

1 [Contract Amendment - Westside Community Mental Health Center, Inc. - Substance Use
2 Disorder Services - Not to Exceed \$15,580,935]

3 **Resolution approving Amendment No. 2 to the agreement between Westside**
4 **Community Mental Health Center, Inc. and the Department of Public Health (DPH), for**
5 **substance use disorder services; to increase the agreement by \$6,526,688 for an**
6 **amount not to exceed \$15,580,935; to extend the term by three years from**
7 **June 30, 2023, for a total agreement term of July 1, 2017, through June 30, 2026; and to**
8 **authorize DPH to enter into amendments or modifications to the contract prior to its**
9 **final execution by all parties that do not materially increase the obligations or liabilities**
10 **to the City and are necessary to effectuate the purposes of the contract or this**
11 **Resolution.**

12
13 WHEREAS, The Department of Public Health (DPH), selected Westside Community
14 Mental Health Center, Inc. (Westside) through a Request for Proposal process, RFP 26-2016,
15 issued on September 27, 2016, in order to provide methadone maintenance and support
16 services; and

17 WHEREAS, DPH wishes to amend the agreement to continue providing methadone
18 maintenance and support services with the length of the term anticipated in RFP 26-2016, by
19 extending the term by three years, from June 30, 2023, through June 30, 2026, increasing the
20 contract by \$6,526,688 for a total contract amount not to exceed \$15,580,935 and for a total
21 agreement term of July 1, 2017, through June 30, 2026; now, therefore, be it

22 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public
23 Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the
24 City and County of San Francisco, to execute Amendment No. 2 to the agreement with
25 Westside for methadone maintenance and support services, increasing the contract

1 by \$6,526,688, for a total contract amount not to exceed \$15,580,935 and for a total
2 agreement term of July 1, 2017, through December 31, 2026; and, be it

3 FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of
4 Public Health to enter into any amendments or modifications to the contract, prior to its final
5 execution by all parties, that the Department determines, in consultation with the City
6 Attorney, are in the best interests of the City, do not otherwise materially increase the
7 obligations or liabilities of the City, are necessary or advisable to effectuate the purposes of
8 the contract, and are in compliance with all applicable laws; and, be it

9 FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed
10 by all parties, the Director of Health and/or the Director of the Office of Contract
11 Administration/Purchaser shall provide the final contracts to the Clerk of the Board for inclusion
12 into the official File No. 230353.

13

14 RECOMMENDED

15 /s/ _____

16 Dr. Grant Colfax

17 Director of Health

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CITY AND COUNTY OF SAN FRANCISCO

BOARD OF SUPERVISORS

BUDGET AND LEGISLATIVE ANALYST

1390 Market Street, Suite 1150, San Francisco, CA 94102 (415) 552-9292
FAX (415) 252-0461

April 21, 2023


TO: Homelessness & Behavioral Health Select Committee 
FROM: Budget and Legislative Analyst
SUBJECT: April 28, 2023 Homelessness & Behavioral Health Select Committee Meeting

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Item 2 File 23-0353	Department: Department of Public Health (DPH)
EXECUTIVE SUMMARY	
<p>Legislative Objectives</p> <ul style="list-style-type: none"> • The proposed resolution would approve Amendment No. 2 to the substance use disorder services contract between the Department of Public Health (DPH) and Westside Community Mental Health Center, Inc. (Westside), extending the term by three years through June 2026, and increasing the not-to-exceed amount by \$6,526,688, for a total not to exceed \$15,580,935. <p>Key Points</p> <ul style="list-style-type: none"> • Westside operates the Westside Methadone Maintenance Program at 1301 Pierce Street to provide methadone and counseling for opiate addiction. The target population is adults addicted to heroin, with a particular focus on the African American population residing in the Western Addition, Tenderloin, and South of Market Area, as well as the homeless population. • The contract is budgeted to service 280 clients per year, but served 190 clients in FY 2020-21 and 196 clients in FY 2021-22. The Westside facility was under renovation in FY 2020-21 and services were provided in a mobile van and trailers through FY 2021-22, which impacted service provision. According to DPH, prior to the renovation, Westside service 299 clients in FY 2018-19 and 243 in FY 2019-20. • From FY 2012-13 through FY 2019-20, Westside operated at a financial deficit and depleted its reserves. More recently, Westside operated at a surplus in FY 2020-21 and FY 2021-22. DPH currently rates Westside as a “moderate risk” agency, meaning that it has a good financial standing, but requires close monitoring as it could fall into financial trouble. <p>Fiscal Impact</p> <ul style="list-style-type: none"> • Annual program costs in FY 2023-24 are \$1.9 million. Costs are funded approximately 50 percent by federal sources, 27 percent by state sources, and 23 percent by the City’s General Fund. <p>Recommendation</p> <ul style="list-style-type: none"> • Approve the proposed resolution. 	

