

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

First Amendment

THIS AMENDMENT (this “Amendment”) is made as of April 1, 2020, in San Francisco, California, by and between UC DSAAM (“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 continue services to provide addiction treatment and reduce dangers of drug abuse by extending the performance period, increase the contract amount, and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP 26-2016, issued on September 27, 2016 and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 48652-16/17 on December 16, 2019;

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number 328-20 on July 8, 2020.

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018 (Contract ID# 1000010465), between Contractor and City.

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

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 **Article 2.1** Term of the Original Agreement currently reads as follows:

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2020, unless earlier terminated as otherwise provided herein.

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

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2021, unless earlier terminated as otherwise provided herein.

2.2 **Article 3, Section 3.3.1** Compensation of the Original Agreement currently reads as follows:

3.3.1 **Payment.** 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 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 Nine Million Six Hundred Eight Thousand Ninety Five Dollars (\$9,608,095). 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. 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:

3.3.1 **Payment.** 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 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 Thirteen Million Nine Hundred Ninety Eight Thousand Nine Hundred Forty Five Dollars (\$13,998,945). 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. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Article 5, Insurance.** *The following section is hereby added to the Agreement in Article 5, replacing the previous Section 5.1.1 in its entirety:*

5.1.1 **Required Coverages.** Each Party shall, at such Party's own expense, obtain, maintain, and keep in full force and effect, at all times during the term hereof, insurance coverage with respect to its property, plant and equipment and its activities conducted thereon and under this Agreement consisting of:

- (a) Comprehensive general liability insurance in an amount not less than Ten Million Dollars (\$10,000,000) each claim and Twenty Million Dollars (\$20,000,000) annual aggregate;
- (b) Professional liability insurance in an amount not less than Ten Million Dollars (\$10,000,000) each claim and Twenty-Five Million Dollars (\$25,000,000) annual aggregate;
- (c) Business interruption insurance covering loss of income for up to twelve (12) months;
- (d) Cyber and privacy insurance or technology errors and omissions insurance covering liability and property losses, including liability for data breach, including notification costs, credit monitoring, costs to defend claims by state regulators, fines and penalties, loss resulting from identity theft and the like with an occurrence or per claim limit of not less than Twenty Million Dollars (\$20,000,000) annual aggregate; and
- (e) Workers compensation insurance consistent not less than statutory minimums. Each Party's Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the other Party for all work performed by that Party, its employees, agents and subcontractors.
- (f) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

The general liability coverage referred to in Section 5.1.1(a) above shall be endorsed to include each party as an additional insured. Such a provision, however, shall only apply in proportion to and to the extent of the negligent acts or omissions of the indemnifying party, its officers, agents, and/or employees.

2.4 Article 7, Payment of Taxes. *The following section is hereby added to the Agreement in Article 7:*

7.3 Withholding. [Reserved (Subject to San Francisco Business and Tax Regulations Code Section 6.10.2, as applicable).]

2.5 Article 10, Additional Requirements Incorporated by Reference. *The following section is hereby added to the Agreement in Article 10, replacing the previous Section 10.5 in its entirety:*

10.5 Nondiscrimination Requirements

10.5.1 [Reserved in consideration CMD Waiver; Administrative Code Section 12B.5.1 and 12C.5.1.]

10.5.2 In the performance of this Contract, Contractor covenants and agrees that it will not discriminate against an applicant for employment because of race, color, religion, sex, age, ancestry, national origin, sexual orientation, handicap, veteran's status, medical condition (as defined in Section 12926 of the State of California Government Code), marital status, or citizenship (within the limits imposed by law or University's policy) because of habit, local custom, or otherwise. All applicants for employment and employees are to be treated without regard to their race, color, religion, sex, age, ancestry, and national origin, sexual orientation, handicap, veteran's status, medical condition (as defined in Section 12926 of the State of California Government Code), marital status, or citizenship (within the limits imposed by law or Contractor's policy). Such equal treatment shall apply, but not be limited to, employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including

2.6 Article 10, Additional Requirements Incorporated by Reference. *The following section is hereby added to the Agreement in Article 10, replacing the previous Section 10.17 in its entirety:*

10.17 Distribution of Beverages and Water.

10.17.1 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it shall 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.

10.17.2 Packaged Water Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

2.7 Article 11, General Provisions. *The following section is hereby added to the Agreement in Article 11:*

11.14 Notification of Legal Requests. Contractor shall as soon as is practicable notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 5 business days after it receives the request. Except to the extent required by applicable law, regulation, or other legal or judicial proceeding, Contractor shall, at City's sole cost, retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders

provided by the City to Contractor, independent of where the City Data is stored.

2.8 Article 13, Data and Security. *The following sections are hereby added to the Agreement in Article 13:*

13.5 Management of City Data and Confidential Information (Reserved [Covered by Section 13.1].)

13.6 Disposition of Confidential Information. (Reserved based on City approval of Contractor's Policy).

The Appendices listed below are Amended as follows:

- 2.9 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: July 1, 2020.
- 2.10 Delete Appendices A-1 through A-9, and replace in its entirety with Appendices A-1 through A-9 to Agreement as amended. Dated: July 1, 2020.
- 2.11 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: July 1, 2020.
- 2.12 Delete Appendices B-1 through B-9, and replace in its entirety with Appendices B-1 through B-9 to Agreement as amended. Dated: May 31, 2019.
- 2.13 Delete Appendix F to Agreement as amended, and replace in its entirety with Appendix F: Dated: April 1, 2020.

Article 3 Effective Date

Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2020.

Article 4 Legal Effect

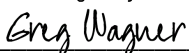
Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

[SIGNATURES ON FOLLOWING PAGE]

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


CITY

Recommended by:

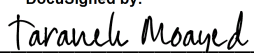
DocuSigned by:

Grant Colfax, MD
Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

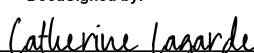
DocuSigned by:

By: Virginia Dario Elizondo
Deputy City Attorney

Approved:

DocuSigned by:

Alan Degrafinried
City Purchaser and Director of the Office of
Contract Administration

CONTRACTOR

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

DocuSigned by:

Catherine Lagarde
Contracts and Grants Managed Contracts
3333 California Street, Suite 315
San Francisco, CA 94143-0962

Supplier ID number: : 000012358

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.

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.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

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.

For contracts for the provision of services at San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

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 correcting known site hazards, the proper use of equipment located at the site, 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."

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	Opiate Treatment Outpatient Program (OTOP)
Appendix A-2	Opiate Treatment Outpatient Program (OTOP) Bayview Van
Appendix A-3	Office-Based Buprenorphine Induction Clinic (OBIC)
Appendix A-4	Office Based Opiate Treatment (OBOT) Tom Waddell (TW)
Appendix A-5	Office Based Opiate Treatment (OBOT) Potrero Hill (PH)
Appendix A-6	Office Based Opiate Treatment (OBOT) Positive Health Program
Appendix A-7	Office Based Opiate Treatment - ZSFG Pharmacy
Appendix A-8	OBOT CBHS Pharmacy
Appendix A-9	CBHS OTOP Ancillary

Contractor Name: UCSF DSAAM	Appendix A-1
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. Identifiers:

Program Name: DSAAM Opiate Treatment Outpatient Program (OTOP)

Program Address: 1001 Potrero Ave, Ward 93

City, State, ZIP: San Francisco, CA 94110

Telephone/FAX: 628-206-8412

Website Address: <http://psych.ucsf.edu/zsfg/saam>

Executive Director/Program Director: David Andrew Tompkins, MD MHS

Telephone: 628-206-3645

Email Address: david.tompkins@ucsf.edu

Program Code(s): 38134

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

The mission of the Division of Substance Abuse and Addiction Medicine (DSAAM) is to improve the quality of life for our patients 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 patients with opioid use disorders
- Primary target population: drug of choice is heroin and prescription opioids

The target population for OTOP Medication-Assisted Treatment (MAT) services are medically/psychiatrically compromised individuals who meet the criteria for an Opioid Use Disorder. 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. 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. OTOP patients are low to no income individuals who are uninsured or receive Medi-Cal, Healthy Workers or Healthy San Francisco medical benefits. This population faces a variety of health challenges including: substance use disorders, mental health issues, homelessness, life-threatening medical problems, and significant barriers to receiving proper care. This population is at especially high risk for HIV.

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Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
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5. Modality(s)/Intervention(s)

The modality is Methadone Maintenance and the interventions being use are the following:

- ODS-120d: ODS NTP Methadone – Dosing,
- ODS-120b: ODS NTP Dosing – Buprenorphine
- ODS-120i: ODS NTP Methadone – Individual Counseling
- ODS-120g: ODS NTP Methadone – Group Counseling
- ODS-120cm: ODS NTP Case Management

6. Methodology: Case Management

- 1) In addition to Medication-Assisted Treatment (MAT) and regular counseling sessions. OTOP provides ongoing case management. The approach to identifying the level of Case Management (CM) needs is ongoing and dynamic based on the needs of the patient. Referrals to higher LOC are facilitated according to patient need and readiness to engage in treatment. Using a whole person approach, patients work with counselors and medical practitioners to assess needs, problem-solve potential barriers and explore treatment plan options. CM services include collaboration with primary care providers and community partners to support continued recovery and prevent relapse.
- 2) Service Components:
 - a. **Comprehensive assessment and periodic reassessment of individual needs for continuation of case management** - At intake, patients are thoroughly assessed utilizing the ASI and the SUD LOC Recommendation Form (ASAM). Annually, patients are reassessed utilizing the SUD LOC Recommendation Form (ASAM). Assessment by dispensary staff (nurses) occurs every time a patient picks up their medication and also each time patients meet with their primary counselor.
 - b. **Transition to a higher or lower level of SUD care** - Our patients are in varying stages in the readiness to change model, therefore when the need for transitioning to higher or lower LOC is identified, patient preference often drives the process. Clinical staff utilize Motivational Interviewing to increase patient readiness to change. When patients indicate they are interested in transition to other LOC, clinicians work to facilitate the transition.
 - c. **Development and periodic revision of a beneficiary's plan that includes service activities** - Treatment planning is a collaborative process between the clinician and patient guiding the treatment process. At a minimum, treatment plans are updated every three-months utilizing SMART goals to address identified

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barriers and/or “problem areas”. Oftentimes, the identified goals require referrals to outside supports. Clinician’s constantly evaluate the patient’s progress toward meeting their goals and work to revise goals that are not effective.

- d. **Communication, coordination, referral and related activities** - OTOP treats a complex patient population and strives to promote self-advocacy, engagement in self-care, and self-determination. The multi-disciplinary team meets daily to communicate patient needs, coordinate care, and discuss proposed changes to a patient’s LOC. Clinicians will facilitate a warm hand off to any identified community partners to ensure that transitions to outside services are effective, safe, timely, and complete.
 - e. **Monitoring service delivery to ensure beneficiary’s access to service and service delivery system** - OTOP patients often require multiple service providers. Accessing necessary services and using them effectively is often challenging, therefore ongoing monitoring is necessary. Patients are asked to sign a Release of Information (ROI) with agencies they receive additional services from so information can be shared. Patient’s access to services is supported and monitored by medical and counseling staff. Case conferences are arranged to support patients in crisis or not meeting treatment goals. Clinicians proactively address barriers to service access for all patients including financial, cultural, literacy and bias or stigma associated with SUDs.
 - f. **Monitoring beneficiary’s progress** - When patients are engaged in additional services, they are asked to sign a Release of Information (ROI) so information can be shared, care can be coordinated and progress can be monitored. If a patient is not accessing the service or sufficient progress is not being made, alternative referrals are made to ensure the patient needs are being met.
 - g. **Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services** - OTOP has established partnerships available via MOUs with community providers that allow for a smooth linkage process and “warm handoffs”. Clinicians are committed to ensuring that once linkages are made, the patients’ needs are being met. Our relationships with our partners and ability to link patients to care provide an opportunity for retention in primary care and other supportive services. Clinicians work closely with ZSFG to link patients to urgent care, wound care (ISIS) clinic, emergency room, psychiatric emergency services, wellness programs, onsite clothing and hygiene donation programs.
- 3) **OTP primary counselors shall also provide case management services** - Case Management is an essential aspect of the care provided to patients. Our patients often suffer from multiple and complex physical, psychiatric and multiple Substance Use Disorders, as well as chronic homelessness and other social problems which impacts the

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effectiveness of the MAT. Therefore, it is essential that the counseling staff provide assistance to improve patient health and wellness. Many of the services are provided onsite (DOT, MAT, limited Primary Care and psychiatric Services, SSI advocacy, assistance with insurance enrollment, housing opportunities, and clothing) while other necessary services are referred to our community partners.

- 4) OTOP's multi-disciplinary team (physicians, nurses, counselors, Peer Support Specialists) meets daily to communicate patient needs, coordinate care, and develop a plan to address these needs. Clinicians meet regularly with their clinical supervisors to discuss high-need patients and come up with strategies on how to best meet their needs.
- 5) **The Provider's case management model shall tailor case management services to the beneficiary's needs** - Patient needs are identified in the treatment plan so the patient and clinician can come up with a realistic goals in a collaborative manner to meet identified needs.
- 6) **Case management services shall be undertaken by the certified drug counselor or LPHA in cooperation with the treatment team** - All OTOP counselors are certified AOD counselors or are registered or licensed with the BBS.
- 7) **Case management services shall be provided in full compliance with all beneficiary confidentiality requirements under federal and state law** - Our policy requires a valid Release of Information to be in place before staff can disclose our patient's participation at OTOP.

L. Physician Consultation – N/A

M. Recovery Services – N/A

N. Withdrawal Management

OTOP provides MAT for withdrawal management for opioid use disorders, co-occurring alcohol use disorders and nicotine use disorders. High intensity, supportive counseling services are provided including a stabilization program at OTOP which focuses additional medical and counseling resources during withdrawal management including extensive patient education, medical monitoring, family/significant other engagement, and discharge and transition planning. Clients needing supervised withdrawal are referred to our community partners offering this service.

O. Opioid (Narcotic) Treatment Program Services

- 1) **Opioid (Narcotic) Treatment Program services shall include daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder.**

Opioid agonist medication is provided in accordance with Title 9 to all patients meeting severe opioid use disorder enrolled at OTOP.

- 2) **Service Components shall include:**

- a. **Intake** - Intake services include: Medical History & Physical, substance use history, diagnosis of Opioid Use Disorder, lab testing (drug test, TB, syphilis, HIV, HCV),

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Assessment (ASI and SUD LOC Recommendation), CalOMS, Initial Treatment Plan, Interpretive Summary, and education on clinic rules and regulations.

b. Individual and Group Counseling

- i. Individual Counseling utilizing Evidence-Based Practices (Motivational Interviewing, Harm Reduction, Trauma-Informed Care) done by certified Drug/Alcohol counselors, Marriage and Family Therapy Interns (MFT-I) and/or Associate Social Workers (ASWs) for a 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.
- ii. Groups Counseling facilitated by certified Drug/Alcohol counselors, MFT-Is, ASWs, registered nurses, nurse practitioners, social worker, or peer support specialists.
- c. **Patient Education** - Patient education is woven into all aspects of treatment and includes: HIV risk reduction, harm reduction, and overdose prevention.
- d. **Medication Services** - OTOP offers: MAT for Opioid Use Disorders (methadone and buprenorphine), MAT for Alcohol Use Disorders (Disulfiram, Acamprosate, Gabapentin, Topiramate, Baclofen), MAT for Overdose Prevention (Naloxone), and DOT services for various health conditions (HIV, HCV, TB, Psychiatric Illness, Chronic Health Conditions)
- e. **Collateral Services** - Family members (spouses, partners, parents, children) and welcome to participate in counseling sessions as long as it is deemed therapeutically beneficial. Other service providers (physicians, case managers, social workers, etc.) are also involved in the treatment process with patient consent.
- f. **Crisis Intervention Services** - Counseling and Medical staff routinely screen patients for potential crises (psychosis, SI, HI, high overdose risk, grave disability). A safety plan is developed for patients who have been identified as needing crisis intervention services. Also, patients are assessed by trained clinicians for possible 5150, as needed.
- g. **Treatment Planning** - Individualized, person-centered treatment plans are developed in accordance with Title 9 regulations. Initial Treatment Plans are developed within 28-days of the initiation of treatment and are updated no less than every 3-months thereafter. Treatment Plans include: counseling frequency and modality, short and long-term goals, methods, interventions and outcomes.
- h. **Medical Psychotherapy** - The Medical Director and Program Physicians meet with patients as appropriate and necessary to provide counseling services including addressing ongoing addiction treatment issues and barriers, providing treatment support, and developing collaborative solutions to treatment challenges.
- i. **Discharge Services** - Though some patients will require or desire MAT for many years, others are able to transition off MAT. This is a joint decision between the

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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 MAT, 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 serious or repeated 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

P. Additional Medication Assisted Treatment (MAT)

1) Alcohol MAT:

OTOP has extensive experience prescribing and delivering medication treatment for alcohol use disorders (disulfiram, acamprosate, gabapentin, topiramate, and baclofen). OTOP screens all patients for comorbid alcohol use disorder (AUD) via history (and breath testing for alcohol at OTOP). When patients are diagnosed with AUD, OTOP will provide individualized treatment including prescription, dose adjustment, and monitoring of DOT-MAT for AUD as well as maintaining close communication with PCP's and PPP's for whom the patient has signed consent for us to communicate. All patients receiving MAT will have integrated counseling services, recovery support and available peer support.

2) Buprenorphine MAT services shall include:

OTOP will provide initial assessment, induction and maintenance therapy for treatment eligible patients with opioid use disorder using an approved buprenorphine product.

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Treatment length will be tailored to patient needs with consideration of transfer to a lower (community physician) or higher (OTP methadone) level of care whenever appropriate.

Priority admission will go to the following patient groups:

1. Inpatient service discharges from ZSFG for whom buprenorphine was initiated.
2. ZSFG ER and PES patients who received buprenorphine there.
3. Patients with medical contraindications to receiving methadone treatment.
4. Other patients based on the clinical judgment of the OTOP Medical Director or designee.

Buprenorphine dosing schedules will be based on clinical indications and regulatory standards and may include daily dosing up to 365 days/year. Patients receiving buprenorphine treatment will also be eligible for DOT services based on availability and patient selection criteria.

All buprenorphine patients at OTOP will receive all services provided to methadone patients including random monthly urine drug screens, minimum 50 minutes counseling monthly, and regular evaluation by medical staff as indicated.

Buprenorphine patients will be assessed regularly for transition to a lower level of care (OBIC and/or directly to community care). Transition to methadone treatment is also available if needed.

The number of patients treated will depend on the availability of funding for the purchase of buprenorphine products as well as other associated treatment costs.

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 19-20.
- b. Not Required

8. Continuous Quality Improvement (CQI):

1. **Achievement of contract performance objectives and productivity-** Productivity is reviewed on a monthly basis by the Clinical Supervisors and the Program Director. At a minimum, contract performance objectives are reviewed annually by the Administrative Program Manager. If a performance objective is not being met, a plan is put into place to address deficiencies.
2. **Quality of documentation, including a description of the frequency and scope of internal chart audits** - To ensure consistent quality documentation, charts are audited in a variety of ways.
 - Intake - Patient charts are audited shortly after intake to ensure that all required forms have been received.
 - Treatment Plans - Clinical Supervisors review each treatment plan to ensure all regulatory requirements are met. Also, each month one random treatment plan for each counselor is reviewed for quality.
 - Documentation/Effective Care – Quarterly, clinical supervisors do a comprehensive chart review of one patient chart for each clinician. The comprehensive review includes: Assessment, Appropriateness of Referrals, Treatment/Service Interventions

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Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

and Effectiveness, Enhancement of Direct Services and Implementation of Evidenced Based Practices, Risk Factors Addressed, Ethical/Legal/ Privacy and Boundary Issues, Cultural Competency and Self-Assessment.

- Annual Justification – each patient chart is audited annually to ensure all Annual Justification paperwork has been completed.
- Discharge – each discharged patients' chart is audited to ensure that all discharge paperwork has been properly completed.

3. Cultural competency of staff and services - OTOP is committed to providing high-quality culturally and linguistically appropriate services (CLAS) and accomplishes this in a variety of ways including: policies to hire and promote a diverse workforce and leadership team, annual required trainings addressing the cultural needs of our diverse population and issues related to culture being addressed in clinical supervision. Effective services are provided to our diverse population despite language needs and can be provided in most of the threshold languages. Sites utilize telephonic interpretation services for patients who speak a language we cannot accommodate onsite. Signs are posted to inform patients that language assistance is available. Important information is posted in all threshold languages and forms with larger font sizes are available. The CLAS standards are incorporated into all aspects of our planning and operations. Data on our ability to provide CLAS is collected via patient and referring provider surveys and focus groups. This data is used for QI and PI initiatives and integrated into our Strategic, Community Relations, and Cultural Diversity Plans. Grievance forms are accessible to all patients in threshold languages and the process ensures complaints are addressed with CLAS principles.

4. Satisfaction with services

- Surveys – Annually, OTOP participates in the anonymous CBHS SUD patient satisfaction survey. Each patient receiving services during the survey period is invited to participate in the survey. OTOP's overall satisfaction results are consistently in the mid-to-high 90s. All discharged patients are also invited to participate in survey to determine their satisfaction with the program.
- Focus Groups –Patient focus groups are conducted annually at each location. Feedback gathered at the focus groups is used to improve services.

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS and ASAM (Substance Use Disorder Treatment Programs only) - CalOMS Error Reports are run monthly and all necessary corrections are made. ASAM Completion Reports are run monthly to ensure that all ASAMs are completed for patients new to treatment or patients who've recently completed their annual justification.

