

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

**First Amendment**

THIS AMENDMENT (this “Amendment”) is made as of December 1, 2018, in San Francisco, California, by and between **Westside Community Mental Health Center, Inc., a non-profit entity**, (“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 extend the performance period, increase the contract amount, and update standard contractual clauses; and

WHEREAS, services in this Agreement were procured as required by San Francisco Administrative Code Chapter 21.1 competitively through a Request for Proposal (“RFP”), RFP 8-2017 issued on August 23, 2017 and as per Administrative Code Section 21.42 through Sole Source granted on June 5, 2018, and this modification is consistent therewith; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 46987-16/17 on June 19, 2017 and 40587-17/18 on November 20, 2017; and

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number \_\_\_\_\_ on \_\_\_\_\_.

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 between Contractor and City, as amended by this First Amendment.

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 Section 2.1 of the Agreement currently reads as follows:

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2019, unless earlier terminated as otherwise provided herein.

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

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.

2.2 Section 3.3 Compensation of the Agreement currently reads as follows:

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Five Million Three Hundred Fifty Five Thousand Two Hundred Dollars (\$5,355,200)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. 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.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty Three Million Three Hundred Forty Seven Thousand One Hundred Eighteen Dollars (\$23,347,118)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

**The Appendices listed below are amended as follows:**

**2.3 Appendices B and B-1 to B-4 dated 07/01/18, are hereby replaced in their entirety with Appendices B and B-1 to B-4 dated 12/01/18.**

**Article 3 Effective Date**

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

**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.

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

**CITY**

**CONTRACTOR**

Recommended by:

Westside Community Mental Health Center, Inc.

 12/19/18  
Date  
Greg Wagner  
Acting Director of Health  
Department of Public Health

 12.4.18  
Date  
Mary Ann Jones, Ph.D.  
Chief Executive Officer  
1153 Oak Street  
San Francisco, CA 94117

Supplier ID: 0000008254

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:  12/17/18  
Date  
Deputy City Attorney

Approved:

\_\_\_\_\_  
Alaric Degrafinried                      Date  
Director of the Office of Contract Administration,  
and Purchaser

## **Appendix B Calculation of Charges**

### **1. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year 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 Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon **the effective date** of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health **of an invoice or claim submitted by Contractor, and** of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and Mental Health Service Act (Prop 63) portions of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

## 2. Program Budgets and Final Invoice

A. Program are listed below:

Appendix B-1	Westside Outpatient Clinic
Appendix B-2	Westside Crisis Clinic
Appendix B-3	Westside Assertive Community Treatment (ACT)
Appendix B-4	Westside Child and Adolescent Outpatient Services

B. Compensation

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Twenty Three Million Three Hundred Forty Seven Thousand One Hundred Eighteen Dollars (\$23,347,118)** for the period of **July 1, 2018 through December 31, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$2,501,477)** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. 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 the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY'S Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY'S allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as

follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 through June 30, 2019	\$	4,781,429
July 1, 2019 through June 30, 2020	\$	4,444,909
July 1, 2020 through June 30, 2021	\$	4,556,031
July 1, 2021 through June 30, 2022	\$	4,669,932
July 1, 2022 through December 31, 2022	\$	2,393,340
<b>Subtotal - July 1, 2018 through December 31, 2022</b>	<b>\$</b>	<b>20,845,641</b>
12% Contingency	\$	2,501,477
<b>TOTAL - July 1, 2018 through December 31, 2022</b>	<b>\$</b>	<b>23,347,118</b>

CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

To provide for continuity of services while a new agreement was developed, the Department of Public Health established a contract with Westside Community Mental Health Center, Inc., FSP Contract ID #1000008767 for the same services and for a contract term which partially overlaps the term of this new agreement. The existing contract shall be superseded by this new agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this new agreement.

**3. Services of Attorneys**

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

**4. State or Federal Medi-Cal Revenues**

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation 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.