MANDATE STATEMENT

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

BACKGROUND

In 2016, the Department of Public Health (DPH) issued a Request for Proposals (RFP) for substance use disorder services, which included the category of narcotic treatment modality. DPH received seven responses and an evaluation panel reviewed and scored them, as shown in Exhibit 1 below.¹

Exhibit 1: Proposals and Scores from RFP (Narcotic Treatment Modality)

Proposer	Score (Out of 100)
UCSF Psychiatry DSAAM	95.00
Bayview Hunters Point Foundation	94.04
Addiction Research & Treatment	89.66
Westside Community Services	87.07
BAART, BHS	86.20
Fort Help, Mission	83.97
Fort Help, LLC	81.44

Source: DPH

Westside Community Services (also known as Westside Community Mental Health Center, or Westside) was selected under this RFP and was awarded a contract, along with all other proposers. In June 2018, DPH retroactively executed a contract with Westside Community Services for a term of five years, from July 2017 through June 2022, and an amount not to exceed \$8,869,794.² The original agreement included funding for medication assisted opiate addiction treatment, counseling, HIV testing, and payment for services provided in FY 2012-13 and FY 2013-14, which totaled \$140,367.³

In July 2022, DPH executed Amendment No. 1 to the contract, extending the term by one year through June 2023, and increasing the not-to-exceed amount by \$184,453, for a total not to exceed \$9,054,247. The first amendment removed HIV testing because this service became a

¹ The evaluation panel consisted of a Mental Health Services Manager from the County of Solano, a Substance Use Disorder Programs Coordinator from DPH, a Representative from HealthRight 360, and a Manager from the Tenderloin Neighborhood Corporation.

² According to DPH staff, the 2017 agreement was approved in 2018 because of delays in completing solicitations of behavioral health service providers. Existing contracts were extended for 18 months to ensure continuity of services while new contracts were procured.

³ Michelle Ruggels, Director of the DPH Business Office advises that the resolution to a reimbursement discrepancy identified in the delayed FY 2012-13 and FY 2013-14 annual State Cost Report Settlement pertaining to Westside's Methadone Maintenance Program was to use this contract in FY 2017-18 to reimburse previously unreimbursed deliverables totaling \$140,367.

stand-alone contract under the DPH Section Community Health Education and Prevention (CHEP) that manages HIV prevention services.

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve Amendment No. 2 to the substance use disorder services contract between DPH and Westside, extending the term by three years through June 2026, and increasing the not-to-exceed amount by \$6,526,688, for a total not to exceed \$15,580,935. The resolution would also authorize DPH to make further immaterial amendments to the contract.

Under the contract, Westside operates the Westside Methadone Maintenance Program at 1301 Pierce Street to provide methadone and buprenorphine treatment for opiate addiction to reduce the impact of opiate abuse and addiction for adults. The target population is adults addicted to heroin, with a particular focus on the African American population residing in the Western Addition, Tenderloin, and South of Market Area, as well as the homeless population. Services include intake, individual and group counseling, patient education, medication services, collateral services, crisis intervention, treatment planning, medical psychotherapy, and discharge. DPH estimates that the contract annually serves approximately 280 unduplicated clients and funds approximately 12.62 full-time equivalent (FTE) positions.