9. Required Language:

OTOP services are offered in English with all required City and County information on display in the threshold languages. When in need of communication in a language other than English, OTOP staff utilizes the Language Translation Line through ZSFG and makes every effort to accommodate patients with limited English proficiency.

Contractor Name: UCSF DSAAM	Appendix A-2
Program Name: Opiate Treatment Outpatient Program/Mobile Methadone Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. Identifiers:

Program Name: DSAAM Opiate Treatment Outpatient Program (OTOP)

Program Address: 1001 Potrero Ave, Ward 93

City, State, ZIP: San Francisco, CA 94110

Telephone/FAX: 628/206-8412

Website Address: <http://psych.ucsf.edu/zsfg/saam>

Executive Director/Program Director: David Andrew Tompkins, MD MHS

Telephone: 628-206-3645

Email Address: david.tompkins@ucsf.edu

Program Code(s): 72134

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

The mission of the Division of Substance Abuse and Addiction Medicine (DSAAM) is to improve the quality of life for our patients 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.

The Bayview Mobile Methadone Van Site provides a safe environment for clients to obtain substance abuse services within their own neighborhood community. The convenient location of our program enables efficient delivery of services, which fosters adherence to treatment, also provides a more comfortable/less institutional atmosphere, and minimizes transportation costs for them.

Within our program, clients receive the support they need for linkage to essential services, (e.g. food, housing, primary care) from the counselors. Clients also have a milieu in which they interact with one another and create their own internal supportive community. The counselors also work together as a community to assist each other's clients.

4. Target Population:

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

The target population for OTOP Medication-Assisted Treatment (MAT) services are medically/psychiatrically compromised individuals who meet the criteria for an Opioid Use Disorder residing within or in close proximity to the Bayview District. The target population includes people of all ages, races, ethnicities, sexual orientations, gender identities, religions

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or spiritualities, socioeconomic classes, partner statuses, and physical and mental disabilities. 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. OTOP patients are low to no income individuals who are uninsured or receive Medi-Cal, Healthy Workers or Healthy San Francisco medical benefits. This population faces a variety of health challenges including: substance use disorders, mental health issues, homelessness, 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)

The modality is methadone Maintenance and the interventions being use are the following:

- ODS-120d: ODS NTP Methadone – Dosing,
- ODS-120b: ODS NTP Dosing – Buprenorphine
- ODS-120i: ODS NTP Methadone – Individual Counseling
- ODS-120g: ODS NTP Methadone – Group Counseling
- ODS-120cm: ODS NTP Case Management

6. Methodology: Case Management

- 1) In addition to Medication-Assisted Treatment (MAT) and regular counseling sessions. OTOP provides ongoing case management. The approach to identifying the level of Case Management (CM) needs is ongoing and dynamic based on the needs of the patient. Referrals to higher LOC are facilitated according to patient need and readiness to engage in treatment. Using a whole person approach, patients work with counselors and medical practitioners to assess needs, problem-solve potential barriers and explore treatment plan options. CM services include collaboration with primary care providers and community partners to support continued recovery and prevent relapse.
- 2) Service Components:
 - a. **Comprehensive assessment and periodic reassessment of individual needs for continuation of case management** - At intake, patients are thoroughly assessed utilizing the ASI and the SUD LOC Recommendation Form (ASAM). Annually, patients are reassessed utilizing the SUD LOC Recommendation Form (ASAM). Assessment by dispensary staff (nurses) occurs every time a patient

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- picks up their medication and also each time patients meet with their primary counselor.
- b. **Transition to a higher or lower level of SUD care** - Our patients are in varying stages in the readiness to change model, therefore when the need for transitioning to higher or lower LOC is identified, patient preference often drives the process. Clinical staff utilize Motivational Interviewing to increase patient readiness to change. When patients indicate they are interested in transition to other LOC, clinicians work to facilitate the transition.
 - c. **Development and periodic revision of a beneficiary's plan that includes service activities** - Treatment planning is a collaborative process between the clinician and patient guiding the treatment process. At a minimum, treatment plans are updated every three-months utilizing SMART goals to address identified barriers and/or "problem areas". Oftentimes, the identified goals require referrals to outside supports. Clinician's constantly evaluate the patient's progress toward meeting their goals and work to revise goals that are not effective.
 - d. **Communication, coordination, referral and related activities** - OTOP treats a complex patient population and strives to promote self-advocacy, engagement in self-care, and self-determination. The multi-disciplinary team meets daily to communicate patient needs, coordinate care, and discuss proposed changes to a patient's LOC. Clinicians will facilitate a warm hand off to any identified community partners to ensure that transitions to outside services are effective, safe, timely, and complete.
 - e. **Monitoring service delivery to ensure beneficiary's access to service and service delivery system** - OTOP patients often require multiple service providers. Accessing necessary services and using them effectively is often challenging, therefore ongoing monitoring is necessary. Patients are asked to sign a Release of Information (ROI) with agencies they receive additional services from so information can be shared. Patient's access to services is supported and monitored by medical and counseling staff. Case conferences are arranged to support patients in crisis or not meeting treatment goals. Clinicians proactively address barriers to service access for all patients including financial, cultural, literacy and bias or stigma associated with SUDs.
 - f. **Monitoring beneficiary's progress** - When patients are engaged in additional services, they are asked to sign a Release of Information (ROI) so information can be shared, care can be coordinated and progress can be monitored. If a patient is not accessing the service or sufficient progress is not being made, alternative referrals are made to ensure the patient needs are being met.
 - g. **Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services** - OTOP has established

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partnerships available via MOUs with community providers that allow for a smooth linkage process and “warm handoffs”. Clinicians are committed to ensuring that once linkages are made, the patients’ needs are being met. Our relationships with our partners and ability to link patients to care provide an opportunity for retention in primary care and other supportive services. Clinicians work closely with ZSFG to link patients to urgent care, wound care (ISIS) clinic, emergency room, psychiatric emergency services, wellness programs, onsite clothing and hygiene donation programs.

- 3) **OTP primary counselors shall also provide case management services** - Case Management is an essential aspect of the care provided to patients. Our patients often suffer from multiple and complex physical, psychiatric and multiple Substance Use Disorders, as well as chronic homelessness and other social problems which impacts the effectiveness of the MAT. Therefore, it is essential that the counseling staff provide assistance to improve patient health and wellness. Many of the services are provided onsite (DOT, MAT, limited Primary Care and psychiatric Services, SSI advocacy, assistance with insurance enrollment, housing opportunities, and clothing) while other necessary services are referred to our community partners.
- 4) OTOP’s multi-disciplinary team (physicians, nurses, counselors, Peer Support Specialists) meets daily to communicate patient needs, coordinate care, and develop a plan to address these needs. Clinicians meet regularly with their clinical supervisors to discuss high-need patients and come up with strategies on how to best meet their needs.
- 5) **The Provider’s case management model shall tailor case management services to the beneficiary’s needs** - Patient needs are identified in the treatment plan so the patient and clinician can come up with a realistic goals in a collaborative manner to meet identified needs.
- 6) **Case management services shall be undertaken by the certified drug counselor or LPHA in cooperation with the treatment team** - All OTOP counselors are certified AOD counselors or are registered or licensed with the BBS.
- 7) **Case management services shall be provided in full compliance with all beneficiary confidentiality requirements under federal and state law** - Our policy requires a valid Release of Information to be in place before staff can disclose our patient’s participation at OTOP.

Physician Consultation – N/A

Recovery Services – N/A

Withdrawal Management

OTOP provides MAT for withdrawal management for opioid use disorders, co-occurring alcohol use disorders and nicotine use disorders. High intensity, supportive counseling services are provided including a stabilization program at OTOP which focuses additional

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medical and counseling resources during withdrawal management including extensive patient education, medical monitoring, family/significant other engagement, and discharge and transition planning. Clients needing supervised withdrawal are referred to our community partners offering this service.

Opioid (Narcotic) Treatment Program Services

1) Opioid (Narcotic) Treatment Program services shall include daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder.

Opioid agonist medication is provided in accordance with Title 9 to all patients meeting severe opioid use disorder enrolled at OTOP.

2) Service Components shall include:

- a. **Intake** - Intake services include: Medical History & Physical, substance use history, diagnosis of Opioid Use Disorder, lab testing (drug test, TB, syphilis, HIV, HCV), Assessment (ASI and SUD LOC Recommendation), CalOMS, Initial Treatment Plan, Interpretive Summary, and education on clinic rules and regulations.
- b. **Individual and Group Counseling**
 - i. Individual Counseling utilizing Evidence-Based Practices (Motivational Interviewing, Harm Reduction, Trauma-Informed Care) done by certified Drug/Alcohol counselors, Marriage and Family Therapy Interns (MFT-I) and/or Associate Social Workers (ASWs) for a 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.
- c. **Patient Education** - Patient education is woven into all aspects of treatment and includes: HIV risk reduction, harm reduction, and overdose prevention.
- d. **Medication Services** - OTOP offers: MAT for Opioid Use Disorders (methadone and buprenorphine), MAT for Alcohol Use Disorders (Disulfiram, Acamprosate, Gabapentin, Topiramate, Baclofen), MAT for Overdose Prevention (Naloxone), and DOT services for various health conditions (HIV, HCV, TB, Psychiatric Illness, Chronic Health Conditions)
- e. **Collateral Services** - Family members (spouses, partners, parents, children) and welcome to participate in counseling sessions as long as it is deemed therapeutically beneficial. Other service providers (physicians, case managers, social workers, etc.) are also involved in the treatment process with patient consent.
- f. **Crisis Intervention Services** - Counseling and Medical staff routinely screen patients for potential crises (psychosis, SI, HI, high overdose risk, grave disability). A safety plan is developed for patients who have been identified as needing crisis

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intervention services. Also, patients are assessed by trained clinicians for possible 5150, as needed.

- g. **Treatment Planning** - Individualized, person-centered treatment plans are developed in accordance with Title 9 regulations. Initial Treatment Plans are developed within 28-days of the initiation of treatment and are updated no less than every 3-months thereafter. Treatment Plans include: counseling frequency and modality, short and long-term goals, methods, interventions and outcomes.
- h. **Medical Psychotherapy** - The Medical Director and Program Physicians meet with patients as appropriate and necessary to provide counseling services including addressing ongoing addiction treatment issues and barriers, providing treatment support, and developing collaborative solutions to treatment challenges.
- i. **Discharge Services** - Though some patients will require or desire MAT for many years, others are able to transition off MAT. 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 MAT, 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 serious or repeated 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

. Additional Medication Assisted Treatment (MAT)

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1) Alcohol MAT:

OTOP has extensive experience prescribing and delivering medication treatment for alcohol use disorders (disulfiram, acamprosate, gabapentin, topiramate, and baclofen). OTOP screens all patients for comorbid alcohol use disorder (AUD) via history (and breath testing for alcohol at OTOP). When patients are diagnosed with AUD, OTOP will provide individualized treatment including prescription, dose adjustment, and monitoring of DOT-MAT for AUD as well as maintaining close communication with PCP's and PPP's for whom the patient has signed consent for us to communicate. All patients receiving MAT will have integrated counseling services, recovery support and available peer support.

2) Buprenorphine MAT services shall include:

OTOP will provide initial assessment, induction and maintenance therapy for treatment eligible patients with opioid use disorder using an approved buprenorphine product. Treatment length will be tailored to patient needs with consideration of transfer to a lower (community physician) or higher (OTP methadone) level of care whenever appropriate. Priority admission will go to the following patient groups:

1. Inpatient service discharges from ZSFG for whom buprenorphine was initiated.
2. ZSFG ER and PES patients who received buprenorphine there.
3. Patients with medical contraindications to receiving methadone treatment.
4. Other patients based on the clinical judgment of the OTOP Medical Director or designee.

Buprenorphine dosing schedules will be based on clinical indications and regulatory standards and may include daily dosing up to 365 days/year. Patients receiving buprenorphine treatment will also be eligible for DOT services based on availability and patient selection criteria.

All buprenorphine patients at OTOP will receive all services provided to methadone patients including random monthly urine drug screens, minimum 50 minutes counseling monthly, and regular evaluation by medical staff as indicated.

Buprenorphine patients will be assessed regularly for transition to a lower level of care (OBIC and/or directly to community care). Transition to methadone treatment is also available if needed.

The number of patients treated will depend on the availability of funding for the purchase of buprenorphine products as well as other associated treatment costs.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 19-20.

8. Continuous Quality Improvement (CQI):

Contractor Name: UCSF DSAAM	Appendix A-2
Program Name: Opiate Treatment Outpatient Program/Mobile Methadone Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. **Achievement of contract performance objectives and productivity-** Productivity is reviewed on a monthly basis by the Clinical Supervisors and the Program Director. At a minimum, contract performance objectives are reviewed annually by the Administrative Program Manager. If a performance objective is not being met, a plan is put into place to address deficiencies.
2. **Quality of documentation, including a description of the frequency and scope of internal chart audits** - To ensure consistent quality documentation, charts are audited in a variety of ways.
 - Intake - Patient charts are audited shortly after intake to ensure that all required forms have been received.
 - Treatment Plans - Clinical Supervisors review each treatment plan to ensure all regulatory requirements are met. Also, each month one random treatment plan for each counselor is reviewed for quality.
 - Documentation/Effective Care – Quarterly, clinical supervisors do a comprehensive chart review of one patient chart for each clinician. The comprehensive review includes: Assessment, Appropriateness of Referrals, Treatment/Service Interventions and Effectiveness, Enhancement of Direct Services and Implementation of Evidenced Based Practices, Risk Factors Addressed, Ethical/Legal/ Privacy and Boundary Issues, Cultural Competency and Self-Assessment.
 - Annual Justification – each patient chart is audited annually to ensure all Annual Justification paperwork has been completed.
 - Discharge – each discharged patients' chart is audited to ensure that all discharge paperwork has been properly completed.
3. **Cultural competency of staff and services** - OTOP is committed to providing high-quality culturally and linguistically appropriate services (CLAS) and accomplishes this in a variety of ways including: policies to hire and promote a diverse workforce and leadership team, annual required trainings addressing the cultural needs of our diverse population and issues related to culture being addressed in clinical supervision. Effective services are provided to our diverse population despite language needs and can be provided in most of the threshold languages. Sites utilize telephonic interpretation services for patients who speak a language we cannot accommodate onsite. Signs are posted to inform patients that language assistance is available. Important information is posted in all threshold languages and forms with larger font sizes are available. The CLAS standards are incorporated into all aspects of our planning and operations. Data on our ability to provide CLAS is collected via patient and referring provider surveys and focus groups. This data is used for QI and PI initiatives and integrated into our Strategic, Community Relations, and Cultural Diversity Plans. Grievance forms are accessible to all patients in threshold languages and the process ensures complaints are addressed with CLAS principles.
4. **Satisfaction with services**
 - Surveys – Annually, OTOP participates in the anonymous CBHS SUD patient satisfaction survey. Each patient receiving services during the survey period is invited to participate in the survey. OTOP's overall satisfaction results are consistently in the mid-to-high 90s. All discharged patients are also invited to participate in survey to determine their satisfaction with the program.

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- Focus Groups –Patient focus groups are conducted annually at each location. Feedback gathered at the focus groups is used to improve services.

5. **Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS and ASAM (Substance Use Disorder Treatment Programs only)** - CalOMS Error Reports are run monthly and all necessary corrections are made. ASAM Completion Reports are run monthly to ensure that all ASAMs are completed for patients new to treatment or patients who've recently completed their annual justification.

9. Required Language:

OTOP services are offered in English with all required City and County information on display in the threshold languages. When in need of communication in a language other than English, OTOP staff utilizes the Language Translation Line through ZSFG and makes every effort to accommodate patients with limited English proficiency.

Contractor Name: UCSF DSAAM	Appendix A- 3
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. Identifiers:

Program Name: Office-Based Buprenorphine Induction Clinic (OBIC)

Program Address: 1380 Howard Street

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

Telephone/FAX: (415) 552-6242/415-503-4791

Website Address: <http://psych.ucsf.edu/zsfg/saam>

Contractor Address: 1001 Potrero Avenue, Ward 93

City, State, Zip Code: San Francisco, CA 94110

Person completing this Narrative: Jadine M. Cehand, PMHNP-C, OBIC Program Director

Telephone: (415) 503-4789

Email Address: jadine.cehand@ucsf.edu

Program Code(s): 8921HS-OP

2. Nature of Document:

☒ Original

☐ Contract Amendment

☐ Revision to Program Budget

3. Goal Statement:

The mission of the Division of Substance Abuse and Addiction Medicine (DSAAM) is to improve the quality of life for our patients and the public by providing the highest quality addiction treatment and reducing the dangers of drug abuse and its consequences. The mission of the OBIC is to intervene in opioid addiction and overdose and HIV and Hepatitis C risk behaviors by providing a medically supervised alternative that assists individuals in improving their lives.

OBIC clinic plays a central role by initiating or continuing buprenorphine treatment as opiate replacement therapy (ORT), stabilizing patients, and then transitioning them to ongoing buprenorphine maintenance integrated with their community-based primary care or mental health care. OBIC also diagnoses and treats co-occurring mental health disorders in patients being seen for buprenorphine treatment.

4. Target Population:

- Low to no income patients with opioid use disorders
- Primary target population: drug of choice is heroin, fentanyl or prescription opioids

The target population for OBIC Medication-Assisted Treatment (MAT) services are medically/psychiatrically compromised individuals who meet the criteria for an Opioid Use Disorder. 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. 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. OBIC patients are low to no income individuals who receive San Francisco Medi-Cal, Healthy Workers or Healthy San Francisco medical benefits.

This population faces a variety of health challenges including substance use disorders, mental

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Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

health issues, homelessness, life-threatening medical problems, and significant barriers to receiving proper care. This population is at especially high risk for HIV and Hepatitis C. We have also partnered with local emergency departments and the jails to be the primary referral for patients started on buprenorphine in these settings.

5. Modalities & Interventions:

UOS and UDC information is documented on Appendix B, CRDC page.

6. Methodology:

I. Early Intervention (ASAM (American Society of Addiction Medicine) Level 0.5) N/A

II. Outpatient Services (ASAM Level 1)

1) OBIC's clinic-based MAT services include opioid agonist medication and counseling available for those with moderate to severe opioid disorder.

In addition to providing MAT, patients are screened at intake and all subsequent visits for their need for a Narcan kit.

Service Components shall include:

- a. **Intake** - Intake services include: Medical History & Physical, substance use history, diagnosis of Opioid Use Disorder, Assessment (ASI and SUD LOC Recommendation), CalOMS, Initial Treatment Plan, Interpretive Summary, and education on clinic rules and regulations.
- b. **Individual Counseling**
 - i. Individual Counseling utilizing Evidence-Based Practices (Motivational Interviewing, Harm Reduction, Trauma-Informed Care) is done by a certified Drug/Alcohol counselor. Time in counseling is dependent on patient acuity and need and may be up to daily. Counseling time is based on patient readiness for change, and strategies effective for the patient's readiness for change. Pre-contemplative and contemplative patients are counseled using a motivational interviewing approach.
- c. **Patient Education** - Patient education is woven into all aspects of treatment and includes HIV risk reduction, harm reduction, and overdose prevention.
- d. **Medication Services** - OBIC offers: MAT for Opioid Use Disorders buprenorphine sublingual and monthly injection), MAT for Alcohol Use Disorders (Disulfiram, Acamprosate, Gabapentin, Topiramate, Baclofen), MAT for Overdose Prevention (Naloxone), and mental health medications as needed.
- e. **Collateral Services** - Family members (spouses, partners, parents, children) and welcome to participate in counseling sessions so long as it is deemed therapeutically beneficial. Other service providers (physicians, case managers, social workers, probation officers, etc.) are also involved in the treatment process with patient consent.
- f. **Crisis Intervention Services** – NP and MD staff routinely screen patients for potential crises (psychosis, SI, HI, high overdose risk, grave disability). A safety plan is developed for patients who have been identified as needing crisis intervention services. Also, patients are assessed by trained clinicians for possible

Contractor Name: UCSF DSAAM	Appendix A- 3
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
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5150, as needed. OBIC maintains at minimum, one full-time San Francisco certified 5150 clinicians.

- g. **Treatment Planning** - Individualized, person-centered treatment plans are developed with patient and staff input. Initial Treatment Plans are developed within 28-days of the initiation of treatment and are updated no less than every 3-months thereafter. Treatment Plans include counseling frequency and modality, short and long-term goals, methods, interventions and outcomes.
- h. **Medical Psychotherapy** - The NPs and MD provide in-visit counseling services including addressing ongoing addiction treatment issues and barriers, providing treatment support, and developing collaborative solutions to treatment challenges.
- i. **Discharge Services** – OBIC’s mission after initiation and stabilization on MAT is referral to office-based treatment for the continuity of MAT in a medical or psychiatric setting. Placement a joint decision between the treatment team and the patient and is dependent on several factors. These factors include psychiatric status, medical status, and willingness to engage in treatment at a particular clinic. Patients leave treatment at OBIC for a variety of reasons:
 - Against medical advice taper off buprenorphine
 - Voluntary decision to leave treatment before treatment ends,
 - Transfer after stabilization, to their community MAT provider.
 - On occasion the patient is terminated from treatment by the clinic for serious or repeated violation of the clinic rules

If the transition is planned (such as relocation), the Nurse Practitioner 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 OBIC 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 NTP, methadone, residential 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

All planned transfer patients are scheduled for an exit session with OBIC’s SA Counselor, to develop a relapse and support plan and participate to in their end of treatment CalOMS.