B. 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."

**5. Reports and Services**

No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

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

DHCS Legal Entity Number: 00351						Page: 5	
Legal Entity Name/Contractor Name: Westside Community Mental Health Center						Fiscal Year: 2018-2019	
Contract ID Number: 1000011455						Funding Notification Date: 09/04/2018	
Appendix Number	B-1	B-2	B-3	B-4			
Provider Number	8976	8976	8976	8900			
Program Name	Westside Outpatient Clinic	Westside Crisis Clinic	Westside Assertive Community Treatment	Westside Child and Adolescent Outpatient Services			(See Page 5 for FYs 2, 3, 4, 4.5)
Program Code	89763	89764	8976SP	89007			
Funding Term	07/01/18- 06/30/19	07/01/18- 06/30/19	07/01/18- 06/30/19	07/01/18- 06/30/19			
						SUB-TOTAL: FISCAL YEAR #1 07/01/18-06/30/19	TOTAL (4.5 YRS): CONTRACT TERM 07/01/18-12/31/22
<b>FUNDING USES</b>							
Salaries	\$ 767,822	\$ 874,720	\$ 623,633	\$ 252,495		\$ 2,518,670	\$ 10,913,539
Employee Benefits	\$ 215,003	\$ 244,925	\$ 174,618	\$ 70,703		\$ 705,249	\$ 3,055,876
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 982,825</b>	<b>\$ 1,119,645</b>	<b>\$ 798,251</b>	<b>\$ 323,198</b>	<b>\$ -</b>	<b>\$ 3,223,919</b>	<b>\$ 13,969,415</b>
Operating Expenses	\$ 263,115	\$ 246,585	\$ 360,445	\$ 63,700		\$ 933,845	\$ 4,157,230
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,245,940</b>	<b>\$ 1,366,230</b>	<b>\$ 1,158,696</b>	<b>\$ 386,898</b>	<b>\$ -</b>	<b>\$ 4,157,764</b>	<b>\$ 18,126,645</b>
Indirect Expenses	\$ 186,891	\$ 204,935	\$ 173,804	\$ 58,035		\$ 623,665	\$ 2,718,996
Indirect %	15.0%	15.0%	15.0%	15.0%	0.0%	15.0%	15.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 1,432,831</b>	<b>\$ 1,571,165</b>	<b>\$ 1,332,500</b>	<b>\$ 444,933</b>	<b>\$ -</b>	<b>\$ 4,781,429</b>	<b>\$ 20,845,641</b>
						Employee Benefits Rate	28.0%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH Adult Fed SDMC FFP (50%)	\$ 478,628	\$ 452,380	\$ 563,252			\$ 1,494,260	\$ 7,029,631
MH Adult State 1991 MH Realignment	\$ 335,707	\$ 361,904	\$ 470,719			\$ 1,168,330	\$ 5,496,316
MH Adult County General Fund	\$ 602,116	\$ 740,501	\$ 298,529			\$ 1,641,146	\$ 7,720,646
MH Adult Medicare	\$ 16,380	\$ 16,380				\$ 32,760	\$ 154,115
MH CYF State 1991 Realignment				\$ 36,264		\$ 36,264	\$ 36,264
MH CYF County General Fund				\$ 370,997		\$ 370,997	\$ 370,997
MH MSA (PEI)				\$ 37,672		\$ 37,672	\$ 37,672
							\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,432,831</b>	<b>\$ 1,571,165</b>	<b>\$ 1,332,500</b>	<b>\$ 444,933</b>	<b>\$ -</b>	<b>\$ 4,781,429</b>	<b>\$ 20,845,641</b>
<b>BHS SUD FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,432,831</b>	<b>\$ 1,571,165</b>	<b>\$ 1,332,500</b>	<b>\$ 444,933</b>	<b>\$ -</b>	<b>\$ 4,781,429</b>	<b>\$ 20,845,641</b>
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,432,831</b>	<b>\$ 1,571,165</b>	<b>\$ 1,332,500</b>	<b>\$ 444,933</b>	<b>\$ -</b>	<b>\$ 4,781,429</b>	<b>\$ 20,845,641</b>
Prepared By: Danielle Oncken				Phone Number		415 431-9000	Ext 1115