Fiscal and Performance Monitoring

Program Performance

FY 2020-21 program monitoring indicated that Westside met 75 percent of contracted performance objectives⁴ and 80 percent of contracted units of service.⁵ In FY 2020-21, Westside served 190 clients and was budgeted to service 280. The Westside facility was under renovation in FY 2020-21 and services were provided in a mobile van and trailers through FY 2021-22, which impacted service provision. According to DPH, prior to the renovation, Westside service 299 clients in FY 2018-19 and 243 in FY 2019-20.

DPH required a plan of action in the FY 2020-21 program monitoring report because Westside did not record initial requests for service (phones and walk-ins) despite repeated requests to address this issue. According to DPH, Westside submitted a corrective action plan, indicating that the staff were retrained on April 4-5, 2022 and used this training opportunity to enter the data for the intakes that occurred during FY 2020-21.

The FY 2021-22 program monitoring report indicated that Westside met 94 percent of contracted performance objectives, including the objective linked to the prior Plan of Action, 60 percent of

⁴ Performance objectives included (1) At least 80% of psychiatric emergency services (PES) episodes occurring in FY 2020-21 will not be followed by a readmission to PES within 30 days; (2) At least 70% of clients admitted to a methadone maintenance treatment program will stay in treatment \geq 12 months; (3) 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log; and (4) 100% of clients discharged during FY 2020-21 will have the CalOMS Discharge Status field completed.

⁵ Units of service refer to client encounters. According to the FY 2020-21 and FY 2021-22 monitoring reports, medication assistant treatment consisted entirely of methadone, which DPH reports is often preferred by clients. During COVID, buprenorphine could be authorized via telehealth, rather than in-person visits, which may also explain why Westside had not buprenorphine clients in FY 2020-21 and FY 2021-22.

its target for contracted units of service (client encounters), and served 196 clients out of a contracted 280 clients. Surveys indicated that 71.7 percent of clients were satisfied with the services provided to them.

However, the FY 2021-22 program monitoring report required a new Plan of Action because the monitor could not locate credentialing documents, emergency responses plans, fire clearance certifications, and required facility signage.

Financial Condition

From FY 2012-13 through FY 2019-20, Westside operated at a deficit for eight consecutive years. DPH's external auditors noted a "going concern" in their audited financial statements as Westside depleted its operating reserves in FY 2018-19 and FY 2019-20, and the Controller's Office issued an "elevated concern" and initialized a technical assistance workplan in September 2019. However, Westside operated at a surplus in FY 2020-21 and FY 2021-22. DPH currently rates Westside as a "moderate risk" agency, meaning that it has a good financial standing, but requires close monitoring as it could fall into financial trouble. Specifically, DPH is monitoring Westside's ability to repay a \$1 million Payroll Protection Program (PPP) loan and its transition from a cost reimbursement model to fee-for-service.

FISCAL IMPACT

The proposed Amendment No. 2 would increase the not-to-exceed amount of the contract by \$6,526,688, for a total not to exceed \$15,580,935. The estimated annual sources and uses of funds for the three-year contract extension are shown in Exhibit 2 below.

Exhibit 2: Westside Sources and Uses

Sources	FY 2023-24	FY 2024-25	FY 2025-26	Total
Federal Sources	\$892,954	\$892,954	\$892,954	\$2,678,862
State Sources	480,822	480,822	480,822	1,442,466
City General Fund	486,260	560,662	638,039	1,684,961
<i>Subtotal</i>	<i>\$1,860,036</i>	<i>\$1,934,438</i>	<i>\$2,011,815</i>	<i>\$5,806,289</i>
Contingency (12%)	223,204	232,133	241,418	696,755
Total Sources	\$2,083,241	\$2,166,570	\$2,253,233	\$6,503,044

Uses	FY 2023-24	FY 2024-25	FY 2025-26	Total
Methadone Maintenance Program	\$1,860,036	\$1,934,438	\$2,011,815	\$5,806,289
Contingency (12%)	223,204	232,133	241,418	696,755
Total Uses	\$2,083,241	\$2,166,570	\$2,253,233	\$6,503,044
Actual Expenditures (through FY 2022-23) ⁶				9,077,893
Total Not-to-Exceed				\$15,580,935

Source: DPH. Totals may not add due to rounding.

