| **TOTAL FUNDING USES:** | | 217,785 | 59,596 | 355,462 | - | - | 632,843 |
| **BHS MENTAL HEALTH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL BHS MENTAL HEALTH FUNDING SOURCES** | | - | - | - | - | - | - |
| **BHS SUBSTANCE ABUSE FUNDING SOURCES** | **Index Code** | | | | | | |
| SA FED - SAPT HIV Set-Aside, CFDA #93.959 | HMHSCCRES227 | 217,785 | 59,596 | 355,462 | | | 632,843 |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES** | | 217,785 | 59,596 | 355,462 | - | - | 632,843 |
| **OTHER DPH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL OTHER DPH FUNDING SOURCES** | | - | - | - | - | - | - |
| **TOTAL DPH FUNDING SOURCES** | | 217,785 | 59,596 | 355,462 | - | - | 632,843 |
| **NON-DPH FUNDING SOURCES** | | | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| **TOTAL NON-DPH FUNDING SOURCES** | | - | - | - | - | - | - |
| **TOTAL FUNDING SOURCES (DPH AND NON-DPH)** | | 217,785 | 59,596 | 355,462 | - | - | 632,843 |
| **BHS UNITS OF SERVICE AND UNIT COST** | | | | | | | |
| Number of Beds Purchased (if applicable): | | | | | | | |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes): | | | | | | | |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program: | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | FFS | FFS | | | |
| DPH Units of Service: | | 2,474 | 677 | 4,038 | | | |
| Unit Type: | | Number Served | Number Served | Number Served | | | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only): | | 88.03 | 88.03 | 88.03 | | | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 88.03 | 88.03 | 88.03 | | | |
| Published Rate (Medi-Cal Providers Only): | | | | | | | **Total UDC:** |
| Unduplicated Clients (UDC): | | 881 | 881 | 881 | | | 881 |

## DPH 3: Salaries & Benefits Detail

Contractor Name: UCSF DSAAM
Program Name: HIV Set-Aside

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

| | TOTAL | | SAPT HIV Set-Aside HMHSCCRES227 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Term: | 7/1/15-6/30/16 | Term: | 7/1/15-6/30/16 | Term: | | Term: | | Term: | | Term: | |
| **Position Title** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** | **FTE** | **Salaries** |
| Program Physician/Medical Director | 0.20 | 39,301.00 | 0.20 | 39,301 | | | | | | | | |
| Program Physician | 0.25 | 53,491.00 | 0.25 | 53,491 | | | | | | | | |
| Social Work Associate | 1.82 | 100,440.00 | 1.82 | 100,440 | | | | | | | | |
| Program Intake Manager | 0.50 | 31,398.00 | 0.50 | 31,398 | | | | | | | | |
| Compliance Coordinator | 1.00 | 64,882.00 | 1.00 | 64,882 | | | | | | | | |
| HIV Nurse | 0.20 | 31,346.00 | 0.20 | 31,346 | | | | | | | | |
| Nurse Practitioner II | 0.25 | 37,345.00 | 0.25 | 37,345 | | | | | | | | |
| Hospital Assistant III | 0.25 | 15,905.00 | 0.25 | 15,905 | | | | | | | | |
| **Totals:** | 4.47 | $374,108 | 4.47 | $374,108 | | | | | | | | |
| **Employee Fringe Benefits:** | 44% | $163,123 | 44% | $163,123 | | | | | | | | |
| **TOTAL SALARIES & BENEFITS** | | $537,231 | | $537,231 | | | | | | | | |

## DPH 4: Operating Expenses Detail

Contractor Name: UCSF DSAAM
Program Name: HIV Set-Aside

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

| Expenditure Category | TOTAL | SAPT HIV Set-Aside HMHSCCRES227 | | | | |
|---|---|---|---|---|---|---|
| Term: | 7/1/15-6/30/16 | 7/1/15-6/30/16 | | | | |
| **Occupancy:** | | | | | | |
| Rent | - | | | | | |
| Utilities(telephone, electricity, water, gas) | - | | | | | |
| Building Repair/Maintenance | - | | | | | |
| **Materials & Supplies:** | | | | | | |
| Office Supplies | 3,000 | 3,000 | | | | |
| Photocopying | - | | | | | |
| Printing | 500 | 500 | | | | |
| Program Supplies | 4,500 | 4,500 | | | | |
| Computer hardware/software | 2,000 | 2,000 | | | | |
| **General Operating:** | | | | | | |
| Training/Staff Development | 1,000 | 1,000 | | | | |
| Insurance | - | | | | | |
| Professional License | - | | | | | |
| Permits | - | | | | | |
| Equipment Lease & Maintenance | - | | | | | |
| **Staff Travel:** | | | | | | |
| Local Travel | - | | | | | |
| Out-of-Town Travel | - | | | | | |
| Field Expenses | - | | | | | |
| **Consultant/Subcontractor:** | | | | | | |
| | - | | | | | |
| | | | | | | |
| **Other:** | | | | | | |
| | - | | | | | |
| | | | | | | |
| **Other UC Direct Costs:** | | | | | | |
| Data Network Recharge | 2,200 | 2,200 | | | | |
| CCDSS: Computing and Communication Device Support Service | 7,078 | 7,078 | | | | |
| GAEL: General Automobile and Employee Liability Charges | 2,915 | 2,915 | | | | |
| UCSF Faculty and Staff Recharge | 4,615 | 4,615 | | | | |
| | | | | | | |
| **TOTAL OPERATING EXPENSE** | **27,808** | **27,808** | | | | |

# DPH 7: Contract-Wide Indirect Detail

Contractor Name: UCSF DSAAM

07/01/15

Fiscal Year: 2015-16



## 1. SALARIES & BENEFITS

| Position Title | FTE | Salaries |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| EMPLOYEE FRINGE BENEFITS | | - |
| **TOTAL SALARIES & BENEFITS** | | - |

## 2. OPERATING COSTS

| Expenditure Category | Amount |
|---|---|
| The University charges 12% indirect on this contract. | |
| B-1 OTOP | 226,255 |
| B-2 OBOT | 110,736 |
| B-3 HIV Set-Aside | 67,804 |
| | |
| | |
| | |
| **TOTAL OPERATING COSTS** | 404,795 |

**TOTAL INDIRECT COSTS** 404,795
(Salaries & Benefits + Operating Costs)