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

DHCS Legal Entity Number: 00351					Page: 6
Legal Entity Name/Contractor Name: <u>Westside Community Mental Health Center</u>					Fiscal Year: 2018-2019
Contract ID Number: 1000011455					Funding Notification Date: 09/04/2018
<b>*NOTE: Assumes 2.39% COLA on each year's total contract amount to reflect the CODB ratio of total funding subject to a CODB.</b>					
	SUBTOTAL: (see *NOTE)	SUBTOTAL: (see *NOTE)	SUBTOTAL: (see *NOTE)	SUBTOTAL: (see *NOTE)	SUB-TOTAL (3.5 Yrs): (see *NOTE)
1.025 Funding Term	FISCAL YEAR #2 07/01/19-06/30/20	FISCAL YEAR #3 07/01/20-06/30/21	FISCAL YEAR #4 07/01/21-06/30/22	FISCAL YEAR #4.5 07/01/22-12/31/22	FISCAL YEAR #s 2-4.5 07/01/19-12/31/22
<b>FUNDING USES</b>					
Salaries	\$ 2,322,829	\$ 2,380,900	\$ 2,440,423	\$ 1,250,717	\$ 8,394,869
Employee Benefits	\$ 650,410	\$ 666,670	\$ 683,337	\$ 350,210	\$ 2,350,627
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 2,973,239</b>	<b>\$ 3,047,570</b>	<b>\$ 3,123,760</b>	<b>\$ 1,600,927</b>	<b>\$ -</b>
Operating Expenses	\$ 891,899	\$ 914,196	\$ 937,051	\$ 480,239	\$ 3,223,385
Capital Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 3,865,138</b>	<b>\$ 3,961,766</b>	<b>\$ 4,060,811</b>	<b>\$ 2,081,166</b>	<b>\$ -</b>
Indirect Expenses	\$ 579,771	\$ 594,265	\$ 609,121	\$ 312,174	\$ 2,095,331
Indirect %	15.0%	15.0%	15.0%	15.0%	0.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 4,444,909</b>	<b>\$ 4,556,031</b>	<b>\$ 4,669,932</b>	<b>\$ 2,393,340</b>	<b>\$ -</b>
					0.0%
					28.0%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
MH Adult Fed SDMC FFP (50%)	\$ 1,531,617	\$ 1,569,907	\$ 1,609,155	\$ 824,692	\$ 5,535,371
MH Adult State 1991 MH Realignment	\$ 1,197,538	\$ 1,227,476	\$ 1,258,163	\$ 644,809	\$ 4,327,986
MH Adult County General Fund	\$ 1,682,175	\$ 1,724,230	\$ 1,767,336	\$ 905,759	\$ 6,079,500
MH Adult Medicare	\$ 33,579	\$ 34,418	\$ 35,278	\$ 18,080	\$ 121,355
MH CYF State 1991 Realignment					\$ -
MH CYF County General Fund					\$ -
MH MHSA (PEI)					\$ -
					\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 4,444,909</b>	<b>\$ 4,556,031</b>	<b>\$ 4,669,932</b>	<b>\$ 2,393,340</b>	<b>\$ -</b>
<b>BHS SUD FUNDING SOURCES</b>					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>					
					\$ -
					\$ -
					\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 4,444,909</b>	<b>\$ 4,556,031</b>	<b>\$ 4,669,932</b>	<b>\$ 2,393,340</b>	<b>\$ -</b>
<b>NON-DPH FUNDING SOURCES</b>					
					\$ -
					\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 4,444,909</b>	<b>\$ 4,556,031</b>	<b>\$ 4,669,932</b>	<b>\$ 2,393,340</b>	<b>\$ -</b>
Prepared By	Danielle Oncken			Phone Number	415 431-9000
					Ext 1115