⁶ This amount includes actual expenditures of \$7,074,777 through FY 2021-22 and projected expenditures (including a contingency) of \$2,003,116 in FY 2022-23.

The contract includes a 12 percent contingency to account for cost escalation, new programs, and/or expansion of the methadone maintenance program. The not-to-exceed amount also includes an annual four percent cost of doing business increase.

The total not-to-exceed amount is funded approximately 50 percent by federal sources, 27 percent by state sources, and 23 percent by the City's General Fund.

RECOMMENDATION

Approve the proposed resolution.

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

Second Amendment

THIS AMENDMENT (this “Amendment”) is made as of **December 1, 2022**, in San Francisco, California, by and between **Westside Community Mental Health Center, Inc.** (“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 the performance period and increase the contract amount; 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 the original Agreement was obtained on June 19, 2017 from the Civil Service Commission under PSC number 48652 – 16/17 in the amount of \$192,080,000 for the period commencing July 1, 2017 and ending June 30, 2022; and

WHEREAS, approval for this Amendment was obtained on December 16, 2019 from the Civil Service Commission under PSC number 48652 – 16/17 in the amount of \$367,880,000 for the period commencing July 1, 2017 and ending June 30, 2027;

WHEREAS, the City’s Board of Supervisors approved this Agreement by Resolution number [insert resolution number] on [insert date of Board action].

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 01, 2017 between Contractor and City, as amended by the:

First Amendment, dated July 01, 2022, and

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 **Term of the Agreement.** *Section 2.1 Term of the Agreement of the Agreement currently reads as follows:*

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2017; or (ii) the Effective Date and expire on June 30, 2023, 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, 2017; or (ii) the Effective Date and expire on June 30, 2026, unless earlier terminated as otherwise provided herein.

2.2 **Payment.** *Section 3.3.1 Payment 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 **Nine Million Fifty Four Thousand Two Hundred Forty Seven Dollars (\$9,054,247)**. 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 **Fifteen Million Five Hundred Eighty Thousand Nine Hundred Thirty Five Dollars (\$15,580,935)**. 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.

2.3 **Appendices A, A-1.** Appendices A and A-1 is hereby added to this Amendment and fully incorporated within the Agreement.

2.4 **Appendices B, B-1.** Appendices B and B-1 is hereby added to this Amendment and fully incorporated within the Agreement.

2.5 Recognize and attach the following previously executed Revision to Program Budgets (RPB): RPB dated 05/10/2022, RPB dated 07/01/2022, RPB dated 09/29/2022.

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

Recommended by:

Grant Colfax, MD
Director of Health
Department of Public Health

CONTRACTOR

Westside Community Mental Health Center,
Inc.

DocuSigned by:
Mary Ann Jones 2/1/2023 | 2:22 PM PST
BEF8121419054BB...

Mary Ann Jones, Ph.D.
Chief Executive Officer

Approved as to Form:

David Chiu
City Attorney

City Supplier number: 0000008254

By: _____
Louise S. Simpson
Deputy City Attorney

Approved:

Sailaja Kurella
Director of the Office of Contract
Administration, and Purchaser

By: _____

Name: _____

Attached Appendices:

- Appendices A, A-1
- Appendices B, B-1

Appendix A

Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Contract Administrator B. Reports C. Evaluation D. Possession of Licenses/Permits E. Adequate Resources F. Admission Policy G. San Francisco Residents Only H. Grievance Procedure I. Infection Control, Health and Safety J. Aerosol Transmissible Disease Program, Health and Safety K. Acknowledgement of Funding L. Client Fees and Third Party Revenue M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | <ul style="list-style-type: none"> N. Patients' Rights O. Under-Utilization Reports P. Quality Improvement Q. Working Trial Balance with Year-End Cost Report R. Harm Reduction S. Compliance with Behavioral Health Services Policies and Procedures T. Fire Clearance U. Clinics to Remain Open V. Compliance with Grant Award Notices |
|--|---|

- 2. Description of Services
- 3. Services Provided by Attorneys

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.