III. Intensive Outpatient Services (ASAM Level 2.1)

N/A

IV. Residential Treatment Services

N/A

V. Case Management

Contractor Name: UCSF DSAAM	Appendix A- 3
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

- 1) In addition to Medication-Assisted Treatment (MAT) and regular 1:1 counseling sessions OBIC provides ongoing case management. The assessment of need for Case Management (CM) is ongoing and dynamic based on the needs of the patient. Referrals to higher LOC are facilitated according to patient need and readiness to engage in treatment. Using a whole person approach, patients work with clinical and counseling staff to problem-solve potential barriers and explore treatment plan options. CM is provided by the Nurse Practitioners and services include collaboration with primary care providers, psychiatrists and community partners to support continued recovery and prevent relapse.
- 2) Service Components:
 - a. **Comprehensive assessment and periodic reassessment of individual needs for of case management** - At intake, patients are thoroughly assessed by NP or MD staff who complete comprehensive histories and the SUD LOC Recommendation (ASAM) is completed by NP or MD in Avatar. ASI and CALOMS are performed on intake by OBIC's substance use counselor.
 - b. **Transition to a higher or lower level of SUD care** - Our patients are in varying stages in the readiness to change model, therefore when the need for transitioning to higher or lower LOC is identified, patient preference often drives the process. Clinical staff utilize Motivational Interviewing to increase patient readiness to change. When patients indicate they are interested in transition to other LOC, clinicians work to facilitate the transition.
 - c. **Development and periodic revision of a beneficiary's plan that includes service activities** - Treatment planning is a collaborative process between OBIC licensed staff, substance use counselor and patient, guiding the treatment process. At the start of treatment plans are initiated and at a minimum, updated at the 3-month mark. Patients are very rarely at OBIC for more than 4 months. Clinicians constantly evaluate the patient's progress toward meeting their goals and work to revise goals that are not effective.
 - d. **Communication, coordination, referral and related activities** - OBIC treats a complex patient population and strives to promote self-advocacy, engagement in self-care, and self-determination. The multi-disciplinary team meets daily to communicate patient needs, coordinate care, and discuss proposed changes to a patient's LOC. Clinicians will facilitate a warm hand off to any identified community partners to ensure that transitions to outside services are effective, safe, timely, and complete.
 - e. **Monitoring service delivery to ensure beneficiary's access to service and service delivery system** - OBIC patients often require multiple service providers. Accessing necessary services and using them effectively is often challenging, therefore ongoing monitoring is necessary. Patients are asked to sign a Release of Information (ROI) with agencies they receive additional services from so information can be shared. Patient's access to services is supported and monitored by medical and counseling staff. Clinicians

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proactively address barriers to service access for all patients including financial, cultural, literacy and bias or stigma associated with SUDs.

- f. **Monitoring beneficiary's progress** - When patients are engaged in additional services, they are asked to sign a Release of Information (ROI) so information can be shared, care can be coordinated, and progress can be monitored. If a patient is not accessing the service or sufficient progress is not being made, alternative referrals are made to ensure the patient needs are being met.
- g. **Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services** - OBIC has established working relationships with a vast network of community providers that allow for a smooth linkage process and "warm handoffs". Clinicians are committed to ensuring that once linkages are made, the patients' needs are being met. Our relationships with our partners and ability to link patients to care provide an opportunity for retention in primary care and other supportive services. Clinicians work closely with other providers to link patients to urgent care, wound care (ISIS) clinic, emergency room, psychiatric emergency services, wellness programs and clothing and hygiene programs.
- 3) **OBIC's Nurse Practitioners shall also provide case management services** - Case Management is an essential aspect of the care provided to patients. Our patients often suffer from multiple and complex physical, psychiatric and multiple Substance Use Disorders, as well as chronic homelessness and other social problems which impacts the effectiveness of the MAT. Therefore, it is essential that the NP staff provides assistance to improve patient health and wellness. Many of the services are provided onsite (MAT, Psychiatric Services, SSI advocacy, assistance with insurance enrollment, shelter sign up, and clothing) while other necessary services are referred to our community partners.
- 4) **OBIC's multi-disciplinary team** (one .40 physician, two 1.0 nurse practitioners, and one .50 substance abuse counselor) meet throughout the day to communicate patient needs, coordinate care, and develop a plan to address these needs.]
- 5) **The Providers' case management model shall tailor case management services to the beneficiary's needs** - Patient needs are identified in the treatment plan so the patient and care team can come up with realistic goals in a collaborative manner to meet identified needs.
- 6) **Case management services shall be undertaken by the OBIC Nurse Practitioners** – OBIC provides very high-level case management services, at the Nurse Practitioner level.
- 7) **Case management services shall be provided in full compliance with all beneficiary confidentiality requirements under federal and state law** - Our policy requires a valid Release of Information to be in place before staff can disclose our patient's participation at OBIC.

L. Physician Consultation

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In addition to the general physician consultation requirements, OBIC complies with the Contractor specific physician consultation requirements which are:

- 1) The DMC physician-to-specialist consultation shall be provided by network physicians, with Addiction Medicine Physicians, Addiction Psychiatrists, Addiction specialist Nurse Practitioners (NPs) and specialist Clinical Pharmacists (CBHS Pharmacy) to support patients with complex needs who may not qualify for OBIC services. OBIC serves as a resource to DPH and Consortium clinics, providing specialist-to-physician consultation. OBIC employs one part-time Addiction Certified MD and two full-time Addiction Specialist Psychiatric Nurse Practitioners (NPs). OBIC staff has ready access to Addictions and Mental Health Specialist Clinical Pharmacists and medications at the CBHS Pharmacy co-located at 1380 Howard.
- 2) OBIC DMC Physician and NP consultation services include:
 - a. Advising patients or healthcare providers on substance use treatment programs within the bay area beyond OBIC base don patient needs
 - b. Pre-assessment phone or email discussions with clinicians on eligibility and treatment options
 - c. Face-to-face visits with patients who ultimately do not enroll in OBIC due to not meeting medical necessity or patient preferences to receive treatment at other programs
 - d. OBIC physician consultation with the Medical Director is available by phone and email.

M. Recovery Services

N/A

N. Withdrawal Management

OBIC provides MAT for withdrawal management during the initial phase of induction to buprenorphine for opioid use disorders, co-occurring alcohol use disorders and nicotine use disorders. High intensity, supportive counseling services are provided including a stabilization program at OBIC which focuses additional medical and counseling resources during withdrawal management including extensive patient education, medical monitoring, family/significant other engagement, and discharge and transition planning. Clients needing medically supervised detox are referred to our community partner offering this service, currently Joe Healy detox.

O. Opioid (Narcotic) Treatment Program Services

N/A

P. Additional Medication Assisted Treatment (MAT)

1) Alcohol MAT:

OBIC screens all patients for comorbid alcohol use disorder (AUD) via history (and breath testing for alcohol as needed). When patients are diagnosed with AUD, OBIC will provide individualized treatment including prescription, dose adjustment, and monitoring of MAT for AUD as well as maintaining close communication with PCP's and PPP's for whom the patient has signed consent for us to communicate. All patients receiving MAT will have integrated counseling services, recovery support and peer support.

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2) Buprenorphine MAT services shall include:

OBIC will provide initial assessment, induction and maintenance therapy for treatment eligible patients with opioid use disorder using an approved buprenorphine product. Treatment length will be tailored to patient needs with consideration of transfer to a lower (community physician) or higher (OTP methadone) level of care whenever appropriate. Duration of treatment at OBIC is typically from 3-4 months in duration before transfer.

Priority admission will go to the following patient groups:

1. Inpatient service discharges from hospital, for whom buprenorphine was initiated.
2. ER and PES patients who received buprenorphine there.
3. Pregnant patients.
4. Jail release patients for whom buprenorphine was initiated while incarcerated.

Buprenorphine dosing schedules will be based on clinical indications and observed dosing can occur up to 5 days per week at the adjacent CBHS Pharmacy which is currently open Monday-Friday. Patients receiving buprenorphine treatment receive weekend take-homes and weekday take-homes are based on patient stability in treatment.

All buprenorphine patients at OBIC will receive regular point of care urine drug screens, 1:1 counseling, and regular evaluation by medical staff.

Buprenorphine patients are assessed regularly for transition to a lower level of care community care). Transition to higher level of care at Ward 93 or other methadone provider is also available if needed.

Q. Ancillary Services – Indirect Services

1) Urine Drug Screens

a) OBIC Patient Urine Drug Monitoring

OBIC patients undergo regular laboratory monitoring with urine drug screens to treatment compliance and ongoing substance use. The cost of the urine toxicology kits and staff time for administration are not covered under ODS billing and therefore are monitored in our ancillary services. These tests are currently performed by the OBIC Substance Use Counselor but will be performed by a medical assistant once hired.

b) Spoke Support

OBIC serves as a resource to DPH and Consortium clinics, providing specialist-to-physician consultation. OBIC staff has ready access to addictions and mental health specialist clinical Pharmacist collaboration at the CBHS Pharmacy co-located at 1380 Howard. In a mutual support relationship, OBIC has performed Point of Care urine drug screening test (POC UAs) at the request of CBHS Pharmacy and buprenorphine spoke sites of Primary Care and Psychiatry, as well as for Street Medicine's low threshold buprenorphine patients. Now under the ODS Waiver, OBIC plans to hire a Medical Assistant to perform these non-billable services. These POC UA tests have been

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performed by OBIC Substance Use Counselor who under The Waiver, should be performing billable services instead.

2) **Training**

Provided by OBIC staff Physicians and Nurse Practitioners to Medical Students, Residents, and Fellows, nurse practitioner trainees, and pharmacy trainees. Students and trainees are exposed to the treatment of Opioid Use Disorders with Buprenorphine in an ODF setting. For many trainees this is a valuable opportunity to ask experienced practitioners questions about treating substance use disorders and see patient doing well on treatment.

3) **Buprenorphine Consultation Service**

a) In addition to the general physician consultation requirements, OBIC complies with the Contractor specific physician consultation requirements which are:

i) The DMC physician-to-specialist consultation shall be provided by network physicians, with Addiction Medicine Physicians, Addiction Psychiatrists, Addiction specialist Nurse Practitioners (NPs) and specialist Clinical Pharmacists (CBHS Pharmacy) to support patients with complex needs who may not qualify for OBIC services. OBIC serves as a resource to DPH and Consortium clinics, providing specialist-to-physician consultation. OBIC employs one part-time Addiction Certified MD and two full-time Addiction Specialist Psychiatric Nurse Practitioners (NPs). OBIC staff has ready access to Addictions and Mental Health Specialist Clinical Pharmacists and medications at the CBHS Pharmacy co-located at 1380 Howard.

b) OBIC DMC Physician and NP consultation services include:

- i) Advising patients or healthcare providers on substance use treatment programs within the bay area beyond OBIC base don patient needs
- ii) Pre-assessment phone or email discussions with clinicians on eligibility and treatment options
- iii) Face-to-face visits with patients who ultimately do not enroll in OBIC due to not meeting medical necessity or patient preferences to receive treatment at other programs
- iv) OBIC physician consultation with the Medical Director is available by phone and email.

4)

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 19-20.
- b. Not Required

8. Continuous Quality Improvement (CQI):

- 1. **Achievement of contract performance objectives and productivity-** Productivity is reviewed on a monthly basis by the Clinical Supervisors and the Program Director. At a minimum, contract performance objectives are reviewed annually by the Administrative Program Manager. If a performance objective is not being met, a plan is put into place to address deficiencies.
- 2. **Quality of documentation, including a description of the frequency and scope of internal chart audits -** To ensure consistent quality documentation, charts are audited in a variety of ways.

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- Intake - Patient charts are audited shortly after intake to ensure that all required forms have been received.
- Treatment Plans - Clinical Supervisors review each treatment plan to ensure all regulatory requirements are met. Also, each month one random treatment plan for each counselor is reviewed for quality.
- Documentation/Effective Care – Quarterly, clinical supervisors do a **comprehensive chart review of one patient chart for each clinician**. The comprehensive review includes: Assessment, Appropriateness of Referrals, Treatment/Service Interventions and Effectiveness, Enhancement of Direct Services and Implementation of Evidenced Based Practices, Risk Factors Addressed, Ethical/Legal/ Privacy and Boundary Issues, Cultural Competency and Self-Assessment.
- Annual Justification – each patient chart is audited annually to ensure all Annual Justification paperwork has been completed.
- Discharge – each discharged patients' chart is audited to ensure that all discharge paperwork has been properly completed.

3. **Cultural competency of staff and services – OBIC and DSAAM are committed to** providing high-quality culturally and linguistically appropriate services (CLAS) and accomplishes this in a variety of ways including: policies to hire and promote a diverse workforce and leadership team, annual required trainings addressing the cultural needs of our diverse population and issues related to culture being addressed in the care weekly team meeting. Effective services are provided to our diverse population despite language needs and can be provided in most of the threshold languages via use of translation line services. Signs are posted to inform patients that language assistance is available. Important information is posted in all threshold languages. The CLAS standards are incorporated into all aspects of our planning and operations. Data on our ability to provide CLAS is collected via patient surveys. This data is used for QI and PI purposes.

4. **Satisfaction with services**

- Surveys – Annually, OBIC participates in the anonymous CBHS SUD patient satisfaction survey. Each patient receiving services during the survey period is invited to participate in the survey. OBIC's overall satisfaction results were 100% for the 2019 survey.
- Grievance forms and envelopes are readily available in the waiting room.

5. **Timely completion and use of outcome data, including CalOMS and ASAM (Substance Use Disorder Treatment Programs only) -** Error Reports are run monthly and all necessary corrections are made. ASAM Completion Reports are run monthly to ensure that all ASAMs are completed.

9. **Required Language:**

OBIC services are offered in English with all required City and County information on display in the threshold languages. When in need of communication in a language other than English, OBIC staff utilizes the Language Translation Line through ZSFG and makes every effort to accommodate patients with limited English proficiency

Contractor Name: UCSF DSAAM	Appendix A-4
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. Identifiers:

Program Name: DSAAM Office-Based Opiate Treatment

Program Address: 1001 Potrero Ave, Ward 93

City, State, ZIP: San Francisco, CA 94110

Telephone/FAX: 628/206-6022

Website Address: <http://psych.ucsf.edu/zsfg/saam>

Executive Director/Program Director: David Andrew Tompkins, MD

Telephone: 628-206-3645

Email Address: david.tompkins@ucsf.edu

Program Code(s): 75134

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

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 people in San Francisco with opioid use disorder by providing a medically supervised office-based treatment.

4. Target Population:

- San Francisco residents with opioid use disorder
- Primary target population: adults 18 years of age and older, or emancipated minors able to give consent for medical and substance use treatment
- Secondary target population: low income
- Treatment targets those who can benefit from opiate maintenance treatment, adjunctive behavioral treatment, treatment planning, individual counseling, therapy, and psychoeducation, in office-based settings outside of traditional Narcotic Treatment Programs (NTPs).

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5. Modality(s)/Intervention(s)

The modality is methadone Maintenance and the intervention is the following:

- ODS-120i: ODS NTP Methadone – Individual Counseling

FY 19-20			
	Treatment slots	Methadone Counseling, Individual	UOS Total
UC Contract (57.67%)	27	685	685
MOU (42.33%)		503	503
Total		1,188	1,188

6. Methodology:

V. Case Management

- 1) In addition to methadone and regular counseling sessions, OBOT provides ongoing patient assessment to determine whether a higher or lower level of care is needed. If patients are identified as needing a higher level of NTP care, they are transferred to OTOP for more intensive NTP services. Since OBOT is imbedded in the patient's primary care clinic, ongoing care coordination occurs.
- 2) Service Components:
 - a. **Comprehensive assessment and periodic reassessment of individual needs for continuation of case management** - At intake, patients are thoroughly assessed utilizing the ASI and the SUD LOC Recommendation Form (ASAM). Annually, patients are reassessed utilizing the SUD LOC Recommendation Form (ASAM). Patients are also assessed by their counselor during each counseling session.
 - b. **Transition to a higher or lower level of SUD care** - Our patients are in varying stages in the readiness to change model, therefore when the need for transitioning to higher or lower LOC is identified, patient preference often drives the process.

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Clinical staff utilize Motivational Interviewing to increase patient readiness to change. When patients indicate they are interested in transition to other LOC, clinicians work to facilitate the transition.

- c. **Development and periodic revision of a beneficiary's plan that includes service activities** - Treatment planning is a collaborative process between the clinician and patient guiding the treatment process. At a minimum, treatment plans are updated every three-months utilizing SMART goals to address identified barriers and/or "problem areas". Oftentimes, the identified goals require referrals to outside supports. Clinician's constantly evaluate the patient's progress toward meeting their goals and work to revise goals that are not effective.
 - d. **Communication, coordination, referral and related activities** - OBOT counselors work closely with Primary Care Providers to coordinate care and discuss proposed changes to a patient's treatment plan. Counselors will facilitate a warm hand off to any identified community partners to ensure that transitions to outside services are effective, safe, timely, and complete.
 - e. **Monitoring service delivery to ensure beneficiary's access to service and service delivery system** - Patients are asked to sign a Release of Information (ROI) with agencies they receive additional services from so information can be shared. Patient's access to services is supported and monitored by medical and counseling staff. Clinicians proactively address barriers to service access for all patients including financial, cultural, literacy and bias or stigma associated with SUDs.
 - f. **Monitoring beneficiary's progress** - When patients are engaged in additional services, they are asked to sign a Release of Information (ROI) so information can be shared, care can be coordinated and progress can be monitored. If a patient is not accessing the service or sufficient progress is not being made, alternative referrals are made to ensure the patient needs are being met.
 - g. **Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services** - OBOT has established partnerships available with community providers that allow for a smooth linkage process and "warm handoffs". Clinicians are committed to ensuring that once linkages are made, the patients' needs are being met. Our relationships with our partners and ability to link patients to care provide an opportunity for retention in primary care and other supportive services.
- 3) **OTP primary counselors shall also provide case management services** - Case Management is an essential aspect of the care provided to patients. OBOT counselors work collaboratively with patients to identify case management needs on an individual and ongoing basis and facilitate communication between referral sources.

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- 4) Clinicians meeting regularly with their clinical supervisors to discuss high-need patients and come up with strategies on how to best meet their needs.
- 5) **The Provider's case management model shall tailor case management services to the beneficiary's needs** - Patient needs are identified in the treatment plan so the patient and clinician can come up with a realistic goals in a collaborative manner to meet identified needs.
- 6) **Case management services shall be undertaken by the certified drug counselor or LPHA in cooperation with the treatment team** - All OBOT counselors are certified AOD counselors or are registered or licensed with the BBS.
- 7) **Case management services shall be provided in full compliance with all beneficiary confidentiality requirements under federal and state law** - Our policy requires a valid Release of Information to be in place before staff can disclose our patient's participation at OBOT.

L. Physician Consultation – N/A

M. Recovery Services – N/A

N. Withdrawal Management

OTOP provides MAT for withdrawal management for opioid use disorders, co-occurring alcohol use disorders and nicotine use disorders. High intensity, supportive counseling services are provided including a stabilization program at OTOP which focuses additional medical and counseling resources during withdrawal management including extensive patient education, medical monitoring, family/significant other engagement, and discharge and transition planning. Clients needing supervised withdrawal are referred to our community partners offering this service.

O. Opioid (Narcotic) Treatment Program Services

- 1) **Opioid (Narcotic) Treatment Program services shall include daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder.**

Opioid agonist medication is provided in accordance with Title 9 to all patients meeting severe opioid use disorder enrolled at OBOT.

- 2) **Service Components shall include:**

- a. **Intake** - Intake services include: Medical History & Physical, substance use history, diagnosis of Opioid Use Disorder, lab testing (drug test, TB, syphilis, HIV, HCV), Assessment (ASI and SUD LOC Recommendation), CalOMS, Initial Treatment Plan, Interpretive Summary, and education on OBOT program rules and regulations.

- b. **Individual Counseling**

- i. **Individual Counseling** utilizing Evidence-Based Practices (Motivational Interviewing, Harm Reduction, Trauma-Informed Care) done by certified

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Drug/Alcohol counselors, Marriage and Family Therapy Interns (MFT-I), Professional Clinical Counselor Interns (PCC-I), and/or Associate Social Workers (ASWs) for a minimum of 50 minutes a month with the exception of patients who have been identified for Medical Maintenance. OBOT Medical Maintenance The purpose of the Medical Maintenance track is to provide OBOT patients who have demonstrated sustained clinical stability with a level of care commensurate to their clinical needs.

OBOT Medical Maintenance Inclusion Criteria & Considerations:

- Receive medical care at a participating OBOT health center
- In methadone maintenance treatment for at least 2 years
- At least 9 months of urines free of illicit substances
- No evidence of alcohol abuse or dependence for at least 9 months
- No arrests in last 9 months
- Excellent compliance with program regulations and expectations (especially counseling, medical, and dosing appointments)
- Demonstrated responsibly in storing and handling take home doses
- Current Step level is a 14- or 27-day schedule for at least 3 months.
- On a stable methadone dose (although consideration will be given to stable patients who are undergoing a planned taper)
- Engaged in work, school, or other productive activities (consideration will be given to physical or psychiatric limitations/disabilities)
- No current unstable psychiatric or medical conditions
- Not pregnant or trying to become pregnant
- Expectation that patient will continue to do well with some reduction in on-site counseling services

All Medical Maintenance patients must be approved by the OBOT Medical Director or their designee.

- c. **Patient Education** - Patient education is woven into all aspects of treatment and includes: HIV risk reduction, harm reduction, and overdose prevention.
- d. **Medication Services** - OBOT methadone is prescribed by PCPs at the patient's health clinic (PHHC, TWUHC, PHP) and is dispensed at one of two pharmacy locations (ZSFG, BHS). PCPs may also prescribe medications related to specific medical needs of the individual patient, these medications are not dispensed by the OBOT program pharmacy.
- e. **Collateral Services** - Family members (spouses, partners, parents, children) and welcome to participate in counseling sessions as long as it is deemed therapeutically beneficial.
- f. **Crisis Intervention Services** - Counseling and Medical staff routinely screen patients for potential crisis. Counselors and PCPs refer patients to behavioral health providers at their home clinic as needed. Patients in immediate crisis may be referred to Urgent Care, Emergency Room, PES as needed.