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

DHCS Legal Entity Number 00351		Appendix Number: B-1			
Provider Name <u>Westside Community Services</u>		Page Number: 1			
Provider Number <u>8976</u>		Fiscal Year: 2018-2019			
		Funding Notification Date: 09/04/2018			
Program Name	Westside	Westside	Westside	Westside	Westside
Program Code	Outpatient Clinic	Outpatient Clinic	Outpatient Clinic	Outpatient Clinic	Outpatient Clinic
Mode/SFC (MH) or Modality (SUD)	89763	89763	89763	89763	89763
Service Description	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29
Funding Term (mm/dd/yy-mm/dd/yy):	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs
	07/01/18- 06/30/19	07/01/18- 06/30/19	07/01/18- 06/30/19	07/01/18- 06/30/19	07/01/18- 06/30/19
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits	56,049	301,274	493,842	112,531	19,130
Operating Expenses	15,005	80,655	132,208	30,126	5,121
Capital Expenses					
<b>Subtotal Direct Expenses</b>	<b>71,054</b>	<b>381,929</b>	<b>626,049</b>	<b>142,657</b>	<b>24,251</b>
Indirect Expenses	10,658	57,289	93,907	21,399	3,638
<b>TOTAL FUNDING USES</b>	<b>81,712</b>	<b>439,218</b>	<b>719,957</b>	<b>164,055</b>	<b>27,889</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	27,837	149,630	245,271	55,890
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	19,525	104,950	172,032	39,200
MH Adult County General Fund	251984-10000-10001792-0001	33,397	179,517	294,260	67,052
MH Adult Medicare	251984-10000-10001792-0001	953	5,121	8,394	1,913
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>81,712</b>	<b>439,218</b>	<b>719,957</b>	<b>164,055</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS SUD FUNDING SOURCES</b>		-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>81,712</b>	<b>439,218</b>	<b>719,957</b>	<b>164,055</b>
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>81,712</b>	<b>439,218</b>	<b>719,957</b>	<b>164,055</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs					
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	34,920	144,480	101,260	27,480	232
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.34	\$ 3.04	\$ 7.11	\$ 5.97	\$ 120.21
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.34	\$ 3.04	\$ 7.11	\$ 5.97	\$ 120.21
Published Rate (Medi-Cal Providers Only)	\$ 2.53	\$ 3.27	\$ 8.00	\$ 6.00	\$ 126.20
Unduplicated Clients (UDC)	163	163	100	25	25
					<b>Total UDC</b>
					163



**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Westside Outpatient Clinic  
 Program Code 89763

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2018-2019  
 Funding Notification Date 09/04/2018

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18- 06/30/19	07/01/18- 06/30/19	(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	\$ 121,150.00	\$ 121,150.00					
Utilities (telephone, electricity, water, gas)	\$ 24,450.00	\$ 24,450.00					
Building Repair/Maintenance	\$ 9,100.00	\$ 9,100.00					
Building Depreciation & Amortization	\$ 904.00	\$ 904.00					
<b>Occupancy Total:</b>	<b>\$ 155,604.00</b>	<b>\$ 155,604.00</b>	<b>\$ -</b>				
Office Supplies	\$ 5,803.00	\$ 5,803.00					
Photocopying	\$ 20.00	\$ 20.00					
Program Supplies	\$ -	\$ -					
Computer Hardware/Software	\$ 900.00	\$ 900.00					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 6,723.00</b>	<b>\$ 6,723.00</b>	<b>\$ -</b>				
Training/Staff Development	\$ 2,750.00	\$ 2,750.00					
Insurance	\$ 13,300.00	\$ 13,300.00					
Professional License	\$ -	\$ -					
Security Services	\$ 28,565.00	\$ 28,565.00					
Equipment Lease & Maintenance	\$ 20,250.00	\$ 20,250.00					
Equipment Depreciation & Amortization	\$ 273.00	\$ 273.00					
Dues & Subscriptions	\$ 250.00	\$ 250.00					
Advertising	\$ 200.00	\$ 200.00					
<b>General Operating Total:</b>	<b>\$ 65,588.00</b>	<b>\$ 65,588.00</b>	<b>\$ -</b>				
Local Travel	\$ 3,000.00	\$ 3,000.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 3,000.00</b>	<b>\$ 3,000.00</b>	<b>\$ -</b>				
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -					
Perry Lisker, JD, MSW, LCSW, from 7/1/18 to 6/30/19, provides clinical supervision @ \$75 per hour for 416 hours.	\$ 31,200.00	\$ 31,200.00					
<b>Consultant/Subcontractor Total:</b>	<b>\$ 31,200.00</b>	<b>\$ 31,200.00</b>	<b>\$ -</b>				
Other (provide detail):	\$ -	\$ -					
	\$ -	\$ -					
Client Supplies/Services (As Recorded in G/L)	\$ 1,000.00	\$ 1,000.00					
	\$ -	\$ -					
	\$ -	\$ -					
<b>Other Total:</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>	<b>\$ -</b>				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 263,115.00</b>	<b>\$ 263,115.00</b>	<b>\$ -</b>				

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

DHCS Legal Entity Number 00351		Appendix Number: B-2				
Provider Name Westside Community Services		Page Number: 1				
Provider Number 8976		Fiscal Year: 2018-2019				
		Funding Notification Date: 09/04/18				
Program Name	Westside Crisis Clinic	Westside Crisis Clinic	Westside Crisis Clinic	Westside Crisis Clinic	Westside Crisis Clinic	
Program Code	89764	89764	89764	89764	89764	
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	
<b>FUNDING USES</b>						<b>TOTAL</b>
Salaries & Employee Benefits	1,001	2,995	598,285	514,794	2,570	1,119,645
Operating Expenses	221	659	131,763	113,376	566	246,585
Capital Expenses						
<b>Subtotal Direct Expenses</b>	<b>1,222</b>	<b>3,654</b>	<b>730,048</b>	<b>628,170</b>	<b>3,136</b>	<b>1,366,230</b>
Indirect Expenses	184	548	109,507	94,226	470	204,935
<b>TOTAL FUNDING USES</b>	<b>1,406</b>	<b>4,202</b>	<b>839,555</b>	<b>722,396</b>	<b>3,606</b>	<b>1,571,165</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	406	1,213	242,286	208,475	452,380
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	323	967	193,192	166,232	361,904
MH Adult County General Fund	251984-10000-10001792-0001	662	1,978	395,305	340,140	740,501
MH Adult Medicare	251984-10000-10001792-0001	15	44	8,772	7,549	16,380
This row left blank for funding sources not in drop-down list						
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>1,406</b>	<b>4,202</b>	<b>839,555</b>	<b>722,396</b>	<b>3,606</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>					
						-
						-
						-
This row left blank for funding sources not in drop-down list						
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>					
						-
						-
						-
This row left blank for funding sources not in drop-down list						
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>1,406</b>	<b>4,202</b>	<b>839,555</b>	<b>722,396</b>	<b>3,606</b>
<b>NON-DPH FUNDING SOURCES</b>						
						-
This row left blank for funding sources not in drop-down list						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>1,406</b>	<b>4,202</b>	<b>839,555</b>	<b>722,396</b>	<b>3,606</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
	Number of Beds Purchased					
	SUD Only - Number of Outpatient Group Counseling Sessions					
	SUD Only - Licensed Capacity for Narcotic Treatment Programs					
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	600	1,380	118,080	121,003	30	
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.34	\$ 3.04	\$ 7.11	\$ 5.97	\$ 120.20	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.34	\$ 3.04	\$ 7.11	\$ 5.97	\$ 120.20	
Published Rate (Medi-Cal Providers Only)	\$ 2.53	\$ 3.27	\$ 8.00	\$ 6.00	\$ 126.20	
Unduplicated Clients (UDC)	25	25	750	875	30	875



**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Westside Crisis Clinic  
 Program Code 89764

Appendix Number: B-2  
 Page Number: 3  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 09/04/2018

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18- 06/30/2019	07/01/18- 06/30/2019	(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	\$ 140,100.00	\$ 140,100.00					
Utilities (telephone, electricity, water, gas)	\$ 20,600.00	\$ 20,600.00					
Building Repair/Maintenance	\$ 7,150.00	\$ 7,150.00					
Building Depreciation & Amortization	\$ 788.00	\$ 788.00					
<b>Occupancy Total:</b>	<b>\$ 168,638.00</b>	<b>\$ 168,638.00</b>	<b>\$ -</b>				
Office Supplies	\$ 6,446.00	\$ 6,446.00					
Photocopying	\$ 150.00	\$ 150.00					
Program Supplies	\$ -	\$ -					
Computer Hardware/Software	\$ 1,100.00	\$ 1,100.00					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 7,696.00</b>	<b>\$ 7,696.00</b>	<b>\$ -</b>				
Training/Staff Development	\$ 3,800.00	\$ 3,800.00					
Insurance	\$ 13,500.00	\$ 13,500.00					
Professional License	\$ 150.00	\$ 150.00					
Security Services	\$ 22,295.00	\$ 22,295.00					
Equipment Lease & Maintenance	\$ 16,300.00	\$ 16,300.00					
Equipment Depreciation & Amortization	\$ 306.00	\$ 306.00					
Dues & Subscriptions	\$ 400.00	\$ 400.00					
Advertising	\$ 100.00	\$ 100.00					
<b>General Operating Total:</b>	<b>\$ 56,851.00</b>	<b>\$ 56,851.00</b>	<b>\$ -</b>				
Local Travel	\$ 3,500.00	\$ 3,500.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 3,500.00</b>	<b>\$ 3,500.00</b>	<b>\$ -</b>				
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -					
	\$ -	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -	\$ -					
	\$ -	\$ -					
Client Supplies/Services (As Recorded in G/L)	\$ 7,100.00	\$ 7,100.00					
Temporary Help	\$ 2,800.00	\$ 2,800.00					
	\$ -	\$ -					
<b>Other Total:</b>	<b>\$ 9,900.00</b>	<b>\$ 9,900.00</b>	<b>\$ -</b>				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 246,585.00</b>	<b>\$ 246,585.00</b>	<b>\$ -</b>				