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- g. **Treatment Planning** - Individualized, person-centered treatment plans are developed in accordance with Title 9 regulations. Initial Treatment Plans are developed within 28-days of the initiation of treatment and are updated no less than every 3-months thereafter. Treatment Plans include: counseling frequency and modality, goals, methods, interventions and outcomes.
- h. **Medical Psychotherapy** - The Medical Director and Program Physicians meet with patients as appropriate and necessary to provide counseling services including addressing ongoing addiction treatment issues and barriers, providing treatment support, and developing collaborative solutions to treatment challenges.
- i. **Discharge Services** - 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 OBOT for a variety of reasons:
 - Voluntary taper off methadone
 - Transfer to a higher LOC (ex. OTOP or other "traditional" methadone clinic)
 - Voluntary decision to leave treatment before treatment ends,
 - Transfer to another methadone clinic because of relocation or convenience
 - 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

P. Additional Medication Assisted Treatment (MAT)

OBOT additional medication assisted treatment services are generally offered by the primary care provider (integrated care model) with support and consultation from the OBOT Medical Director: MAT for Alcohol Use Disorders (Disulfiram, Acamprosate, Gabapentin, Topiramate, Baclofen), MAT for Overdose Prevention (Naloxone) and pharmacotherapy for smoking cessation.

7. Objectives and Measurements:

1. All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 19-20.
2. Not Required

8. Continuous Quality Improvement (CQI):

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Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. Productivity is reviewed on a monthly basis by the OBOT Program Director. At a minimum, contract performance objectives are reviewed annually by the OBOT Program Director. If a performance objective is not being met, a plan is put into place to address deficiencies.
2. To ensure consistent quality documentation, charts are audited in a variety of ways. The OBOT Program Director conducts a monthly audit review of UOS provided and progress notes associated.
 - Intake - Patient charts are audited shortly after intake to ensure that all required forms have been received.
 - Treatment Plans - Each treatment plan audited per month to ensure all regulatory requirements are met.
 - Documentation/Effective Care – The OBOT Program Director reviews monthly documentation of UOS and reviews with counselors during Clinical Supervision to ensure effective delivery of services.
 - Annual Justification – each patient chart is audited annually to ensure all Annual Justification paperwork has been completed.
 - Discharge – each discharged patients' chart is audited to ensure that all discharge paperwork has been properly completed.
3. **Cultural competency of staff and services** -OBOT is committed to providing high-quality culturally and linguistically appropriate services (CLAS) and accomplishes this in a variety of ways including: policies to hire and promote a diverse workforce and leadership team, annual required trainings addressing the cultural needs of our diverse population and issues related to culture being addressed in clinical supervision. Effective services are provided to our diverse population despite language needs and can be provided in most of the threshold languages. Sites utilize telephonic interpretation services for patients who speak a language we cannot accommodate onsite. Signs are posted to inform patients that language assistance is available. Important information is posted in all threshold languages and forms with larger font sizes are available. The CLAS standards are incorporated into all aspects of our planning and operations. Data on our ability to provide CLAS is collected via patient and referring provider surveys and focus groups. This data is used for QI and PI initiatives and integrated into our Strategic, Community Relations, and Cultural Diversity Plans. Grievance forms are accessible to all patients in threshold languages and the process ensures complaints are addressed with CLAS principles.
4. **Satisfaction with services**
 - Surveys - Each spring, OBOT participates in the anonymous CBHS SUD patient satisfaction survey. Each patient receiving services during the survey period is invited to participate in the survey. OBOT's overall satisfaction results are consistently in the mid-to-high 90s. All discharged patients are also invited to participate in survey to determine their satisfaction with the program.

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- CalOMS Error Reports are run monthly and all necessary corrections are made. ASAM Completion Reports are run monthly to ensure that all ASAMs are completed for patients new to treatment or patients who have recently completed their annual justification.

9. Required Language:

OBOT services are offered in English with all required City and County information on display in the threshold languages. When in need of communication in a language other than English, OBOT staff utilizes the Language Translation Line through ZSFG and makes every effort to accommodate patients with limited English proficiency.

Contractor Name: UCSF DSAAM	Appendix A-5
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. Identifiers:

Program Name: DSAAM Office-Based Opiate Treatment

Program Address: 1001 Potrero Ave, Ward 93

City, State, ZIP: San Francisco, CA 94110

Telephone/FAX: 628/206-6022

Website Address: <http://psych.ucsf.edu/zsfg/saam>

Executive Director/Program Director: David Andrew Tompkins, MD MHS

Telephone: 628-206-3645

Email Address: david.tompkins@ucsf.edu

Program Code(s): 74134

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

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 people in San Francisco with opioid use disorder by providing a medically supervised office-based treatment.

4. Target Population:

- San Francisco residents with opioid use disorder
- Primary target population: adults 18 years of age and older, or emancipated minors able to give consent for medical and substance use treatment
- Secondary target population: low income
- Treatment targets those who can benefit from opiate maintenance treatment, adjunctive behavioral treatment, treatment planning, individual counseling, therapy, and psychoeducation, in office-based settings outside of traditional Narcotic Treatment Programs (NTPs).

Contractor Name: UCSF DSAAM	Appendix A-5
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

5. Modality(s)/Intervention(s)

The modality is methadone Maintenance and the intervention is the following:

- ODS-120i: ODS NTP Methadone – Individual Counseling

FY 19-20			
	Treatment slots	Methadone Counseling, Individual	UOS Total
UC Contract (100%)	11	492	492
MOU (0%)		0	0
Total		492	492

6. Methodology:

Case Management

- 1) In addition to methadone and regular counseling sessions, OBOT provides ongoing patient assessment to determine whether a higher or lower level of care is needed. If patients are identified as needing a higher level of NTP care, they are transferred to OTOP for more intensive NTP services. Since OBOT is imbedded in the patient's primary care clinic, ongoing care coordination occurs.
- 2) Service Components:
 - a. **Comprehensive assessment and periodic reassessment of individual needs for continuation of case management** - At intake, patients are thoroughly assessed utilizing the ASI and the SUD LOC Recommendation Form (ASAM). Annually, patients are reassessed utilizing the SUD LOC Recommendation Form (ASAM). Patients are also assessed by their counselor during each counseling session.
 - b. **Transition to a higher or lower level of SUD care** - Our patients are in varying stages in the readiness to change model, therefore when the need for transitioning to higher or lower LOC is identified, patient preference often drives the process. Clinical staff utilize Motivational Interviewing to increase patient readiness to change. When patients indicate they are interested in transition to other LOC, clinicians work to facilitate the transition.

Contractor Name: UCSF DSAAM	Appendix A-5
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

- c. **Development and periodic revision of a beneficiary's plan that includes service activities** - Treatment planning is a collaborative process between the clinician and patient guiding the treatment process. At a minimum, treatment plans are updated every three-months utilizing SMART goals to address identified barriers and/or "problem areas". Oftentimes, the identified goals require referrals to outside supports. Clinician's constantly evaluate the patient's progress toward meeting their goals and work to revise goals that are not effective.
 - d. **Communication, coordination, referral and related activities** - OBOT counselors work closely with Primary Care Providers to coordinate care and discuss proposed changes to a patient's treatment plan. Counselors will facilitate a warm hand off to any identified community partners to ensure that transitions to outside services are effective, safe, timely, and complete.
 - e. **Monitoring service delivery to ensure beneficiary's access to service and service delivery system** - Patients are asked to sign a Release of Information (ROI) with agencies they receive additional services from so information can be shared. Patient's access to services is supported and monitored by medical and counseling staff. Clinicians proactively address barriers to service access for all patients including financial, cultural, literacy and bias or stigma associated with SUDs.
 - f. **Monitoring beneficiary's progress** - When patients are engaged in additional services, they are asked to sign a Release of Information (ROI) so information can be shared, care can be coordinated and progress can be monitored. If a patient is not accessing the service or sufficient progress is not being made, alternative referrals are made to ensure the patient needs are being met.
 - g. **Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services** - OBOT has established partnerships available with community providers that allow for a smooth linkage process and "warm handoffs". Clinicians are committed to ensuring that once linkages are made, the patients' needs are being met. Our relationships with our partners and ability to link patients to care provide an opportunity for retention in primary care and other supportive services.
- 3) **OTP primary counselors shall also provide case management services** - Case Management is an essential aspect of the care provided to patients. OBOT counselors work collaboratively with patients to identify case management needs on an individual and ongoing basis and facilitate communication between referral sources.
 - 4) Clinicians meeting regularly with their clinical supervisors to discuss high-need patients and come up with strategies on how to best meet their needs.
 - 5) **The Provider's case management model shall tailor case management services to the beneficiary's needs** - Patient needs are identified in the treatment plan so the patient

Contractor Name: UCSF DSAAM	Appendix A-5
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

and clinician can come up with a realistic goals in a collaborative manner to meet identified needs.

- 6) **Case management services shall be undertaken by the certified drug counselor or LPHA in cooperation with the treatment team** - All OBOT counselors are certified AOD counselors or are registered or licensed with the BBS.
- 7) **Case management services shall be provided in full compliance with all beneficiary confidentiality requirements under federal and state law** - Our policy requires a valid Release of Information to be in place before staff can disclose our patient's participation at OBOT.

L. Physician Consultation – N/A

M. Recovery Services – N/A

N. Withdrawal Management

OTOP provides MAT for withdrawal management for opioid use disorders, co-occurring alcohol use disorders and nicotine use disorders. High intensity, supportive counseling services are provided including a stabilization program at OTOP which focuses additional medical and counseling resources during withdrawal management including extensive patient education, medical monitoring, family/significant other engagement, and discharge and transition planning. Clients needing supervised withdrawal are referred to our community partners offering this service.

O. Opioid (Narcotic) Treatment Program Services

- 1) **Opioid (Narcotic) Treatment Program services shall include daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder.**

Opioid agonist medication is provided in accordance with Title 9 to all patients meeting severe opioid use disorder enrolled at OBOT.

- 2) **Service Components shall include:**

- a. **Intake** - Intake services include: Medical History & Physical, substance use history, diagnosis of Opioid Use Disorder, lab testing (drug test, TB, syphilis, HIV, HCV), Assessment (ASI and SUD LOC Recommendation), CalOMS, Initial Treatment Plan, Interpretive Summary, and education on OBOT program rules and regulations.

- b. **Individual Counseling**

- i. **Individual Counseling** utilizing Evidence-Based Practices (Motivational Interviewing, Harm Reduction, Trauma-Informed Care) done by certified Drug/Alcohol counselors, Marriage and Family Therapy Interns (MFT-I), Professional Clinical Counselor Interns (PCC-I), and/or Associate Social Workers (ASWs) for a minimum of 50 minutes a month with the exception of patients who have been identified for Medical Maintenance.

Contractor Name: UCSF DSAAM	Appendix A-5
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

OBOT Medical Maintenance The purpose of the Medical Maintenance track is to provide OBOT patients who have demonstrated sustained clinical stability with a level of care commensurate to their clinical needs.

OBOT Medical Maintenance Inclusion Criteria & Considerations:

- Receive medical care at a participating OBOT health center
- In methadone maintenance treatment for at least 2 years
- At least 9 months of urines free of illicit substances
- No evidence of alcohol abuse or dependence for at least 9 months
- No arrests in last 9 months
- Excellent compliance with program regulations and expectations (especially counseling, medical, and dosing appointments)
- Demonstrated responsibly in storing and handling take home doses
- Current Step level is a 14- or 27-day schedule for at least 3 months.
- On a stable methadone dose (although consideration will be given to stable patients who are undergoing a planned taper)
- Engaged in work, school, or other productive activities (consideration will be given to physical or psychiatric limitations/disabilities)
- No current unstable psychiatric or medical conditions
- Not pregnant or trying to become pregnant
- Expectation that patient will continue to do well with some reduction in on-site counseling services

All Medical Maintenance patients must be approved by the OBOT Medical Director or their designee.

- c. **Patient Education** - Patient education is woven into all aspects of treatment and includes: HIV risk reduction, harm reduction, and overdose prevention.
- d. **Medication Services** - OBOT methadone is prescribed by PCPs at the patient's health clinic (PHHC, TWUHC, PHP) and is dispensed at one of two pharmacy locations (ZSFG, BHS). PCPs may also prescribe medications related to specific medical needs of the individual patient, these medications are not dispensed by the OBOT program pharmacy.
- e. **Collateral Services** - Family members (spouses, partners, parents, children) and welcome to participate in counseling sessions as long as it is deemed therapeutically beneficial.
- f. **Crisis Intervention Services** - Counseling and Medical staff routinely screen patients for potential crisis. Counselors and PCPs refer patients to behavioral health providers at their home clinic as needed. Patients in immediate crisis may be referred to Urgent Care, Emergency Room, PES as needed.
- g. **Treatment Planning** - Individualized, person-centered treatment plans are developed in accordance with Title 9 regulations. Initial Treatment Plans are developed within 28-days of the initiation of treatment and are updated no less

Contractor Name: UCSF DSAAM	Appendix A-5
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

than every 3-months thereafter. Treatment Plans include: counseling frequency and modality, goals, methods, interventions and outcomes.

- h. **Medical Psychotherapy** - The Medical Director and Program Physicians meet with patients as appropriate and necessary to provide counseling services including addressing ongoing addiction treatment issues and barriers, providing treatment support, and developing collaborative solutions to treatment challenges.
- i. **Discharge Services** - 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 OBOT for a variety of reasons:
 - Voluntary taper off methadone
 - Transfer to a higher LOC (ex. OTOP or other "traditional" methadone clinic)
 - Voluntary decision to leave treatment before treatment ends,
 - Transfer to another methadone clinic because of relocation or convenience
 - 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

P. Additional Medication Assisted Treatment (MAT)

OBOT additional medication assisted treatment services are generally offered by the primary care provider (integrated care model) with support and consultation from the OBOT Medical Director: MAT for Alcohol Use Disorders (Disulfiram, Acamprosate, Gabapentin, Topiramate, Baclofen), MAT for Overdose Prevention (Naloxone) and pharmacotherapy for smoking cessation.

7. Objectives and Measurements:

1. All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 19-20.
2. Not Required

8. Continuous Quality Improvement (CQI):

1. Productivity is reviewed on a monthly basis by the OBOT Program Director. At a minimum, contract performance objectives are reviewed annually by the OBOT

Contractor Name: UCSF DSAAM	Appendix A-5
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

- Program Director. If a performance objective is not being met, a plan is put into place to address deficiencies.
2. To ensure consistent quality documentation, charts are audited in a variety of ways. The OBOT Program Director conducts a monthly audit review of UOS provided and progress notes associated.
 - Intake - Patient charts are audited shortly after intake to ensure that all required forms have been received.
 - Treatment Plans - Each treatment plan audited per month to ensure all regulatory requirements are met.
 - Documentation/Effective Care – The OBOT Program Director reviews monthly documentation of UOS and reviews with counselors during Clinical Supervision to ensure effective delivery of services.
 - Annual Justification – each patient chart is audited annually to ensure all Annual Justification paperwork has been completed.
 - Discharge – each discharged patients' chart is audited to ensure that all discharge paperwork has been properly completed.
 3. **Cultural competency of staff and services** -OBOT is committed to providing high-quality culturally and linguistically appropriate services (CLAS) and accomplishes this in a variety of ways including: policies to hire and promote a diverse workforce and leadership team, annual required trainings addressing the cultural needs of our diverse population and issues related to culture being addressed in clinical supervision. Effective services are provided to our diverse population despite language needs and can be provided in most of the threshold languages. Sites utilize telephonic interpretation services for patients who speak a language we cannot accommodate onsite. Signs are posted to inform patients that language assistance is available. Important information is posted in all threshold languages and forms with larger font sizes are available. The CLAS standards are incorporated into all aspects of our planning and operations. Data on our ability to provide CLAS is collected via patient and referring provider surveys and focus groups. This data is used for QI and PI initiatives and integrated into our Strategic, Community Relations, and Cultural Diversity Plans. Grievance forms are accessible to all patients in threshold languages and the process ensures complaints are addressed with CLAS principles.
 4. **Satisfaction with services**
 - Surveys - Each spring, OBOT participates in the anonymous CBHS SUD patient satisfaction survey. Each patient receiving services during the survey period is invited to participate in the survey. OBOT's overall satisfaction results are consistently in the mid-to-high 90s. All discharged patients are also invited to participate in survey to determine their satisfaction with the program.
 - CalOMS Error Reports are run monthly and all necessary corrections are made. ASAM Completion Reports are run monthly to ensure that all ASAMs are

Contractor Name: UCSF DSAAM	Appendix A-5
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	Funding Source:

completed for patients new to treatment or patients who have recently completed their annual justification.

9. Required Language:

OBOT services are offered in English with all required City and County information on display in the threshold languages. When in need of communication in a language other than English, OBOT staff utilizes the Language Translation Line through ZSFG and makes every effort to accommodate patients with limited English proficiency.

Contractor Name: UCSF DSAAM	Appendix A-6
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. Identifiers:

Program Name: DSAAM Office-Based Opiate Treatment

Program Address: 1001 Potrero Ave, Ward 93

City, State, ZIP: San Francisco, CA 94110

Telephone/FAX: 628-206-6022

Website Address: <http://psych.ucsf.edu/zsfg/saam>

Executive Director/Program Director: David Andrew Tompkins, MD MHS

Telephone: 628-206-3645

Email Address: david.tompkins@ucsf.edu

Program Code(s): 86134

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

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.

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4. Target Population:

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- Secondary target population: low income
- Treatment targets those who can benefit from opiate maintenance treatment, adjunctive behavioral treatment, treatment planning, individual counseling, therapy, and psychoeducation, in office-based settings outside of traditional Narcotic Treatment Programs (NTPs).

Contractor Name: UCSF DSAAM	Appendix A-6
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

5. Modality(s)/Intervention(s)

The modality is methadone Maintenance and the intervention is the following:

- ODS-120i: ODS NTP Methadone – Individual Counseling

FY 19-20 UOS			
	Treatment slots	Methadone Counseling, Individual	UOS Total
UC Contract (100%)	1	24	24
MOU (0%)		0	0
Total		24	24

6. Methodology:

Case Management

- 1) In addition to methadone and regular counseling sessions, OBOT provides ongoing patient assessment to determine whether a higher or lower level of care is needed. If patients are identified as needing a higher level of NTP care, they are transferred to OTOP for more intensive NTP services. Since OBOT is imbedded in the patient's primary care clinic, ongoing care coordination occurs.
- 2) Service Components:
 - a. **Comprehensive assessment and periodic reassessment of individual needs for continuation of case management** - At intake, patients are thoroughly assessed utilizing the ASI and the SUD LOC Recommendation Form (ASAM). Annually, patients are reassessed utilizing the SUD LOC Recommendation Form (ASAM). Patients are also assessed by their counselor during each counseling session.
 - b. **Transition to a higher or lower level of SUD care** - Our patients are in varying stages in the readiness to change model, therefore when the need for transitioning to higher or lower LOC is identified, patient preference often drives the process. Clinical staff utilize Motivational Interviewing to increase patient readiness to

Contractor Name: UCSF DSAAM	Appendix A-6
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

change. When patients indicate they are interested in transition to other LOC, clinicians work to facilitate the transition.

- c. **Development and periodic revision of a beneficiary's plan that includes service activities** - Treatment planning is a collaborative process between the clinician and patient guiding the treatment process. At a minimum, treatment plans are updated every three-months utilizing SMART goals to address identified barriers and/or "problem areas". Oftentimes, the identified goals require referrals to outside supports. Clinician's constantly evaluate the patient's progress toward meeting their goals and work to revise goals that are not effective.
 - d. **Communication, coordination, referral and related activities** - OBOT counselors work closely with Primary Care Providers to coordinate care and discuss proposed changes to a patient's treatment plan. Counselors will facilitate a warm hand off to any identified community partners to ensure that transitions to outside services are effective, safe, timely, and complete.
 - e. **Monitoring service delivery to ensure beneficiary's access to service and service delivery system** - Patients are asked to sign a Release of Information (ROI) with agencies they receive additional services from so information can be shared. Patient's access to services is supported and monitored by medical and counseling staff. Clinicians proactively address barriers to service access for all patients including financial, cultural, literacy and bias or stigma associated with SUDs.
 - f. **Monitoring beneficiary's progress** - When patients are engaged in additional services, they are asked to sign a Release of Information (ROI) so information can be shared, care can be coordinated and progress can be monitored. If a patient is not accessing the service or sufficient progress is not being made, alternative referrals are made to ensure the patient needs are being met.
 - g. **Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services** - OBOT has established partnerships available with community providers that allow for a smooth linkage process and "warm handoffs". Clinicians are committed to ensuring that once linkages are made, the patients' needs are being met. Our relationships with our partners and ability to link patients to care provide an opportunity for retention in primary care and other supportive services.
- 3) **OTP primary counselors shall also provide case management services** - Case Management is an essential aspect of the care provided to patients. OBOT counselors work collaboratively with patients to identify case management needs on an individual and ongoing basis and facilitate communication between referral sources.
 - 4) Clinicians meeting regularly with their clinical supervisors to discuss high-need patients and come up with strategies on how to best meet their needs.