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

DHCS Legal Entity Number 00351							Appendix Number: B-3
Provider Name Westside Community Services							Page Number: 1
Provider Number 8976							Fiscal Year: 2018-2019
							Funding Notification Date: 09/04/18
	Westside Assertive Community Treatment	Westside Assertive Community Treatment	Westside Assertive Community Treatment	Westside Assertive Community Treatment	Westside Assertive Community Treatment	Westside Assertive Community Treatment	
Program Name	8976SP	8976SP	8976SP	8976SP	8976SP	8976SP	
Program Code	15/01-09	15/10-57, 59	15/60-69	15/70-79	60/72	45/10-19	
Mode/SFC (MH) or Modality (SUD)	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	SS-Client Flexible Support Exp	OS-MH Promotion	
Service Description							
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits	191,388	90,933	403,387	70,861		41,682	798,251
Operating Expenses	77,397	36,773	163,128	28,656	37,635	16,856	360,445
Capital Expenses							-
<b>Subtotal Direct Expenses</b>	<b>268,785</b>	<b>127,706</b>	<b>566,515</b>	<b>99,517</b>	<b>37,635</b>	<b>58,538</b>	<b>1,158,696</b>
Indirect Expenses	40,317	19,156	84,978	14,928	5,645	8,780	173,804
<b>TOTAL FUNDING USES</b>	<b>309,102</b>	<b>146,862</b>	<b>651,493</b>	<b>114,445</b>	<b>43,280</b>	<b>67,318</b>	<b>1,332,500</b>
<b>BHS MENTAL HEALTH FUNDING SOURCE</b>	<b>Dept-Auth-Proj-Activity</b>						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	152,042	69,520	287,108	54,582		563,252
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	127,064	58,098	239,941	45,616		470,719
MH Adult County General Fund	251984-10000-10001792-0001	29,996	19,244	124,444	14,247	43,280	298,529
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>309,102</b>	<b>146,862</b>	<b>651,493</b>	<b>114,445</b>	<b>43,280</b>	<b>1,332,500</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
							-
							-
							-
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
							-
							-
This row left blank for funding sources not in drop-down list							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>309,102</b>	<b>146,862</b>	<b>651,493</b>	<b>114,445</b>	<b>43,280</b>	<b>1,332,500</b>
<b>NON-DPH FUNDING SOURCES</b>							
							-
This row left blank for funding sources not in drop-down list							
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>309,102</b>	<b>146,862</b>	<b>651,493</b>	<b>114,445</b>	<b>43,280</b>	<b>1,332,500</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
	<b>Number of Beds Purchased</b>						
	<b>SUD Only - Number of Outpatient Group Counseling Sessions</b>						
	<b>SUD Only - Licensed Capacity for Narcotic Treatment Programs</b>						
	<b>Payment Method</b>	<b>Fee-For-Service (FFS)</b>	<b>Fee-For-Service (FFS)</b>	<b>Fee-For-Service (FFS)</b>	<b>Fee-For-Service (FFS)</b>	<b>Cost Reimbursement (CR)</b>	<b>Fee-For-Service (FFS)</b>
DPH Units of Service	132,095	48,310	91,630	19,170	1	560	
	<b>Unit Type</b>	<b>Staff Minute</b>	<b>Staff Minute</b>	<b>Staff Minute</b>	<b>Staff Minute</b>	<b>Staff Hour or Client Day, depending on contract.</b>	<b>Staff Hour</b>
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.34	\$ 3.04	\$ 7.11	\$ 5.97	\$ 42,280.00	\$ 120.21	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.34	\$ 3.04	\$ 7.11	\$ 5.97	\$ 43,280.00	\$ 120.21	
Published Rate (Medi-Cal Providers Only)	\$ 2.53	\$ 3.27	\$ 8.00	\$ 6.00	\$ 43,280.00	\$ 126.20	<b>Total UDC</b>
Unduplicated Clients (UDC)	80	80	80	35	80	14	80