Contractor Name: UCSF DSAAM	Appendix A-6
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
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- 5) **The Provider's case management model shall tailor case management services to the beneficiary's needs** - Patient needs are identified in the treatment plan so the patient and clinician can come up with a realistic goals in a collaborative manner to meet identified needs.
- 6) **Case management services shall be undertaken by the certified drug counselor or LPHA in cooperation with the treatment team** - All OBOT counselors are certified AOD counselors or are registered or licensed with the BBS.
- 7) **Case management services shall be provided in full compliance with all beneficiary confidentiality requirements under federal and state law** - Our policy requires a valid Release of Information to be in place before staff can disclose our patient's participation at OBOT.

Physician Consultation – N/A

Recovery Services – N/A

Withdrawal Management

OTOP provides MAT for withdrawal management for opioid use disorders, co-occurring alcohol use disorders and nicotine use disorders. High intensity, supportive counseling services are provided including a stabilization program at OTOP which focuses additional medical and counseling resources during withdrawal management including extensive patient education, medical monitoring, family/significant other engagement, and discharge and transition planning. Clients needing supervised withdrawal are referred to our community partners offering this service.

. Opioid (Narcotic) Treatment Program Services

- 1) **Opioid (Narcotic) Treatment Program services shall include daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder.**

Opioid agonist medication is provided in accordance with Title 9 to all patients meeting severe opioid use disorder enrolled at OBOT.

- 2) **Service Components shall include:**

- a. **Intake** - Intake services include: Medical History & Physical, substance use history, diagnosis of Opioid Use Disorder, lab testing (drug test, TB, syphilis, HIV, HCV), Assessment (ASI and SUD LOC Recommendation), CalOMS, Initial Treatment Plan, Interpretive Summary, and education on OBOT program rules and regulations.

- b. **Individual Counseling**

- i. **Individual Counseling** utilizing Evidence-Based Practices (Motivational Interviewing, Harm Reduction, Trauma-Informed Care) done by certified Drug/Alcohol counselors, Marriage and Family Therapy Interns (MFT-I), Professional Clinical Counselor Interns (PCC-I), and/or Associate Social

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Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

Workers (ASWs) for a minimum of 50 minutes a month with the exception of patients who have been identified for Medical Maintenance. OBOT Medical Maintenance The purpose of the Medical Maintenance track is to provide OBOT patients who have demonstrated sustained clinical stability with a level of care commensurate to their clinical needs.

OBOT Medical Maintenance Inclusion Criteria & Considerations:

- Receive medical care at a participating OBOT health center
- In methadone maintenance treatment for at least 2 years
- At least 9 months of urines free of illicit substances
- No evidence of alcohol abuse or dependence for at least 9 months
- No arrests in last 9 months
- Excellent compliance with program regulations and expectations (especially counseling, medical, and dosing appointments)
- Demonstrated responsibly in storing and handling take home doses
- Current Step level is a 14- or 27-day schedule for at least 3 months.
- On a stable methadone dose (although consideration will be given to stable patients who are undergoing a planned taper)
- Engaged in work, school, or other productive activities (consideration will be given to physical or psychiatric limitations/disabilities)
- No current unstable psychiatric or medical conditions
- Not pregnant or trying to become pregnant
- Expectation that patient will continue to do well with some reduction in on-site counseling services

All Medical Maintenance patients must be approved by the OBOT Medical Director or their designee.

- c. **Patient Education** - Patient education is woven into all aspects of treatment and includes: HIV risk reduction, harm reduction, and overdose prevention.
- d. **Medication Services** - OBOT methadone is prescribed by PCPs at the patient's health clinic (PHHC, TWUHC, PHP) and is dispensed at one of two pharmacy locations (ZSFG, BHS). PCPs may also prescribe medications related to specific medical needs of the individual patient, these medications are not dispensed by the OBOT program pharmacy.
- e. **Collateral Services** - Family members (spouses, partners, parents, children) and welcome to participate in counseling sessions as long as it is deemed therapeutically beneficial.
- f. **Crisis Intervention Services** - Counseling and Medical staff routinely screen patients for potential crisis. Counselors and PCPs refer patients to behavioral health providers at their home clinic as needed. Patients in immediate crisis may be referred to Urgent Care, Emergency Room, PES as needed.
- g. **Treatment Planning** - Individualized, person-centered treatment plans are developed in accordance with Title 9 regulations. Initial Treatment Plans are

Contractor Name: UCSF DSAAM	Appendix A-6
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

developed within 28-days of the initiation of treatment and are updated no less than every 3-months thereafter. Treatment Plans include: counseling frequency and modality, goals, methods, interventions and outcomes.

- h. **Medical Psychotherapy** - The Medical Director and Program Physicians meet with patients as appropriate and necessary to provide counseling services including addressing ongoing addiction treatment issues and barriers, providing treatment support, and developing collaborative solutions to treatment challenges.
- i. **Discharge Services** - 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 OBOT for a variety of reasons:
 - Voluntary taper off methadone
 - Transfer to a higher LOC (ex. OTOP or other "traditional" methadone clinic)
 - Voluntary decision to leave treatment before treatment ends,
 - Transfer to another methadone clinic because of relocation or convenience
 - 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

Additional Medication Assisted Treatment (MAT)

OBOT additional medication assisted treatment services are generally offered by the primary care provider (integrated care model) with support and consultation from the OBOT Medical Director: MAT for Alcohol Use Disorders (Disulfiram, Acamprosate, Gabapentin, Topiramate, Baclofen), MAT for Overdose Prevention (Naloxone) and pharmacotherapy for smoking cessation.

7. Objectives and Measurements:

1. All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 19-20.

8. Continuous Quality Improvement (CQI):

1. Productivity is reviewed on a monthly basis by the OBOT Program Director. At a minimum, contract performance objectives are reviewed annually by the OBOT

Contractor Name: UCSF DSAAM	Appendix A-6
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

Program Director. If a performance objective is not being met, a plan is put into place to address deficiencies.

2. To ensure consistent quality documentation, charts are audited in a variety of ways. The OBOT Program Director conducts a monthly audit review of UOS provided and progress notes associated.
 - Intake - Patient charts are audited shortly after intake to ensure that all required forms have been received.
 - Treatment Plans - Each treatment plan audited per month to ensure all regulatory requirements are met.
 - Documentation/Effective Care – The OBOT Program Director reviews monthly documentation of UOS and reviews with counselors during Clinical Supervision to ensure effective delivery of services.
 - Annual Justification – each patient chart is audited annually to ensure all Annual Justification paperwork has been completed.
 - Discharge – each discharged patients' chart is audited to ensure that all discharge paperwork has been properly completed.
3. **Cultural competency of staff and services** -OBOT is committed to providing high-quality culturally and linguistically appropriate services (CLAS) and accomplishes this in a variety of ways including: policies to hire and promote a diverse workforce and leadership team, annual required trainings addressing the cultural needs of our diverse population and issues related to culture being addressed in clinical supervision. Effective services are provided to our diverse population despite language needs and can be provided in most of the threshold languages. Sites utilize telephonic interpretation services for patients who speak a language we cannot accommodate onsite. Signs are posted to inform patients that language assistance is available. Important information is posted in all threshold languages and forms with larger font sizes are available. The CLAS standards are incorporated into all aspects of our planning and operations. Data on our ability to provide CLAS is collected via patient and referring provider surveys and focus groups. This data is used for QI and PI initiatives and integrated into our Strategic, Community Relations, and Cultural Diversity Plans. Grievance forms are accessible to all patients in threshold languages and the process ensures complaints are addressed with CLAS principles.
4. **Satisfaction with services**
 - Surveys - Each spring, OBOT participates in the anonymous CBHS SUD patient satisfaction survey. Each patient receiving services during the survey period is invited to participate in the survey. OBOT's overall satisfaction results are consistently in the mid-to-high 90s. All discharged patients are also invited to participate in survey to determine their satisfaction with the program.
 - CalOMS Error Reports are run monthly and all necessary corrections are made. ASAM Completion Reports are run monthly to ensure that all ASAMs are

Contractor Name: UCSF DSAAM	Appendix A-6
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
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completed for patients new to treatment or patients who have recently completed their annual justification.

9. Required Language:

OBOT services are offered in English with all required City and County information on display in the threshold languages. When in need of communication in a language other than English, OBOT staff utilizes the Language Translation Line through ZSFG and makes every effort to accommodate patients with limited English proficiency.

Contractor Name: UCSF DSAAM	Appendix A-7
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. Identifiers:

Program Name: DSAAM Office-Based Opiate Treatment

Program Address: 1001 Potrero Ave, Ward 93

City, State, ZIP: San Francisco, CA 94110

Telephone/FAX: 628/206-6022

Website Address: <http://psych.ucsf.edu/zsfg/saam>

Executive Director/Program Director: David Andrew Tompkins, MD

Telephone: 628-206-3645

Email Address: david.tompkins@ucsf.edu

Program Code(s): 76134

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

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 people in San Francisco with opioid use disorder by providing a medically supervised office-based treatment.

4. Target Population:

- San Francisco residents with opioid use disorder
- Primary target population: adults 18 years of age and older, or emancipated minors able to give consent for medical and substance use treatment
- Secondary target population: low income
- Treatment targets those who can benefit from opiate maintenance treatment, adjunctive behavioral treatment, treatment planning, individual counseling, therapy, and psychoeducation, in office-based settings outside of traditional Narcotic Treatment Programs (NTPs).

Contractor Name: UCSF DSAAM	Appendix A-7
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

5. Modality(s)/Intervention(s)

The modality is methadone Maintenance and the intervention is the following:

- ODS-120d: ODS NTP Methadone – Dosing,

FY 19-20 UOS			
	Treatment slots	Methadone Dosing	UOS Total
UC Contract (65.70%)	25	5,876	5,876
MOU (34.30%)		3,067	3,067
Total		8,943	8,943

6. Methodology:

V. Case Management

- 1) In addition to methadone and regular counseling sessions, OBOT provides ongoing patient assessment to determine whether a higher or lower level of care is needed. If patients are identified as needing a higher level of NTP care, they are transferred to OTOP for more intensive NTP services. Since OBOT is imbedded in the patient's primary care clinic, ongoing care coordination occurs.
- 2) Service Components:
 - a. **Comprehensive assessment and periodic reassessment of individual needs for continuation of case management** - At intake, patients are thoroughly assessed utilizing the ASI and the SUD LOC Recommendation Form (ASAM). Annually, patients are reassessed utilizing the SUD LOC Recommendation Form (ASAM). Patients are also assessed by their counselor during each counseling session.
 - b. **Transition to a higher or lower level of SUD care** - Our patients are in varying stages in the readiness to change model, therefore when the need for transitioning to higher or lower LOC is identified, patient preference often drives the process. Clinical staff utilize Motivational Interviewing to increase patient readiness to

Contractor Name: UCSF DSAAM	Appendix A-7
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

change. When patients indicate they are interested in transition to other LOC, clinicians work to facilitate the transition.

- c. **Development and periodic revision of a beneficiary's plan that includes service activities** - Treatment planning is a collaborative process between the clinician and patient guiding the treatment process. At a minimum, treatment plans are updated every three-months utilizing SMART goals to address identified barriers and/or "problem areas". Oftentimes, the identified goals require referrals to outside supports. Clinician's constantly evaluate the patient's progress toward meeting their goals and work to revise goals that are not effective.
 - d. **Communication, coordination, referral and related activities** - OBOT counselors work closely with Primary Care Providers to coordinate care and discuss proposed changes to a patient's treatment plan. Counselors will facilitate a warm hand off to any identified community partners to ensure that transitions to outside services are effective, safe, timely, and complete.
 - e. **Monitoring service delivery to ensure beneficiary's access to service and service delivery system** - Patients are asked to sign a Release of Information (ROI) with agencies they receive additional services from so information can be shared. Patient's access to services is supported and monitored by medical and counseling staff. Clinicians proactively address barriers to service access for all patients including financial, cultural, literacy and bias or stigma associated with SUDs.
 - f. **Monitoring beneficiary's progress** - When patients are engaged in additional services, they are asked to sign a Release of Information (ROI) so information can be shared, care can be coordinated and progress can be monitored. If a patient is not accessing the service or sufficient progress is not being made, alternative referrals are made to ensure the patient needs are being met.
 - g. **Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services** - OBOT has established partnerships available with community providers that allow for a smooth linkage process and "warm handoffs". Clinicians are committed to ensuring that once linkages are made, the patients' needs are being met. Our relationships with our partners and ability to link patients to care provide an opportunity for retention in primary care and other supportive services.
- 3) **OTP primary counselors shall also provide case management services** - Case Management is an essential aspect of the care provided to patients. OBOT counselors work collaboratively with patients to identify case management needs on an individual and ongoing basis and facilitate communication between referral sources.
 - 4) Clinicians meeting regularly with their clinical supervisors to discuss high-need patients and come up with strategies on how to best meet their needs.

Contractor Name: UCSF DSAAM	Appendix A-7
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

- 5) **The Provider's case management model shall tailor case management services to the beneficiary's needs** - Patient needs are identified in the treatment plan so the patient and clinician can come up with a realistic goals in a collaborative manner to meet identified needs.
- 6) **Case management services shall be undertaken by the certified drug counselor or LPHA in cooperation with the treatment team** - All OBOT counselors are certified AOD counselors or are registered or licensed with the BBS.
- 7) **Case management services shall be provided in full compliance with all beneficiary confidentiality requirements under federal and state law** - Our policy requires a valid Release of Information to be in place before staff can disclose our patient's participation at OBOT.

L. Physician Consultation – N/A

M. Recovery Services – N/A

N. Withdrawal Management

OTOP provides MAT for withdrawal management for opioid use disorders, co-occurring alcohol use disorders and nicotine use disorders. High intensity, supportive counseling services are provided including a stabilization program at OTOP which focuses additional medical and counseling resources during withdrawal management including extensive patient education, medical monitoring, family/significant other engagement, and discharge and transition planning. Clients needing supervised withdrawal are referred to our community partners offering this service.

O. Opioid (Narcotic) Treatment Program Services

- 1) **Opioid (Narcotic) Treatment Program services shall include daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder.**

Opioid agonist medication is provided in accordance with Title 9 to all patients meeting severe opioid use disorder enrolled at OBOT.

- 2) **Service Components shall include:**

- a. **Intake** - Intake services include: Medical History & Physical, substance use history, diagnosis of Opioid Use Disorder, lab testing (drug test, TB, syphilis, HIV, HCV), Assessment (ASI and SUD LOC Recommendation), CalOMS, Initial Treatment Plan, Interpretive Summary, and education on OBOT program rules and regulations.

- b. **Individual Counseling**

- i. **Individual Counseling** utilizing Evidence-Based Practices (Motivational Interviewing, Harm Reduction, Trauma-Informed Care) done by certified Drug/Alcohol counselors, Marriage and Family Therapy Interns (MFT-I), Professional Clinical Counselor Interns (PCC-I), and/or Associate Social

Contractor Name: UCSF DSAAM	Appendix A-7
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

Workers (ASWs) for a minimum of 50 minutes a month with the exception of patients who have been identified for Medical Maintenance. OBOT Medical Maintenance The purpose of the Medical Maintenance track is to provide OBOT patients who have demonstrated sustained clinical stability with a level of care commensurate to their clinical needs.

OBOT Medical Maintenance Inclusion Criteria & Considerations:

- Receive medical care at a participating OBOT health center
- In methadone maintenance treatment for at least 2 years
- At least 9 months of urines free of illicit substances
- No evidence of alcohol abuse or dependence for at least 9 months
- No arrests in last 9 months
- Excellent compliance with program regulations and expectations (especially counseling, medical, and dosing appointments)
- Demonstrated responsibly in storing and handling take home doses
- Current Step level is a 14- or 27-day schedule for at least 3 months.
- On a stable methadone dose (although consideration will be given to stable patients who are undergoing a planned taper)
- Engaged in work, school, or other productive activities (consideration will be given to physical or psychiatric limitations/disabilities)
- No current unstable psychiatric or medical conditions
- Not pregnant or trying to become pregnant
- Expectation that patient will continue to do well with some reduction in on-site counseling services

All Medical Maintenance patients must be approved by the OBOT Medical Director or their designee.

- c. **Patient Education** - Patient education is woven into all aspects of treatment and includes: HIV risk reduction, harm reduction, and overdose prevention.
- d. **Medication Services** - OBOT methadone is prescribed by PCPs at the patient's health clinic (PHHC, TWUHC, PHP) and is dispensed at one of two pharmacy locations (ZSFG, BHS). PCPs may also prescribe medications related to specific medical needs of the individual patient, these medications are not dispensed by the OBOT program pharmacy.
- e. **Collateral Services** - Family members (spouses, partners, parents, children) and welcome to participate in counseling sessions as long as it is deemed therapeutically beneficial.
- f. **Crisis Intervention Services** - Counseling and Medical staff routinely screen patients for potential crisis. Counselors and PCPs refer patients to behavioral health providers at their home clinic as needed. Patients in immediate crisis may be referred to Urgent Care, Emergency Room, PES as needed.
- g. **Treatment Planning** - Individualized, person-centered treatment plans are developed in accordance with Title 9 regulations. Initial Treatment Plans are

Contractor Name: UCSF DSAAM	Appendix A-7
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

developed within 28-days of the initiation of treatment and are updated no less than every 3-months thereafter. Treatment Plans include: counseling frequency and modality, goals, methods, interventions and outcomes.

- h. **Medical Psychotherapy** - The Medical Director and Program Physicians meet with patients as appropriate and necessary to provide counseling services including addressing ongoing addiction treatment issues and barriers, providing treatment support, and developing collaborative solutions to treatment challenges.
- i. **Discharge Services** - 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 OBOT for a variety of reasons:
 - Voluntary taper off methadone
 - Transfer to a higher LOC (ex. OTOP or other "traditional" methadone clinic)
 - Voluntary decision to leave treatment before treatment ends,
 - Transfer to another methadone clinic because of relocation or convenience
 - 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

P. Additional Medication Assisted Treatment (MAT)

OBOT additional medication assisted treatment services are generally offered by the primary care provider (integrated care model) with support and consultation from the OBOT Medical Director: MAT for Alcohol Use Disorders (Disulfiram, Acamprosate, Gabapentin, Topiramate, Baclofen), MAT for Overdose Prevention (Naloxone) and pharmacotherapy for smoking cessation.

7. Objectives and Measurements:

1. All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 19-20.
2. Not Required

8. Continuous Quality Improvement (CQI):

1. Productivity is reviewed on a monthly basis by the OBOT Program Director. At a minimum, contract performance objectives are reviewed annually by the OBOT

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Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
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Program Director. If a performance objective is not being met, a plan is put into place to address deficiencies.

2. To ensure consistent quality documentation, charts are audited in a variety of ways. The OBOT Program Director conducts a monthly audit review of UOS provided and progress notes associated.
 - Intake - Patient charts are audited shortly after intake to ensure that all required forms have been received.
 - Treatment Plans - Each treatment plan audited per month to ensure all regulatory requirements are met.
 - Documentation/Effective Care – The OBOT Program Director reviews monthly documentation of UOS and reviews with counselors during Clinical Supervision to ensure effective delivery of services.
 - Annual Justification – each patient chart is audited annually to ensure all Annual Justification paperwork has been completed.
 - Discharge – each discharged patients' chart is audited to ensure that all discharge paperwork has been properly completed.
3. **Cultural competency of staff and services** -OBOT is committed to providing high-quality culturally and linguistically appropriate services (CLAS) and accomplishes this in a variety of ways including: policies to hire and promote a diverse workforce and leadership team, annual required trainings addressing the cultural needs of our diverse population and issues related to culture being addressed in clinical supervision. Effective services are provided to our diverse population despite language needs and can be provided in most of the threshold languages. Sites utilize telephonic interpretation services for patients who speak a language we cannot accommodate onsite. Signs are posted to inform patients that language assistance is available. Important information is posted in all threshold languages and forms with larger font sizes are available. The CLAS standards are incorporated into all aspects of our planning and operations. Data on our ability to provide CLAS is collected via patient and referring provider surveys and focus groups. This data is used for QI and PI initiatives and integrated into our Strategic, Community Relations, and Cultural Diversity Plans. Grievance forms are accessible to all patients in threshold languages and the process ensures complaints are addressed with CLAS principles.
4. **Satisfaction with services**
 - Surveys - Each spring, OBOT participates in the anonymous CBHS SUD patient satisfaction survey. Each patient receiving services during the survey period is invited to participate in the survey. OBOT's overall satisfaction results are consistently in the mid-to-high 90s. All discharged patients are also invited to participate in survey to determine their satisfaction with the program.
 - CalOMS Error Reports are run monthly and all necessary corrections are made. ASAM Completion Reports are run monthly to ensure that all ASAMs are

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Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

completed for patients new to treatment or patients who have recently completed their annual justification.

9. Required Language:

OBOT services are offered in English with all required City and County information on display in the threshold languages. When in need of communication in a language other than English, OBOT staff utilizes the Language Translation Line through ZSFG and makes every effort to accommodate patients with limited English proficiency.

Contractor Name: UCSF DSAAM	Appendix A-8
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. Identifiers:

Program Name: DSAAM Office-Based Opiate Treatment

Program Address: 1001 Potrero Ave, Ward 93

City, State, ZIP: San Francisco, CA 94110

Telephone/FAX: 628/206-6022

Website Address: <http://psych.ucsf.edu/zsfg/saam>

Executive Director/Program Director: David Andrew Tompkins, MD

Telephone: 628-206-3645

Email Address: david.tompkins@ucsf.edu

Program Code(s): 77134

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

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 people in San Francisco with opioid use disorder by providing a medically supervised office-based treatment.

4. Target Population:

- San Francisco residents with opioid use disorder
- Primary target population: adults 18 years of age and older, or emancipated minors able to give consent for medical and substance use treatment
- Secondary target population: low income
- Treatment targets those who can benefit from opiate maintenance treatment, adjunctive behavioral treatment, treatment planning, individual counseling, therapy, and psychoeducation, in office-based settings outside of traditional Narcotic Treatment Programs (NTPs).