**Appendix B - DPH 4: Operating Expenses Detail**

Program Name **Westside Assertive Community Treatment**  
 Program Code 8976

Appendix Number: **B-3**  
 Page Number: 3  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 09/04/2018

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Cost Reimbursement	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18- 06/30/2019	07/01/18- 06/30/2019	(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	\$ 169,600.00	\$ 169,600.00					
Utilities(telephone, electricity, water, gas)	\$ 35,900.00	\$ 35,900.00					
Building Repair/Maintenance	\$ 17,300.00	\$ 17,300.00					
Building Depreciation & Amortization	\$ 817.00	\$ 817.00					
<b>Occupancy Total:</b>	<b>\$ 223,617.00</b>	<b>\$ 223,617.00</b>	<b>\$ -</b>				
Office Supplies	\$ 8,801.00	\$ 8,801.00					
Photocopying	\$ 50.00	\$ 50.00					
Program Supplies	\$ -	\$ -					
Computer Hardware/Software	\$ 1,200.00	\$ 1,200.00					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 10,051.00</b>	<b>\$ 10,051.00</b>	<b>\$ -</b>				
Training/Staff Development	\$ 2,300.00	\$ 2,300.00					
Insurance	\$ 20,500.00	\$ 20,500.00					
Professional License	\$ 300.00	\$ 300.00					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 22,150.00	\$ 22,150.00					
Equipment Depreciation & Amortization	\$ 442.00	\$ 442.00					
Dues & Subscriptions	\$ 500.00	\$ 500.00					
Advertising	\$ 500.00	\$ 500.00					
<b>General Operating Total:</b>	<b>\$ 46,692.00</b>	<b>\$ 46,692.00</b>	<b>\$ -</b>				
Local Travel	\$ 24,300.00	\$ 24,300.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 24,300.00</b>	<b>\$ 24,300.00</b>	<b>\$ -</b>				
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -					
Perry Lisker, JD, MSW, LCSW, from 7/1/18 to 6/30/19, provides clinical supervision @ \$75 per hour for 104 hours.	\$ 7,800.00	\$ 7,800.00					
<b>Consultant/Subcontractor Total:</b>	<b>\$ 7,800.00</b>	<b>\$ 7,800.00</b>	<b>\$ -</b>				
Other (provide detail):	\$ -	\$ -					
Client /Trainee Stipends	\$ 10,000.00	\$ 10,000.00					
Client Supplies/Services (As Recorded in G/	\$ 37,635.00	\$ -	\$ 37,635.00				
Client Travel	\$ 350.00	\$ 350.00					
<b>Other Total:</b>	<b>\$ 47,985.00</b>	<b>\$ 10,350.00</b>	<b>\$ 37,635.00</b>				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 360,445.00</b>	<b>\$ 322,810.00</b>	<b>\$ 37,635.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00351							Appendix Number:	B-4
Provider Name Westside Community Services							Page Number:	1
Provider Number 8900							Fiscal Year:	2018-2019
							Funding Notification Date:	09/04/2018
Program Name	Westside Child and Adolescent Outpatient Services							
Program Code	89007	89007	89007	89007	89007	89007		
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/10-19		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	OS-MH Promotion		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019		
<b>FUNDING USES</b>							<b>TOTAL</b>	
Salaries & Employee Benefits	2,050	101,884	1,663	871	189,365	27,365	323,198	
Operating Expenses	404	20,081	328	172	37,322	5,393	63,700	
Capital Expenses							-	
<b>Subtotal Direct Expenses</b>	<b>2,454</b>	<b>121,965</b>	<b>1,991</b>	<b>1,043</b>	<b>226,687</b>	<b>32,758</b>	<b>386,898</b>	
Indirect Expenses	368	18,295	299	156	34,003	4,914	58,035	
<b>TOTAL FUNDING USES</b>	<b>2,822</b>	<b>140,260</b>	<b>2,289</b>	<b>1,200</b>	<b>260,690</b>	<b>37,672</b>	<b>444,933</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>							
MH CYF State 1991 Realignment	251962-10000-10001670-0001	698	34,703	566	297		36,264	
MH CYF County General Fund	251962-10000-10001670-0001	2,124	105,557	1,723	903	260,690	370,997	
MH MHSA (PEI)	251984-17156-10031199-0020						37,672	
							-	
This row left blank for funding sources not in drop-down list								
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>2,822</b>	<b>140,260</b>	<b>2,289</b>	<b>1,200</b>	<b>260,690</b>	<b>37,672</b>	
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>							
							-	
							-	
							-	
This row left blank for funding sources not in drop-down list								
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>							
							-	
							-	
This row left blank for funding sources not in drop-down list								
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>TOTAL DPH FUNDING SOURCES</b>		<b>2,822</b>	<b>140,260</b>	<b>2,289</b>	<b>1,200</b>	<b>260,690</b>	<b>37,672</b>	
<b>NON-DPH FUNDING SOURCES</b>								
This row left blank for funding sources not in drop-down list								
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>2,822</b>	<b>140,260</b>	<b>2,289</b>	<b>1,200</b>	<b>260,690</b>	<b>37,672</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>								
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	1,206	46,138	322	201	2,169	313		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.34	\$ 3.04	\$ 7.11	\$ 5.97	\$ 120.21	\$ 120.21		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.34	\$ 3.04	\$ 7.11	\$ 5.97	\$ 120.21	\$ 120.21		
Published Rate (Medi-Cal Providers Only)	\$ 2.53	\$ 3.27	\$ 8.00	\$ 6.00	\$ 126.20	\$ 126.20		
Unduplicated Clients (UDC)	30	30	30	30	30	30	<b>Total UDC</b>	
							30	



**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Westside Child and Adolescent Outpatient Services  
 Program Code 89007

Appendix Number: B-4  
 Page Number: 3  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 09/04/2018

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	251984-17156-10031199-0020	Dept.-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18 - 06/30/19	07/01/18 - 06/30/19	07/01/18 - 06/30/19	(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	\$ 25,000.00	\$ 22,883.00	\$ 2,117.00				
Utilities (telephone, electricity, water, gas)	\$ 2,720.00	\$ 2,490.00	\$ 230.00				
Building Repair/Maintenance	\$ -	\$ -	\$ -				
Building Depreciation & Amortization	\$ 408.00	\$ 373.00	\$ 35.00				
<b>Occupancy Total:</b>	<b>\$ 28,128.00</b>	<b>\$ 25,746.00</b>	<b>\$ 2,382.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ -						
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -	\$ -	\$ -				
Insurance	\$ 18,250.00	\$ 16,705.00	\$ 1,545.00				
Professional License	\$ -	\$ -	\$ -				
Permits	\$ -	\$ -	\$ -				
Equipment Lease & Maintenance	\$ -	\$ -	\$ -				
Equipment Depreciation & Amortization	\$ 512.00	\$ 469.00	\$ 43.00				
<b>General Operating Total:</b>	<b>\$ 18,762.00</b>	<b>\$ 17,174.00</b>	<b>\$ 1,588.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 6,000.00	\$ 5,492.00	\$ 508.00				
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 6,000.00</b>	<b>\$ 5,492.00</b>	<b>\$ 508.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
Perry Lisker, JD, MSW, LCSW, from 7/1/18 to 6/30/19, provides clinical supervision @ \$75 per hour for 104 hours.	\$ 7,800.00	\$ 7,140.00	\$ 660.00				
<b>Consultant/Subcontractor Total:</b>	<b>\$ 7,800.00</b>	<b>\$ 7,140.00</b>	<b>\$ 660.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Client Supplies/Services (goody bags for holidays)	\$ 3,010.00	\$ 2,755.00	\$ 255.00				
	\$ -						
<b>Other Total:</b>	<b>\$ 3,010.00</b>	<b>\$ 2,755.00</b>	<b>\$ 255.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 63,700.00</b>	<b>\$ 58,307.00</b>	<b>\$ 5,393.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>