Contractor Name: UCSF DSAAM	Appendix A-8
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

5. Modality(s)/Intervention(s)

The modality is methadone Maintenance and the intervention is the following:

- ODS-120d: ODS NTP Methadone – Dosing,

FY 19-20			
	Treatment slots	Methadone Dosing	UOS Total
UC Contract (65.70%)	14	3,290	3,290
MOU (34.30%)		1,718	1,718
Total		5,008	5,008

6. Methodology:

Case Management

- 1) In addition to methadone and regular counseling sessions, OBOT provides ongoing patient assessment to determine whether a higher or lower level of care is needed. If patients are identified as needing a higher level of NTP care, they are transferred to OTOP for more intensive NTP services. Since OBOT is imbedded in the patient's primary care clinic, ongoing care coordination occurs.
- 2) Service Components:
 - a. **Comprehensive assessment and periodic reassessment of individual needs for continuation of case management** - At intake, patients are thoroughly assessed utilizing the ASI and the SUD LOC Recommendation Form (ASAM). Annually, patients are reassessed utilizing the SUD LOC Recommendation Form (ASAM). Patients are also assessed by their counselor during each counseling session.
 - b. **Transition to a higher or lower level of SUD care** - Our patients are in varying stages in the readiness to change model, therefore when the need for transitioning to higher or lower LOC is identified, patient preference often drives the process. Clinical staff utilize Motivational Interviewing to increase patient readiness to

Contractor Name: UCSF DSAAM	Appendix A-8
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

change. When patients indicate they are interested in transition to other LOC, clinicians work to facilitate the transition.

- c. **Development and periodic revision of a beneficiary's plan that includes service activities** - Treatment planning is a collaborative process between the clinician and patient guiding the treatment process. At a minimum, treatment plans are updated every three-months utilizing SMART goals to address identified barriers and/or "problem areas". Oftentimes, the identified goals require referrals to outside supports. Clinician's constantly evaluate the patient's progress toward meeting their goals and work to revise goals that are not effective.
 - d. **Communication, coordination, referral and related activities** - OBOT counselors work closely with Primary Care Providers to coordinate care and discuss proposed changes to a patient's treatment plan. Counselors will facilitate a warm hand off to any identified community partners to ensure that transitions to outside services are effective, safe, timely, and complete.
 - e. **Monitoring service delivery to ensure beneficiary's access to service and service delivery system** - Patients are asked to sign a Release of Information (ROI) with agencies they receive additional services from so information can be shared. Patient's access to services is supported and monitored by medical and counseling staff. Clinicians proactively address barriers to service access for all patients including financial, cultural, literacy and bias or stigma associated with SUDs.
 - f. **Monitoring beneficiary's progress** - When patients are engaged in additional services, they are asked to sign a Release of Information (ROI) so information can be shared, care can be coordinated and progress can be monitored. If a patient is not accessing the service or sufficient progress is not being made, alternative referrals are made to ensure the patient needs are being met.
 - g. **Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services** - OBOT has established partnerships available with community providers that allow for a smooth linkage process and "warm handoffs". Clinicians are committed to ensuring that once linkages are made, the patients' needs are being met. Our relationships with our partners and ability to link patients to care provide an opportunity for retention in primary care and other supportive services.
- 3) **OTP primary counselors shall also provide case management services** - Case Management is an essential aspect of the care provided to patients. OBOT counselors work collaboratively with patients to identify case management needs on an individual and ongoing basis and facilitate communication between referral sources.
 - 4) Clinicians meeting regularly with their clinical supervisors to discuss high-need patients and come up with strategies on how to best meet their needs.

Contractor Name: UCSF DSAAM	Appendix A-8
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

- 5) **The Provider's case management model shall tailor case management services to the beneficiary's needs** - Patient needs are identified in the treatment plan so the patient and clinician can come up with a realistic goals in a collaborative manner to meet identified needs.
- 6) **Case management services shall be undertaken by the certified drug counselor or LPHA in cooperation with the treatment team** - All OBOT counselors are certified AOD counselors or are registered or licensed with the BBS.
- 7) **Case management services shall be provided in full compliance with all beneficiary confidentiality requirements under federal and state law** - Our policy requires a valid Release of Information to be in place before staff can disclose our patient's participation at OBOT.

Physician Consultation – N/A

Recovery Services – N/A

Withdrawal Management

OTOP provides MAT for withdrawal management for opioid use disorders, co-occurring alcohol use disorders and nicotine use disorders. High intensity, supportive counseling services are provided including a stabilization program at OTOP which focuses additional medical and counseling resources during withdrawal management including extensive patient education, medical monitoring, family/significant other engagement, and discharge and transition planning. Clients needing supervised withdrawal are referred to our community partners offering this service.

Opioid (Narcotic) Treatment Program Services

- 1) **Opioid (Narcotic) Treatment Program services shall include daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder.**

Opioid agonist medication is provided in accordance with Title 9 to all patients meeting severe opioid use disorder enrolled at OBOT.

- 2) **Service Components shall include:**

- a. **Intake** - Intake services include: Medical History & Physical, substance use history, diagnosis of Opioid Use Disorder, lab testing (drug test, TB, syphilis, HIV, HCV), Assessment (ASI and SUD LOC Recommendation), CalOMS, Initial Treatment Plan, Interpretive Summary, and education on OBOT program rules and regulations.

- b. **Individual Counseling**

- i. **Individual Counseling** utilizing Evidence-Based Practices (Motivational Interviewing, Harm Reduction, Trauma-Informed Care) done by certified Drug/Alcohol counselors, Marriage and Family Therapy Interns (MFT-I), Professional Clinical Counselor Interns (PCC-I), and/or Associate Social

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Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

Workers (ASWs) for a minimum of 50 minutes a month with the exception of patients who have been identified for Medical Maintenance. OBOT Medical Maintenance The purpose of the Medical Maintenance track is to provide OBOT patients who have demonstrated sustained clinical stability with a level of care commensurate to their clinical needs.

OBOT Medical Maintenance Inclusion Criteria & Considerations:

- Receive medical care at a participating OBOT health center
- In methadone maintenance treatment for at least 2 years
- At least 9 months of urines free of illicit substances
- No evidence of alcohol abuse or dependence for at least 9 months
- No arrests in last 9 months
- Excellent compliance with program regulations and expectations (especially counseling, medical, and dosing appointments)
- Demonstrated responsibly in storing and handling take home doses
- Current Step level is a 14- or 27-day schedule for at least 3 months.
- On a stable methadone dose (although consideration will be given to stable patients who are undergoing a planned taper)
- Engaged in work, school, or other productive activities (consideration will be given to physical or psychiatric limitations/disabilities)
- No current unstable psychiatric or medical conditions
- Not pregnant or trying to become pregnant
- Expectation that patient will continue to do well with some reduction in on-site counseling services

All Medical Maintenance patients must be approved by the OBOT Medical Director or their designee.

- c. **Patient Education** - Patient education is woven into all aspects of treatment and includes: HIV risk reduction, harm reduction, and overdose prevention.
- d. **Medication Services** - OBOT methadone is prescribed by PCPs at the patient's health clinic (PHHC, TWUHC, PHP) and is dispensed at one of two pharmacy locations (ZSFG, BHS). PCPs may also prescribe medications related to specific medical needs of the individual patient, these medications are not dispensed by the OBOT program pharmacy.
- e. **Collateral Services** - Family members (spouses, partners, parents, children) and welcome to participate in counseling sessions as long as it is deemed therapeutically beneficial.
- f. **Crisis Intervention Services** - Counseling and Medical staff routinely screen patients for potential crisis. Counselors and PCPs refer patients to behavioral health providers at their home clinic as needed. Patients in immediate crisis may be referred to Urgent Care, Emergency Room, PES as needed.
- g. **Treatment Planning** - Individualized, person-centered treatment plans are developed in accordance with Title 9 regulations. Initial Treatment Plans are

Contractor Name: UCSF DSAAM	Appendix A-8
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

developed within 28-days of the initiation of treatment and are updated no less than every 3-months thereafter. Treatment Plans include: counseling frequency and modality, goals, methods, interventions and outcomes.

- h. **Medical Psychotherapy** - The Medical Director and Program Physicians meet with patients as appropriate and necessary to provide counseling services including addressing ongoing addiction treatment issues and barriers, providing treatment support, and developing collaborative solutions to treatment challenges.
- i. **Discharge Services** - 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 OBOT for a variety of reasons:
 - Voluntary taper off methadone
 - Transfer to a higher LOC (ex. OTOP or other "traditional" methadone clinic)
 - Voluntary decision to leave treatment before treatment ends,
 - Transfer to another methadone clinic because of relocation or convenience
 - 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

Additional Medication Assisted Treatment (MAT)

OBOT additional medication assisted treatment services are generally offered by the primary care provider (integrated care model) with support and consultation from the OBOT Medical Director: MAT for Alcohol Use Disorders (Disulfiram, Acamprosate, Gabapentin, Topiramate, Baclofen), MAT for Overdose Prevention (Naloxone) and pharmacotherapy for smoking cessation.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 19-20.

8. Continuous Quality Improvement (CQI):

1. Productivity is reviewed on a monthly basis by the OBOT Program Director. At a minimum, contract performance objectives are reviewed annually by the OBOT

Contractor Name: UCSF DSAAM	Appendix A-8
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

Program Director. If a performance objective is not being met, a plan is put into place to address deficiencies.

2. To ensure consistent quality documentation, charts are audited in a variety of ways. The OBOT Program Director conducts a monthly audit review of UOS provided and progress notes associated.
 - Intake - Patient charts are audited shortly after intake to ensure that all required forms have been received.
 - Treatment Plans - Each treatment plan audited per month to ensure all regulatory requirements are met.
 - Documentation/Effective Care – The OBOT Program Director reviews monthly documentation of UOS and reviews with counselors during Clinical Supervision to ensure effective delivery of services.
 - Annual Justification – each patient chart is audited annually to ensure all Annual Justification paperwork has been completed.
 - Discharge – each discharged patients' chart is audited to ensure that all discharge paperwork has been properly completed.
3. **Cultural competency of staff and services** -OBOT is committed to providing high-quality culturally and linguistically appropriate services (CLAS) and accomplishes this in a variety of ways including: policies to hire and promote a diverse workforce and leadership team, annual required trainings addressing the cultural needs of our diverse population and issues related to culture being addressed in clinical supervision. Effective services are provided to our diverse population despite language needs and can be provided in most of the threshold languages. Sites utilize telephonic interpretation services for patients who speak a language we cannot accommodate onsite. Signs are posted to inform patients that language assistance is available. Important information is posted in all threshold languages and forms with larger font sizes are available. The CLAS standards are incorporated into all aspects of our planning and operations. Data on our ability to provide CLAS is collected via patient and referring provider surveys and focus groups. This data is used for QI and PI initiatives and integrated into our Strategic, Community Relations, and Cultural Diversity Plans. Grievance forms are accessible to all patients in threshold languages and the process ensures complaints are addressed with CLAS principles.
4. **Satisfaction with services**
 - Surveys - Each spring, OBOT participates in the anonymous CBHS SUD patient satisfaction survey. Each patient receiving services during the survey period is invited to participate in the survey. OBOT's overall satisfaction results are consistently in the mid-to-high 90s. All discharged patients are also invited to participate in survey to determine their satisfaction with the program.
 - CalOMS Error Reports are run monthly and all necessary corrections are made. ASAM Completion Reports are run monthly to ensure that all ASAMs are

Contractor Name: UCSF DSAAM	Appendix A-8
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
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completed for patients new to treatment or patients who have recently completed their annual justification.

9. Required Language:

Not applicable

Contractor Name: UCSF DSAAM	Appendix A-9
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

1. Identifiers:

Program Name: DSAAM Opiate Treatment Outpatient Program (OTOP)

Program Address: 1001 Potrero Ave, Ward 93

City, State, ZIP: San Francisco, CA 94110

Telephone/FAX: 628-206-8412

Website Address: <http://psych.ucsf.edu/zsfg/saam>

Executive Director/Program Director: David Andrew Tompkins, MD MHS

Telephone: 628-206-3645

Email Address: david.tompkins@ucsf.edu

Program Code(s): 38134, 72134

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

The mission of the Division of Substance Abuse and Addiction Medicine (DSAAM) is to improve the quality of life for our patients 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 patients with opioid use disorders
- Primary target population: drug of choice is heroin and prescription opioids

The target population for OTOP Medication-Assisted Treatment (MAT) services are medically/psychiatrically compromised individuals who meet the criteria for an Opioid Use Disorder. 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. 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. OTOP patients are low to no income individuals who are uninsured or receive Medi-Cal, Healthy Workers or Healthy San Francisco medical benefits. This population faces a variety of health challenges including: substance use disorders, mental health issues, homelessness, life-threatening medical problems, and significant barriers to receiving proper care. This population is at especially high risk for HIV.

Contractor Name: UCSF DSAAM	Appendix A-9
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

5. Modality(s)/Intervention(s)

The modalities are Direct Ancillary Services and Indirect Ancillary Services.

The intervention being used for the Ancillary Direct Services are the following:

- Psychiatric Services
- Directly Observed Therapy
- Crisis Management
- Medication-Assisted Treatment
- Hepatitis C Medical Risk Assessment Visits
- Injections
- Narcan Education/Distribution

The intervention being used for the Ancillary Indirect Services are the following:

Indirect Services

- Training

FY 19-20 Ancillary UOS									
	Psychiatric Services	DOT	Crisis Management	MAT for AUD	HCV Risk Assessments	Injections	Narcan	Training	UOS Total
UC Contract (79.60%)	573	4,776	16	48	512	96	159	392	6,571
MOU (20.40%)	147	1,224	4	12	131	24	41	100	1,684
Total	720	6,000	20	60	643	120	200	492	8,255

6. Methodology:

Appendix A-9
FSP: 1000010465

Contractor Name: UCSF DSAAM	Appendix A-9
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

Case Management

- 1) In addition to Medication-Assisted Treatment (MAT) and regular counseling sessions. OTOP provides ongoing case management. The approach to identifying the level of Case Management (CM) needs is ongoing and dynamic based on the needs of the patient. Referrals to higher LOC are facilitated according to patient need and readiness to engage in treatment. Using a whole person approach, patients work with counselors and medical practitioners to assess needs, problem-solve potential barriers and explore treatment plan options. CM services include collaboration with primary care providers and community partners to support continued recovery and prevent relapse.
- 2) Service Components:
 - a. **Comprehensive assessment and periodic reassessment of individual needs for continuation of case management** - At intake, patients are thoroughly assessed utilizing the ASI and the SUD LOC Recommendation Form (ASAM). Annually, patients are reassessed utilizing the SUD LOC Recommendation Form (ASAM). Assessment by dispensary staff (nurses) occurs every time a patient picks up their medication and also each time patients meet with their primary counselor.
 - b. **Transition to a higher or lower level of SUD care** - Our patients are in varying stages in the readiness to change model, therefore when the need for transitioning to higher or lower LOC is identified, patient preference often drives the process. Clinical staff utilize Motivational Interviewing to increase patient readiness to change. When patients indicate they are interested in transition to other LOC, clinicians work to facilitate the transition.
 - c. **Development and periodic revision of a beneficiary's plan that includes service activities** - Treatment planning is a collaborative process between the clinician and patient guiding the treatment process. At a minimum, treatment plans are updated every three-months utilizing SMART goals to address identified barriers and/or "problem areas". Oftentimes, the identified goals require referrals to outside supports. Clinician's constantly evaluate the patient's progress toward meeting their goals and work to revise goals that are not effective.
 - d. **Communication, coordination, referral and related activities** - OTOP treats a complex patient population and strives to promote self-advocacy, engagement in self-care, and self-determination. The multi-disciplinary team meets daily to communicate patient needs, coordinate care, and discuss proposed changes to a patient's LOC. Clinicians will facilitate a warm hand off to any identified community partners to ensure that transitions to outside services are effective, safe, timely, and complete.
 - e. **Monitoring service delivery to ensure beneficiary's access to service and service delivery system** - OTOP patients often require multiple service providers.

Contractor Name: UCSF DSAAM	Appendix A-9
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

Accessing necessary services and using them effectively is often challenging, therefore ongoing monitoring is necessary. Patients are asked to sign a Release of Information (ROI) with agencies they receive additional services from so information can be shared. Patient's access to services is supported and monitored by medical and counseling staff. Case conferences are arranged to support patients in crisis or not meeting treatment goals. Clinicians proactively address barriers to service access for all patients including financial, cultural, literacy and bias or stigma associated with SUDs.

- f. **Monitoring beneficiary's progress** - When patients are engaged in additional services, they are asked to sign a Release of Information (ROI) so information can be shared, care can be coordinated and progress can be monitored. If a patient is not accessing the service or sufficient progress is not being made, alternative referrals are made to ensure the patient needs are being met.
 - g. **Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services** - OTOP has established partnerships available via MOUs with community providers that allow for a smooth linkage process and "warm handoffs". Clinicians are committed to ensuring that once linkages are made, the patients' needs are being met. Our relationships with our partners and ability to link patients to care provide an opportunity for retention in primary care and other supportive services. Clinicians work closely with ZSFG to link patients to urgent care, wound care (ISIS) clinic, emergency room, psychiatric emergency services, wellness programs, onsite clothing and hygiene donation programs.
- 3) **OTP primary counselors shall also provide case management services** - Case Management is an essential aspect of the care provided to patients. Our patients often suffer from multiple and complex physical, psychiatric and multiple Substance Use Disorders, as well as chronic homelessness and other social problems which impacts the effectiveness of the MAT. Therefore, it is essential that the counseling staff provide assistance to improve patient health and wellness. Many of the services are provided onsite (DOT, MAT, limited Primary Care and psychiatric Services, SSI advocacy, assistance with insurance enrollment, housing opportunities, and clothing) while other necessary services are referred to our community partners.
 - 4) OTOP's multi-disciplinary team (physicians, nurses, counselors, Peer Support Specialists) meets daily to communicate patient needs, coordinate care, and develop a plan to address these needs. Clinicians meet regularly with their clinical supervisors to discuss high-need patients and come up with strategies on how to best meet their needs.
 - 5) **The Provider's case management model shall tailor case management services to the beneficiary's needs** - Patient needs are identified in the treatment plan so the patient and clinician can come up with a realistic goals in a collaborative manner to meet identified needs.

Contractor Name: UCSF DSAAM	Appendix A-9
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

- 6) **Case management services shall be undertaken by the certified drug counselor or LPHA in cooperation with the treatment team** - All OTOP counselors are certified AOD counselors or are registered or licensed with the BBS.
- 7) **Case management services shall be provided in full compliance with all beneficiary confidentiality requirements under federal and state law** - Our policy requires a valid Release of Information to be in place before staff can disclose our patient's participation at OTOP.

Physician Consultation – N/A

Recovery Services – N/A

Withdrawal Management

OTOP provides MAT for withdrawal management for opioid use disorders, co-occurring alcohol use disorders and nicotine use disorders. High intensity, supportive counseling services are provided including a stabilization program at OTOP which focuses additional medical and counseling resources during withdrawal management including extensive patient education, medical monitoring, family/significant other engagement, and discharge and transition planning. Clients needing supervised withdrawal are referred to our community partners offering this service.

Opioid (Narcotic) Treatment Program Services

- 1) **Opioid (Narcotic) Treatment Program services shall include daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder.**

Opioid agonist medication is provided in accordance with Title 9 to all patients meeting severe opioid use disorder enrolled at OTOP.

- 2) **Service Components shall include:**

- a. **Intake** - Intake services include: Medical History & Physical, substance use history, diagnosis of Opioid Use Disorder, lab testing (drug test, TB, syphilis, HIV, HCV), Assessment (ASI and SUD LOC Recommendation), CalOMS, Initial Treatment Plan, Interpretive Summary, and education on clinic rules and regulations.

- b. **Individual Counseling**

- i. Individual Counseling utilizing Evidence-Based Practices (Motivational Interviewing, Harm Reduction, Trauma-Informed Care) done by certified Drug/Alcohol counselors, Marriage and Family Therapy Interns (MFT-I) and/or Associate Social Workers (ASWs) for a 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. Pre-contemplative and contemplative patients are counseled using a motivational interviewing approach.

Contractor Name: UCSF DSAAM	Appendix A-9
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

- ii. Groups Counseling facilitated by certified Drug/Alcohol counselors, MFT-Is, ASWs, registered nurses, nurse practitioners, social worker, or peer support specialists.
- c. **Patient Education** - Patient education is woven into all aspects of treatment and includes: HIV risk reduction, harm reduction, and overdose prevention.
- d. **Medication Services** - OTOP offers: MAT for Opioid Use Disorders (methadone and buprenorphine), MAT for Alcohol Use Disorders (Disulfiram, Acamprosate, Gabapentin, Topiramate, Baclofen), MAT for Overdose Prevention (Naloxone), and DOT services for various health conditions (HIV, HCV, TB, Psychiatric Illness, Chronic Health Conditions)
- e. **Collateral Services** - Family members (spouses, partners, parents, children) and welcome to participate in counseling sessions as long as it is deemed therapeutically beneficial. Other service providers (physicians, case managers, social workers, etc.) are also involved in the treatment process with patient consent.
- f. **Crisis Intervention Services** - Counseling and Medical staff routinely screen patients for potential crises (psychosis, SI, HI, high overdose risk, grave disability). A safety plan is developed for patients who have been identified as needing crisis intervention services. Also, patients are assessed by trained clinicians for possible 5150, as needed.
- g. **Treatment Planning** - Individualized, person-centered treatment plans are developed in accordance with Title 9 regulations. Initial Treatment Plans are developed within 28-days of the initiation of treatment and are updated no less than every 3-months thereafter. Treatment Plans include: counseling frequency and modality, short and long-term goals, methods, interventions and outcomes.
- h. **Medical Psychotherapy** - The Medical Director and Program Physicians meet with patients as appropriate and necessary to provide counseling services including addressing ongoing addiction treatment issues and barriers, providing treatment support, and developing collaborative solutions to treatment challenges.
- i. **Discharge Services** - Though some patients will require or desire MAT for many years, others are able to transition off MAT. 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 MAT, 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 serious or repeated violation of the clinic rules

Contractor Name: UCSF DSAAM	Appendix A-9
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

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

Additional Medication Assisted Treatment (MAT)

1) Alcohol MAT:

OTOP has extensive experience prescribing and delivering medication treatment for alcohol use disorders (disulfiram, acamprosate, gabapentin, topiramate, and baclofen). OTOP screens all patients for comorbid alcohol use disorder (AUD) via history (and breath testing for alcohol at OTOP). When patients are diagnosed with AUD, OTOP will provide individualized treatment including prescription, dose adjustment, and monitoring of DOT-MAT for AUD as well as maintaining close communication with PCP's and PPP's for whom the patient has signed consent for us to communicate. All patients receiving MAT will have integrated counseling services, recovery support and available peer support.

2) Buprenorphine MAT services shall include:

OTOP will provide initial assessment, induction and maintenance therapy for treatment eligible patients with opioid use disorder using an approved buprenorphine product. Treatment length will be tailored to patient needs with consideration of transfer to a lower (community physician) or higher (OTP methadone) level of care whenever appropriate. Priority admission will go to the following patient groups:

1. Inpatient service discharges from ZSFG for whom buprenorphine was initiated.
2. ZSFG ER and PES patients who received buprenorphine there.
3. Patients with medical contraindications to receiving methadone treatment.
4. Other patients based on the clinical judgment of the OTOP Medical Director or designee.

Buprenorphine dosing schedules will be based on clinical indications and regulatory standards and may include daily dosing up to 365 days/year. Patients receiving

Contractor Name: UCSF DSAAM	Appendix A-9
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

buprenorphine treatment will also be eligible for DOT services based on availability and patient selection criteria.

All buprenorphine patients at OTOP will receive all services provided to methadone patients including random monthly urine drug screens, minimum 50 minutes counseling monthly, and regular evaluation by medical staff as indicated.

Buprenorphine patients will be assessed regularly for transition to a lower level of care (OBIC and/or directly to community care). Transition to methadone treatment is also available if needed.

The number of patients treated will depend on the availability of funding for the purchase of buprenorphine products as well as other associated treatment costs.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 19-20..

8. Continuous Quality Improvement (CQI):

- 1. Achievement of contract performance objectives and productivity-** Productivity is reviewed on a monthly basis by the Clinical Supervisors and the Program Director. At a minimum, contract performance objectives are reviewed annually by the Administrative Program Manager. If a performance objective is not being met, a plan is put into place to address deficiencies.
- 2. Quality of documentation, including a description of the frequency and scope of internal chart audits** - To ensure consistent quality documentation, charts are audited in a variety of ways.
 - Intake - Patient charts are audited shortly after intake to ensure that all required forms have been received.
 - Treatment Plans - Clinical Supervisors review each treatment plan to ensure all regulatory requirements are met. Also, each month one random treatment plan for each counselor is reviewed for quality.
 - Documentation/Effective Care – Quarterly, clinical supervisors do a comprehensive chart review of one patient chart for each clinician. The comprehensive review includes: Assessment, Appropriateness of Referrals, Treatment/Service Interventions and Effectiveness, Enhancement of Direct Services and Implementation of Evidenced Based Practices, Risk Factors Addressed, Ethical/Legal/ Privacy and Boundary Issues, Cultural Competency and Self-Assessment.
 - Annual Justification – each patient chart is audited annually to ensure all Annual Justification paperwork has been completed.
 - Discharge – each discharged patients' chart is audited to ensure that all discharge paperwork has been properly completed.
- 3. Cultural competency of staff and services** - OTOP is committed to providing high-quality culturally and linguistically appropriate services (CLAS) and accomplishes this in a variety of ways including: policies to hire and promote a diverse workforce and leadership team, annual required trainings addressing the cultural needs of our diverse population and issues related to culture

Contractor Name: UCSF DSAAM	Appendix A-9
Program Name: Opiate Treatment Outpatient Program	Contract Term: 07/01/2018 – 06/30/2020
	Funding Source:

being addressed in clinical supervision. Effective services are provided to our diverse population despite language needs and can be provided in most of the threshold languages. Sites utilize telephonic interpretation services for patients who speak a language we cannot accommodate onsite. Signs are posted to inform patients that language assistance is available. Important information is posted in all threshold languages and forms with larger font sizes are available. The CLAS standards are incorporated into all aspects of our planning and operations. Data on our ability to provide CLAS is collected via patient and referring provider surveys and focus groups. This data is used for QI and PI initiatives and integrated into our Strategic, Community Relations, and Cultural Diversity Plans. Grievance forms are accessible to all patients in threshold languages and the process ensures complaints are addressed with CLAS principles.

4. Satisfaction with services

- Surveys – Annually, OTOP participates in the anonymous CBHS SUD patient satisfaction survey. Each patient receiving services during the survey period is invited to participate in the survey. OTOP's overall satisfaction results are consistently in the mid-to-high 90s. All discharged patients are also invited to participate in survey to determine their satisfaction with the program.
- Focus Groups –Patient focus groups are conducted annually at each location. Feedback gathered at the focus groups is used to improve services.

- 5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS and ASAM (Substance Use Disorder Treatment Programs only) -** CalOMS Error Reports are run monthly and all necessary corrections are made. ASAM Completion Reports are run monthly to ensure that all ASAMs are completed for patients new to treatment or patients who've recently completed their annual justification.

9. Required Language:

OTOP services are offered in English with all required City and County information on display in the threshold languages. When in need of communication in a language other than English, OTOP staff utilizes the Language Translation Line through ZSFG and makes every effort to accommodate patients with limited English proficiency.

Appendix B

Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix A-1	Opiate Treatment Outpatient Program (OTOP)
Appendix A-2	Opiate Treatment Outpatient Program (OTOP) Bayview Van
Appendix A-3	Office-Based Buprenorphine Induction Clinic (OBIC)
Appendix A-4	Office Based Opiate Treatment (OBOT) Tom Waddell (TW)
Appendix A-5	Office Based Opiate Treatment (OBOT) Potrero Hill (PH)
Appendix A-6	Office Based Opiate Treatment (OBOT) Positive Health Program
Appendix A-7	Office Based Opiate Treatment - ZSFG Pharmacy
Appendix A-8	OBOT CBHS Pharmacy
Appendix A-9	CBHS OTOP Ancillary

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$549,601 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures. The maximum dollar for each term and funding source shall be as follows:

Term	Funding Source	Amount
July 1, 2018 – June 30, 2019	Federal Drug Medi-Cal, State and General Funds	\$4,289,328
July 1, 2019 – June 30, 2020	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2020 – June 30, 2021	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
	<i>Contingency</i>	\$549,601
	(This equals the total NTE) Total:	\$13,998,945

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. A final closing invoice, clearly marked “FINAL,” shall be submitted no later than sixty (60) calendar days following the closing date of the Agreement, and shall include only those Services rendered during the referenced period of performance. If Services are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City. City’s final reimbursement to the Contractor at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in the Program Budgets attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

3. State or Federal Medi-Cal Revenues

1. CONTRACTOR understands and agrees that should the CITY’S payment to CONTRACTOR under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY’S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

2. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement.

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number 00117										Appendix B, Page 1
Legal Entity Name/Contractor Name UCSF DSAAM										Fiscal Year 2019-2020
Contract ID Number 1000010465										Funding Notification Date 10/25/19
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9	
Provider Number	383813	383813	383813	388923	383813	383813	389147	388922	383813	
Program Name	OTOP	Bayview Van	OBIC	OBOT TW	OBOT PH	OBOT PHP	ZSFG Pharm	CBHS Pharm	Ancillary Services	
Program Code	38134	72134	8921HS-OP	75134	74134	86134	76134	77134	38134, 72134, 87134	
Funding Term	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	
FUNDING USES										TOTAL
Salaries	\$ 999,455	\$ 182,515	\$ 661,567	\$ 6,731	\$ 4,777	\$ -	\$ 50,602	\$ 28,259	\$ 786,044	\$ 2,719,950
Employee Benefits	\$ 402,281	\$ 73,462	\$ 266,281	\$ 2,692	\$ 1,923	\$ -	\$ 20,367	\$ 11,375	\$ 314,417	\$ 1,092,798
Subtotal Salaries & Employee Benefits	\$ 1,401,736	\$ 255,977	\$ 927,848	\$ 9,423	\$ 6,700	\$ -	\$ 70,969	\$ 39,634	\$ 1,100,461	\$ 3,812,748
Operating Expenses	\$ 153,470	\$ 14,281	\$ 66,395	\$ 204	\$ 214	\$ 338	\$ 2,103	\$ 1,286	\$ 38,253	\$ 276,544
Capital Expenses										\$ -
Subtotal Direct Expenses	\$ 1,555,206	\$ 270,258	\$ 994,243	\$ 9,627	\$ 6,914	\$ 338	\$ 73,072	\$ 40,920	\$ 1,138,714	\$ 4,089,292
Indirect Expenses	\$ 186,626	\$ 32,431	\$ 119,309	\$ 1,155	\$ 830	\$ 41	\$ 8,769	\$ 4,910	\$ 136,646	\$ 490,716
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 1,741,832	\$ 302,689	\$ 1,113,552	\$ 10,782	\$ 7,744	\$ 378	\$ 81,841	\$ 45,830	\$ 1,275,360	\$ 4,580,008
BHS MENTAL HEALTH FUNDING SOURCES										Employee Benefits Rate 40.2%
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES										
SUD Fed SABG Discretionary, CFDA 93.959			\$ 16,000							\$ 16,000
SUD Fed DMC FFP, CFDA 93.778	\$ 938,926	\$ 163,163	\$ 162,500	\$ 4,172	\$ 2,947	\$ 228	\$ 31,040	\$ 17,382		\$ 1,320,358
SUD State DMC	\$ 505,575	\$ 87,857	\$ 87,500	\$ 2,246	\$ 1,587	\$ 123	\$ 16,714	\$ 9,359		\$ 710,961
SUD County General Fund	\$ 297,331	\$ 51,669	\$ 847,552	\$ 4,364	\$ 3,210	\$ 27	\$ 34,087	\$ 19,089	\$ 1,275,360	\$ 2,532,689
TOTAL BHS SUD FUNDING SOURCES	\$ 1,741,832	\$ 302,689	\$ 1,113,552	\$ 10,782	\$ 7,744	\$ 378	\$ 81,841	\$ 45,830	\$ 1,275,360	\$ 4,580,008
OTHER DPH FUNDING SOURCES										
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,741,832	\$ 302,689	\$ 1,113,552	\$ 10,782	\$ 7,744	\$ 378	\$ 81,841	\$ 45,830	\$ 1,275,360	\$ 4,580,008
NON-DPH FUNDING SOURCES										
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,741,832	\$ 302,689	\$ 1,113,552	\$ 10,782	\$ 7,744	\$ 378	\$ 81,841	\$ 45,830	\$ 1,275,360	\$ 4,580,008
Prepared By Dominic Perrone										Phone Number 628-206-6574

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

DHCS Legal Entity Number 00117		Appendix Number B-1				
Provider Name UCSF DSAAM		Page Number 1				
Provider Number 383813		Fiscal Year 2019-2020				
Contract ID Number 1000010465		Funding Notification Date 10/25/19				
Program Name	OTOP					
Program Code	38134	38134	38134	38134	38134	
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120g	ODS-120cm	ODS-117	
Service Description	ODS NTP Methadone - Dosing	Methadone - Individual Counseling	ODS NTP Methadone - Group Counseling	ODS NTP Case Management	ODS NTP MAT Buprenorphine	
Funding Term (mm/dd/yy-mm/dd/yy)	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 1,051,747	\$ 248,610	\$ 3,685	\$ 5,736	\$ 91,958	\$ 1,401,736
Operating Expenses	\$ 115,151	\$ 27,219	\$ 404	\$ 628	\$ 10,068	\$ 153,470
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 1,166,898	\$ 275,829	\$ 4,089	\$ 6,364	\$ 102,026	\$ 1,555,206
Indirect Expenses	\$ 140,029	\$ 33,100	\$ 491	\$ 764	\$ 12,243	\$ 186,627
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 1,306,927	\$ 308,929	\$ 4,580	\$ 7,128	\$ 114,269	\$ 1,741,833
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 704,493	\$ 166,527	\$ 2,469	\$ 3,842	\$ 61,596
SUD State DMC	240646-10000-10001681-0003	\$ 379,342	\$ 89,668	\$ 1,329	\$ 2,069	\$ 33,167
SUD County General Fund	240646-10000-10001681-0003	\$ 223,093	\$ 52,734	\$ 782	\$ 1,217	\$ 19,506
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,306,927	\$ 308,929	\$ 4,580	\$ 7,128	\$ 114,269	\$ 1,741,833
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,306,927	\$ 308,929	\$ 4,580	\$ 7,128	\$ 114,269	\$ 1,741,833
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,306,927	308,929	4,580	7,128	114,269	1,741,833
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs		630	630	630	630	630
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	93,821	19,627	1,363	271	5,278	
Unit Type	Dose	10 Minutes	10 Minutes	15 minutes	Dose	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 13.93	\$ 15.74	\$ 3.36	\$ 26.30	\$ 21.65	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 13.93	\$ 15.74	\$ 3.36	\$ 26.30	\$ 21.65	
Published Rate (Medi-Cal Providers Only)	\$ 16.02	\$ 18.10	\$ 3.86	\$ 30.25	\$ 24.90	Total UDC
Unduplicated Clients (UDC)	552	612	N/A	N/A	60	612

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465

Program Name OTOP

Program Code 38134

Appendix Number B-1

Page Number 3

Fiscal Year 2019-2020

Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003					
Funding Term	07/01/2019-06/30/2020	07/01/2019-06/30/2020					
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 31,000.00	\$ 31,000.00					
Photocopying	\$ 1,000.00	\$ 1,000.00					
Program Supplies	\$ 15,000.00	\$ 15,000.00					
Computer Hardware/Software	\$ 6,000.00	\$ 6,000.00					
Materials & Supplies Total:	\$ 53,000.00	\$ 53,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 5,000.00	\$ 5,000.00					
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 5,000.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Storage Services	\$ 2,300.00	\$ 2,300.00					
Telephone/Pagers	\$ 2,000.00	\$ 2,000.00					
Temporary Help	\$ 41,630.00	\$ 41,630.00					
Data Network Recharge	\$ 6,732.00	\$ 6,732.00					
CCDSS: Computing and Communication Device Support Service	\$ 20,028.00	\$ 20,028.00					
GAEL: General Automobile and Employee Liability Charges	\$ 8,196.00	\$ 8,196.00					
UCSF Faculty and Staff Recharge	\$ 14,584.00	\$ 14,584.00					
	\$ -						
Other Total:	\$ 95,470.00	\$ 95,470.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 153,470.00	\$ 153,470.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117		Appendix Number B-2			
Provider Name UCSF DSAAM		Page Number 1			
Provider Number 383813		Fiscal Year 2019-2020			
Contract ID Number 1000010465		Funding Notification Date 10/25/19			
Program Name	Bayview Van				
Program Code	72134	72134	72134	72134	
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120cm	ODS-117	
Service Description	ODS NTP Methadone - Dosing	Methadone - Individual Counseling	ODS NTP Case Management	ODS NTP MAT Buprenorphine	
Funding Term (mm/dd/yy-mm/dd/yy)	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ 202,350	\$ 46,309	\$ 178	\$ 7,140	\$ 255,977
Operating Expenses	\$ 11,289	\$ 2,584	\$ 10	\$ 398	\$ 14,281
Capital Expenses					\$ -
Subtotal Direct Expenses	\$ 213,639	\$ 48,893	\$ 188	\$ 7,539	\$ 270,259
Indirect Expenses	\$ 25,637	\$ 5,866	\$ 23	\$ 905	\$ 32,431
Indirect %	12.0%	12.0%	12.0%	12.0%	0.0%
TOTAL FUNDING USES	\$ 239,276	\$ 54,759	\$ 210	\$ 8,444	\$ 302,689
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
					\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 128,980	\$ 29,518	\$ 113	\$ 4,551
SUD State DMC	240646-10000-10001681-0003	\$ 69,451	\$ 15,894	\$ 61	\$ 2,451
SUD County General Fund	240646-10000-10001681-0003	\$ 40,844	\$ 9,347	\$ 36	\$ 1,441
					\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 239,276	\$ 54,759	\$ 210	\$ 8,444	\$ 302,689
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
					\$ -
This row left blank for funding sources not in drop-down list					\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 239,276	\$ 54,759	\$ 210	\$ 8,444	\$ 302,689
NON-DPH FUNDING SOURCES					
					\$ -
This row left blank for funding sources not in drop-down list					\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	239,276	54,759	210	8,444	302,689
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs	220	220	220	220	
Payment Method (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	17,177	3,479	8	390	
Unit Type	Dose	10 Minutes	15 minutes	Dose	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 13.93	\$ 15.74	\$ 26.30	\$ 21.65	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 13.93	\$ 15.74	\$ 26.30	\$ 21.65	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 16.02	\$ 18.10	\$ 30.24	\$ 24.90	
Unduplicated Clients (UDC)	101	105	N/A	4	105

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465

Program Name Bayview Van

Program Code 72134

Appendix Number B-2

Page Number 3

Fiscal Year 2019-2020

Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019-06/30/2020	07/01/2019-06/30/2020	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 2,025.00	\$ 2,025.00					
Photocopying	\$ 500.00	\$ 500.00					
Program Supplies	\$ 1,000.00	\$ 1,000.00					
Computer Hardware/Software	\$ 1,000.00	\$ 1,000.00					
Materials & Supplies Total:	\$ 4,525.00	\$ 4,525.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,000.00	\$ 1,000.00					
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ 1,000.00	\$ 1,000.00					
General Operating Total:	\$ 2,000.00	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Storage Services	\$ 700.00	\$ 700.00					
Telephone/Pagers	\$ 372.00	\$ 372.00					
Temporary Help	\$ -						
Data Network Recharge	\$ 1,146.00	\$ 1,146.00					
CCDSS: Computing and Communication Device Support Service	\$ 1,536.00	\$ 1,536.00					
GAEL: General Automobile and Employee Liability Charges	\$ 1,497.00	\$ 1,497.00					
UCSF Faculty and Staff Recharge	\$ 2,505.00	\$ 2,505.00					
Other Total:	\$ 7,756.00	\$ 7,756.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 14,281.00	\$ 14,281.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117					Appendix Number B-3	
Provider Name UCSF DSAAM					Page Number 1	
Provider Number 383813					Fiscal Year 2019-2020	
Contract ID Number 1000010465					Funding Notification Date 10/25/19	
Program Name		OBIC				
Program Code		8921HS-OP	8921HS-OP	8921HS-OP	8921HS-OP	
Mode/SFC (MH) or Modality (SUD)		ODS-91i	ODS-91cm	ODS-91mat	SecPrev-19	
Service Description		ODS OT Individual Counseling	ODS OT Case Management	Medication Assisted Treatment	SA-Sec Prev Outreach	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 29,764	\$ 9,486	\$ 565,478	\$ 323,121	\$ 927,848
Operating Expenses		\$ 2,130	\$ 679	\$ 40,464	\$ 23,122	\$ 66,395
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 31,894	\$ 10,165	\$ 605,942	\$ 346,243	\$ 994,243
Indirect Expenses		\$ 3,827	\$ 1,220	\$ 72,713	\$ 41,549	\$ 119,309
Indirect %		12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES		\$ 35,721	\$ 11,385	\$ 678,655	\$ 387,792	\$ 1,113,552
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed SABG Discretionary, CFDA 93.959		240646-10000-10001681-0003	\$ 513	\$ 164	\$ 9,751	\$ 5,572
SUD Fed DMC FFP, CFDA 93.778		240646-10000-10001681-0003	\$ 5,213	\$ 1,661	\$ 155,626	\$ -
SUD State DMC		240646-10000-10001681-0003	\$ 2,807	\$ 895	\$ 83,798	\$ -
SUD County General Fund		240646-10000-10001681-0003	\$ 27,188	\$ 8,665	\$ 429,479	\$ 382,220
TOTAL BHS SUD FUNDING SOURCES		\$ 35,721	\$ 11,385	\$ 678,655	\$ 387,792	\$ 1,113,552
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 35,721	\$ 11,385	\$ 678,655	\$ 387,792	\$ 1,113,552
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		35,721	11,385	678,655	387,792	1,113,552
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service		923	185	4,726	959	
Unit Type		15 minutes	15 minutes	15 minutes	Hours	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 38.70	\$ 61.54	\$ 143.60	\$ 404.37	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 38.70	\$ 61.54	\$ 143.60	\$ 404.37	\$ -
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)						Total UDC 204

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
 Program Name OBIC
 Program Code 8921HS-OP

Appendix Number B-3
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019-06/30/2020	07/01/2019-06/30/2020	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 5,300.00	\$ 5,300					
Photocopying	\$ -						
Program Supplies	\$ 30,223.00	\$ 30,223					
Computer Hardware/Software	\$ 7,500.00	\$ 7,500					
Materials & Supplies Total:	\$ 43,023.00	\$ 43,023.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Storage Services	\$ -						
Telephone/Pagers	\$ 300.00	\$ 300					
Temporary Help	\$ 3,800.00	\$ 3,800					
Data Network Recharge	\$ 3,062.00	\$ 3,062					
CCDSS: Computing and Communication Device Support Service	\$ 4,106.00	\$ 4,106					
GAEL: General Automobile and Employee Liability Charges	\$ 5,425.00	\$ 5,425					
UCSF Faculty and Staff Recharge	\$ 6,679.00	\$ 6,679					
Capital Expense (ALS Defibrillator)	\$ -	\$ -					
Other Total:	\$ 23,372.00	\$ 23,372.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 66,395.00	\$ 66,395.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117		Appendix Number B-4			
Provider Name		Page Number 1			
Provider Number 388923		Fiscal Year 2019-2020			
Contract ID Number 1000010465		Funding Notification Date 10/25/19			
Program Name	OBOT TW				
Program Code	75134				
Mode/SFC (MH) or Modality (SUD)	ODS-120i				
Service Description	Methadone - Individual Counseling				
Funding Term:	07/01/2019 - 06/30/2020				
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ 9,423				\$ 9,423
Operating Expenses	\$ 204				\$ 204
Capital Expenses					\$ -
Subtotal Direct Expenses	\$ 9,627	\$ -	\$ -	\$ -	\$ 9,627
Indirect Expenses	\$ 1,155				\$ 1,155
Indirect %	12.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES	\$ 10,782	\$ -	\$ -	\$ -	\$ 10,782
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 4,172			\$ 4,172
SUD State DMC	240646-10000-10001681-0003	\$ 2,246			\$ 2,246
SUD County General Fund	240646-10000-10001681-0003	\$ 4,364			\$ 4,364
This row left blank for funding sources not in drop-down list					\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 10,782	\$ -	\$ -	\$ -	\$ 10,782
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 10,782	\$ -	\$ -	\$ -	\$ 10,782
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	10,782	-	-	-	10,782
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs	40				
Payment Method	Fee-For-Service (FFS)				
DPH Units of Service	685				
Unit Type	10 Minutes	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 15.74	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 15.74	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 18.10				
Unduplicated Clients (UDC)	31				Total UDC 31

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
Program Name OBOT TW
Program Code 75134

Appendix Number B-4
Page Number 3
Fiscal Year 2019-2020
Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000-10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 7.00	\$ 7.00					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 7.00	\$ 7.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
GAEL: General Automobile and Employee Liability Charges	\$ 55	\$ 55					
UCSF Faculty and Staff Recharge	\$ 71	\$ 71					
CCDSS: Computing and Communication Device Support Service	\$ 41	\$ 41					
Data Network Recharge	\$ 30	\$ 30					
Other Total:	\$ 197.00	\$ 197.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 204.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117		Appendix Number B-5			
Provider Name UCSF DSAAM		Page Number 1			
Provider Number 383813		Fiscal Year 2019-2020			
Contract ID Number 1000010465		Funding Notification Date 10/25/19			
Program Name		OBOT PH			
Program Code 74134					
Mode/SFC (MH) or Modality (SUD) ODS-120i					
Service Description Methadone - Individual Counseling					
Funding Term (mm/dd/yy-mm/dd/yy): 07/01/2019 - 06/30/2020					
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ 6,700				\$ 6,700
Operating Expenses	\$ 214				\$ 214
Capital Expenses					\$ -
Subtotal Direct Expenses	\$ 6,914	\$ -	\$ -	\$ -	\$ 6,914
Indirect Expenses	\$ 830				\$ 830
Indirect %	12.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES	\$ 7,744	\$ -	\$ -	\$ -	\$ 7,744
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
SUD Fed Perinatal DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 2,947			\$ 2,947
SUD State DMC	240646-10000-10001681-0003	\$ 1,587			\$ 1,587
SUD County General Fund	240646-10000-10001681-0003	\$ 3,210			\$ 3,210
This row left blank for funding sources not in drop-down list					\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 7,744	\$ -	\$ -	\$ -	\$ 7,744
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list					\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 7,744	\$ -	\$ -	\$ -	\$ 7,744
NON-DPH FUNDING SOURCES					
This row left blank for funding sources not in drop-down list					\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	7,744	-	-	-	7,744
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs		25			
Payment Method Fee-For-Service (FFS)					
DPH Units of Service		492			
Unit Type		10 Minutes	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 15.74	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 15.74	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 18.10				
Unduplicated Clients (UDC)	13				Total UDC 13

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465

Program Name OBOT PH

Program Code 74134

Appendix Number B-5

Page Number 3

Fiscal Year 2019-2020

Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj- Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 9.00	\$ 9.0					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 9.00	\$ 9.0	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
GAEL: General Automobile and Employee Liability Charges	\$ 39.00	\$ 39					
UCSF Faculty and Staff Recharge	\$ 79.00	\$ 79					
CCDSS: Computing and Communication Device Support Service	\$ 50.00	\$ 50					
Data Network Recharge	\$ 37.00	\$ 37					
Other Total:	\$ 205.00	\$ 205.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 214.00	\$ 214.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117		Appendix Number B-6			
Provider Name UCSF DSAAM		Page Number 1			
Provider Number 383813		Fiscal Year 2019-2020			
Contract ID Number 1000010465		Funding Notification Date 10/25/19			
Program Name	OBOT PHP				
Program Code	86134				
Mode/SFC (MH) or Modality (SUD)	ODS-120i				
	ODS NTP				
	Methadone - Individual Counseling				
Service Description					
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/2019 - 06/30/2020				
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ -				\$ -
Operating Expenses	\$ 338				\$ 338
Capital Expenses					\$ -
Subtotal Direct Expenses	\$ 338	\$ -	\$ -	\$ -	\$ 338
Indirect Expenses	\$ 40				\$ 40
Indirect %	12.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES	\$ 378	\$ -	\$ -	\$ -	\$ 378
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
					\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
SUD Fed Perinatal DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 228			\$ 228
SUD State DMC	240646-10000-10001681-0003	\$ 123			\$ 123
SUD County General Fund	240646-10000-10001681-0003	\$ 27			\$ 27
This row left blank for funding sources not in drop-down list					\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 378	\$ -	\$ -	\$ 378
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
					\$ -
This row left blank for funding sources not in drop-down list					\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 378	\$ -	\$ -	\$ 378
NON-DPH FUNDING SOURCES					
					\$ -
This row left blank for funding sources not in drop-down list					\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		378	-	-	378
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs	5				
Payment Method (FFS)	Fee-For-Service				
DPH Units of Service	24				
Unit Type	10 Minutes	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 15.75	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 15.75	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 18.11				
Unduplicated Clients (UDC)	1				Total UDC 1

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
Program Name OBOT PHP
Program Code 86134

Appendix Number B-6
Page Number 3
Fiscal Year 2019-2020
Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000-10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 338.00	\$ 338.00					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 338.00	\$ 338.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
	\$ -						
	\$ -						
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 338.00	\$ 338.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117		Appendix Number B-7			
Provider Name UCSF DSAAM		Page Number 1			
Provider Number 389147		Fiscal Year 2019-2020			
Contract ID Number 1000010465		Funding Notification Date 10/25/19			
Program Name		ZSFG Pharm			
Program Code		76134			
Mode/SFC (MH) or Modality (SUD)		ODS-120d ODS NTP Methadone - Dosing			
Service Description					
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/2019 - 06/30/2020			
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$	70,969			\$ 70,969
Operating Expenses	\$	2,103			\$ 2,103
Capital Expenses					\$ -
Subtotal Direct Expenses	\$	73,072	\$ -	\$ -	\$ 73,072
Indirect Expenses	\$	8,769			\$ 8,769
Indirect %		12.0%	0.0%	0.0%	0.0%
TOTAL FUNDING USES	\$	81,841	\$ -	\$ -	\$ 81,841
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$	-	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$	31,040		\$ 31,040
SUD State DMC	240646-10000-10001681-0003	\$	16,714		\$ 16,714
SUD County General Fund	240646-10000-10001681-0003	\$	34,087		\$ 34,087
This row left blank for funding sources not in drop-down list					\$ -
TOTAL BHS SUD FUNDING SOURCES	\$	81,841	\$ -	\$ -	\$ 81,841
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list					\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$	-	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$	81,841	\$ -	\$ -	\$ 81,841
NON-DPH FUNDING SOURCES					
This row left blank for funding sources not in drop-down list					\$ -
TOTAL NON-DPH FUNDING SOURCES	\$	-	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$	81,841	\$ -	\$ -	\$ 81,841
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs			25		
Payment Method			Fee-For-Service (FFS)		
DPH Units of Service			5,876		
Unit Type			Dose	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$	13.93	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$	13.93	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$	16.02			
Unduplicated Clients (UDC)		29			Total UDC 29

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
Program Name ZSFG Pharm
Program Code 76134

Appendix Number B-7
Page Number 3
Fiscal Year 2019-2020
Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000-10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 30.00	\$ 30.00					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 30.00	\$ 30.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
GAEL: General Automobile and Employee Liability Charges	\$ 415.00	\$ 415					
UCSF Faculty and Staff Recharge	\$ 796.00	\$ 796					
CCDSS: Computing and Communication Device Support Service	\$ 494.00	\$ 494					
Data Network Recharge	\$ 368.00	\$ 368					
Other Total:	\$ 2,073.00	\$ 2,073	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 2,103.00	\$ 2,103	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117		Appendix Number B-8			
Provider Name UCSF DSAAM		Page Number 1			
Provider Number 388922		Fiscal Year 2019-2020			
Contract ID Number 1000010465		Funding Notification Date 10/25/19			
Program Name		CBHS Pharm			
Program Code 77134					
Mode/SFC (MH) or Modality (SUD)		ODS-120d			
Service Description		ODS NTP Methadone - Dosing			
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/2019 - 06/30/2020			
FUNDING USES		TOTAL			
Salaries & Employee Benefits	\$ 39,634				\$ 39,634
Operating Expenses	\$ 1,286				\$ 1,286
Capital Expenses					\$ -
Subtotal Direct Expenses	\$ 40,920	\$ -	\$ -	\$ -	\$ 40,920
Indirect Expenses	\$ 4,910				\$ 4,910
Indirect %	12.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES	\$ 45,830	\$ -	\$ -	\$ -	\$ 45,830
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 17,382			\$ 17,382
SUD State DMC	240646-10000-10001681-0003	\$ 9,359			\$ 9,359
SUD County General Fund	240646-10000-10001681-0003	\$ 19,089			\$ 19,089
TOTAL BHS SUD FUNDING SOURCES	\$ 45,830	\$ -	\$ -	\$ -	\$ 45,830
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list					\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 45,830	\$ -	\$ -	\$ -	\$ 45,830
NON-DPH FUNDING SOURCES					
This row left blank for funding sources not in drop-down list					\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	45,830	-	-	-	45,830
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs	40				
Payment Method	Fee-For-Service (FFS)				
DPH Units of Service	3,290				
Unit Type	Dose	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 13.93	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 13.93	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 16.02				
Unduplicated Clients (UDC)	16				Total UDC 16

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465

Program Name CBHS Pharm

Program Code 77134

Appendix Number B-8

Page Number 3

Fiscal Year 2019-2020

Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000-10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 76.00	\$ 76					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 76.00	\$ 76.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
GAEL: General Automobile and Employee Liability Charges	\$ 232.00	\$ 231.73					
UCSF Faculty and Staff Recharge	\$ 469.00	\$ 469.00					
CCDSS: Computing and Communication Device Support Service	\$ 292.00	\$ 292.00					
Data Network Recharge	\$ 217.00	\$ 217.00					
Other Total:	\$ 1,210.00	\$ 1,210.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 1,286.00	\$ 1,286.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117		Appendix Number B-9				
Provider Name UCSF DSAAM		Page Number 1				
Provider Number 383813		Fiscal Year 2019-2020				
Contract ID Number 1000010465		Funding Notification Date 10/25/19				
Program Name		Ancillary Services				
Program Code 38134, 72134, 87134						
Mode/SFC (MH) or Modality (SUD) SecPrev-19						
Service Description SA-Sec Prev Outreach						
Funding Term (mm/dd/yy-mm/dd/yy): 07/01/2019 - 06/30/2020						
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 1,100,461					\$ 1,100,461
Operating Expenses	\$ 38,253					\$ 38,253
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 1,138,714	\$ -	\$ -	\$ -	\$ -	\$ 1,138,714
Indirect Expenses	\$ 136,646					\$ 136,646
Indirect %	12.0%	0.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES	\$ 1,275,360	\$ -	\$ -	\$ -	\$ -	\$ 1,275,360
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003					\$ -
SUD State DMC	240646-10000-10001681-0003					\$ -
SUD County General Fund	240646-10000-10001681-0003	\$ 1,275,360				\$ 1,275,360
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,275,360	\$ -	\$ -	\$ -	\$ -	\$ 1,275,360
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,275,360	\$ -	\$ -	\$ -	\$ -	\$ 1,275,360
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,275,360	-	-	-	-	1,275,360
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Cost Reimbursement (CR)					
DPH Units of Service	6,571					
Unit Type	Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 194.09	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 194.09	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)	643					643

Form Revised 5/31/2019

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
Program Name Ancillary Services
Program Code 38134, 72134, 87134

Appendix Number B-9
Page Number 3
Fiscal Year 2019-2020
Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -						
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Temporary Help	\$ 11,000.00	\$ 11,000.00					
Data Network Recharge	\$ 6,445.00	\$ 6,445.00					
CCDSS: Computing and Communication Device Support Service	\$ 10,082.00	\$ 10,082.11					
GAEI: General Automobile and Employee Liability Charges	\$ 6,144.00	\$ 6,143.82					
UCSF Faculty and Staff Recharge	\$ 4,582.00	\$ 4,581.83					
Other Total:	\$ 38,253.00	\$ 38,253.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 38,253.00	\$ 38,253.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

Appendix F
PAGE A

Contractor: University of California Regents - CMS# 6908
Div of Substance Abuse & Addiction Medicine

Address: 1001 Potrero Avenue Room 7M12, San Francisco, CA 94110

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



Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

Contract ID#
1000010465

INVOICE NUMBER : S01 JL 20

Ct. Blanket No.: BPHM N/A User Cd

Ct. PO No.: POHM SFGOV-0000352137

Fund Source: SUD Fed/ State/ Cnty - General Fund

Invoice Period : July 2020

Final Invoice: (Check if Yes)

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 OTOP PC# - 38134 240646-10000-10001681-0003												
ODS-120d ODS NTP Methadone - Dosing	93,821				\$ 13.93	\$ -	0.000		0.00%		93,821.000	
ODS-120i ODS NTP Methadone - Individual Counseling	19,627				\$ 15.74	\$ -	0.000		0.00%		19,627.000	
ODS-120g ODS NTP Methadone - Group Counseling	1,363				\$ 3.36	\$ -	0.000		0.00%		1,363.000	
ODS-93 ODS Case Management	271				\$ 26.30	\$ -	0.000		0.00%		271.000	
ODS-117 ODS NTP MAT Buprenorphine	5,278				\$ 21.65	\$ -	0.000		0.00%		5,278.000	
B-2 Bayview Van PC# - 72134 240646-10000-10001681-0003												
ODS-120d ODS NTP Methadone - Dosing	17,177				\$ 13.93	\$ -	0.000		0.00%		17,177.000	
ODS-120i ODS NTP Methadone - Individual Counseling	3,479				\$ 15.74	\$ -	0.000		0.00%		3,479.000	
ODS-93 ODS Case Management	8				\$ 26.30	\$ -	0.000		0.00%		8.000	
ODS-117 ODS NTP MAT Buprenorphine	390				\$ 21.65	\$ -	0.000		0.00%		390.000	
TOTAL	141,414		0.000				0.000		0.00%		141,024.000	
	Budget Amount		\$ 2,044,522.00				Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 2,044,522.00	

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

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

Signature: _____ Date: _____

Title: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Contract ID#
1000010465

Contractor: University of California Regents - CMS# 6908
Div of Substance Abuse & Addiction Medicine

Address: 1001 Potrero Avenue Room 7M12, San Francisco, CA 94110

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

BHS

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER: S05 JL 20

Ct. Blanket No.: BPHM N/A

User Cd

Ct. PO No.: POHM SFGOV-0000339517

Fund Source: SUD Fed/ State County - General Fund

Invoice Period: July 2020

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 OBIC PC# - 8921HS-OP 240646-10000-10001681-0003												
ODS-92i ODS OT Individual Counseling	923		-		-		0%	#DIV/0!	923	-	100%	
ODS-93cm ODS Case management	185		-		-		0%	#DIV/0!	185	-	100%	
ODS-91mat Medication Assisted Treatment	4,726		-		-		0%	#DIV/0!	4,726	-	100%	
SecPrev-19 SA-Sec Prev Outreach	959		-		-		0%	#DIV/0!	959	-	100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 661,567.00	\$ -	\$ -	0.00%	\$ 661,567.00
Fringe Benefits	\$ 266,281.00	\$ -	\$ -	0.00%	\$ 266,281.00
Total Personnel Expenses	\$ 927,848.00	\$ -	\$ -	0.00%	\$ 927,848.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 43,023.00	\$ -	\$ -	0.00%	\$ 43,023.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Telephone/ Pagers	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Temporary Help	\$ 3,800.00	\$ -	\$ -	0.00%	\$ 3,800.00
Data Network Recharge	\$ 3,062.00	\$ -	\$ -	0.00%	\$ 3,062.00
CCDSS	\$ 4,106.00	\$ -	\$ -	0.00%	\$ 4,106.00
Gael	\$ 5,425.00	\$ -	\$ -	0.00%	\$ 5,425.00
UCSF Faculty and Staff Recharge	\$ 6,679.00	\$ -	\$ -	0.00%	\$ 6,679.00
Total Operating Expenses	\$ 66,395.00	\$ -	\$ -	0.00%	\$ 66,395.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 994,243.00	\$ -	\$ -	0.00%	\$ 994,243.00
Indirect Expenses	\$ 119,309.00	\$ -	\$ -	0.00%	\$ 119,309.00
TOTAL EXPENSES	\$ 1,113,552.00	\$ -	\$ -	0.00%	\$ 1,113,552.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000010465

Contractor: University of California Regents - CMS# 6908
Div of Substance Abuse & Addiction Medicine

Address: 1001 Potrero Avenue Room 7M12, San Francisco, CA 94110

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

BHS

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER: S06 JL 20
Ct. Blanket No.: BPHM N/A User Cd
Ct. PO No.: POHM SFGOV-0000352137
Fund Source: SUD Fed/ State/ County - General Fund
Invoice Period: July 2020
Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Ancillary Services PC# 38134,72134,87134 240646-10000-10001681-0003												
SecPrev-19 SA-Sec Prev Outreach	6,571	643	-		-	-	0%	0%	6,571	643	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 786,044.00	\$ -	\$ -	0.00%	\$ 786,044.00
Fringe Benefits	\$ 314,417.00	\$ -	\$ -	0.00%	\$ 314,417.00
Total Personnel Expenses	\$ 1,100,461.00	\$ -	\$ -	0.00%	\$ 1,100,461.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Temporary Help	\$ 11,000.00	\$ -	\$ -	0.00%	\$ 11,000.00
Data Network Recharge	\$ 6,445.00	\$ -	\$ -	0.00%	\$ 6,445.00
CCDSS	\$ 10,082.00	\$ -	\$ -	0.00%	\$ 10,082.00
GAEL	\$ 6,144.00	\$ -	\$ -	0.00%	\$ 6,144.00
UCSF Faculty and Staff Recharge	\$ 4,582.00	\$ -	\$ -	0.00%	\$ 4,582.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 38,253.00	\$ -	\$ -	0.00%	\$ 38,253.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,138,714.00	\$ -	\$ -	0.00%	\$ 1,138,714.00
Indirect Expenses	\$ 136,646.00	\$ -	\$ -	0.00%	\$ 136,646.00
TOTAL EXPENSES	\$ 1,275,360.00	\$ -	\$ -	0.00%	\$ 1,275,360.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

No Expense

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Signature: _____
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DPH Authorization for Payment

Authorized Signatory

Date

Jul Amendment 04-01 Prepared: 4/1/2020

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

*Unduplicated Counts for AIDS Use Only.

Unduplicated Counts for AIDS Use Only:

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-4 OBOT TW PC# - 75134 - 240646-10000-10001681-0003													
ODS-120i ODS NTP Methadone - Individual Counseling		685				\$ 15.74	\$ -	0.000		0.00%		685.000	
B-5 OBOT PH PC# - 74134 240646-10000-10001681-0003													
ODS-120i ODS NTP Methadone - Individual Counseling		492				\$ 15.74	\$ -	0.000		0.00%		492.000	
B-6 OBOT PHP PC# - 86134 240646-10000-10001681-0003													
ODS-120i ODS NTP Methadone - Individual Counseling		24				\$ 15.75	\$ -	0.000		0.00%		24.000	
B-7 ZSFG Pharm PC# - 76134 240646-10000-10001681-0003													
ODS-120i ODS NTP Methadone - Individual Counseling		5,876				\$ 13.93	\$ -	0.000		0.00%		5,876.000	
B-8 CBHS Pharm PC# - 77134 240646-10000-10001681-0003													
ODS-120d ODS NTP Methadone - Dosing		3,290				\$ 13.93	\$ -	0.000		0.00%		3,290.000	
TOTAL		10,367		0.000				0.000		0.00%		1,201.000	

	FOR THE	PERIOD	ENDING	THROUGH	DATE	EXPENSES TO DATE	% OF BUDGET	REMAINING BUDGET
	Budget Amount	\$	146,575.00			\$ -	0.00%	\$ 146,575.00
SUBTOTAL AMOUNT DUE						\$ -		
Less: Initial Payment Recovery								
(For DPH Use) Other Adjustments								
NET REIMBURSEMENT						\$ -		

NOTES:

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