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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

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

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

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

J. 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.

K. 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."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by **CLIENTS or STAFF shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

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 Westside Methadone Maintenance Program

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor: Westside Community Mental Health Center
Program: Westside Methadone Maintenance

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1. Identifiers:

Program Name: Westside Methadone Maintenance Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000
Email Address: mjones@westside-health.org

Executive Director/Program Manager: Mary Ann Jones, Ph.D.
Telephone: 415-431-9000
Email address: mjones@westside-health.org

Program Codes: 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Revision to Program Budget**

3. Goal Statement:

The goal of the Westside Methadone Maintenance Treatment Program is to provide Methadone treatment for opiate addiction to reduce the impact of opiate abuse and addiction on adults who are emotionally, physically and socially impaired due to the use of opiates.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone maintenance treatment. WMTP provides addiction counseling using a harm reduction approach and a comprehensive social service assessment and referral services.

A particular focus of Westside Methadone Treatment Program is the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

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

The Westside Methadone Maintenance Treatment Program provides Narcotic Treatment Program and the following interventions.

ODS Opiate/Narcotic Treatment (OTP/NTP) Individual

ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing

ODS Opiate/Narcotic Treatment (OTP/NTP) Buprenorphine

The UOS and UDC information is documented on APP B CRDC page.

6. Methodology:

Opioid (Narcotic) Treatment Program Services

Westside Methadone Maintenance will provide Buprenorphine and Methadone treatment through our Opioid Treatment Program. In addition to the general Opioid (Narcotic) Treatment Program (OTP) services requirements; the Contractor shall comply with the following specific opioid (narcotic) treatment program services requirements:

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.

2) Service Components:

a) **Intake** - Admission criteria for clients is regulated by Title 9, which specifies that the client be at least 18 years of age, and has proof of addiction at the time of admission. To qualify for methadone maintenance, a person must meet the following minimum criteria: documentation of a 2 year history of opiate addiction, or, documentation of 2 prior attempts at detoxification using methadone; currently be addicted to opiate(s); and, Provide a legal, picture identification and Medi-Cal card if currently eligible for Medi-Cal services. Clients complete initial intake paperwork with the intake counselor followed by a physical examination by the physician. Before admitting a prospective client to methadone maintenance or supervised withdrawal services, the program physician conducts a physical health assessment including a medical history and physical examination. This assessment includes: Physical dependence and addiction to opiate(s); Symptoms of addiction; Complications caused by addiction; Family history of chronic or acute medical conditions Tuberculosis screening; Syphilis screening; Opt Out HIV screening; Urine drug screening; and, additional diagnostic testing can be conducted by referral if needed. WMTP follows regulations in the California Code of Regulations, Title 9, regarding multiple registrations.

Once eligibility has been determined through the initial assessments, and the intake is complete, the client is assigned a permanent counselor. A comprehensive psychosocial assessment is completed for both maintenance and supervised withdrawal (detoxification) clients. Prior to developing a client's initial treatment plan; the assigned counselor will complete the Psychosocial Assessment with the client within the first 28 days of admission per Title 9. Following the completion of the psychosocial assessment form, the counselor writes an assessment summary in the client's chart that identifies priorities for the client's initial treatment plan.

b) **Individual and Group Counseling** – As a Joint Commission accredited Opioid Treatment Program, our practices follow the highest standard of programming based on the guidelines set by the American Society of Addiction Medicine (ASAM), the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). Care, treatment and services are provided through a coordination of clinicians. The program provides comprehensive treatment requiring observed dosing, random urine

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drug testing and participation in counseling. Consistent counseling and linkages with licensed clinical therapists support the lifestyle changes necessary to progress in recovery.

c) **Patient Education** – Clients are referred from the SFDPH Centralized Opiate Program Evaluation (COPE) unit, the Treatment Access Program, Project Homeless Connect, other providers, or self-referral. Criteria for admission are mandated by Title 9. Clients must be at least 18 years of age and must provide proof of addiction at the time of admission. Within the Westside System of Care we have psychiatric, HIV/AIDS and psychosocial support within our own wellness and recovery system. This approach facilitates patient engagement and improves outcomes while using resources more efficiently. Strategies include providing a place where individuals who are not in crisis to come and feel safe; crisis access for individuals requiring immediate services; outreach targeting individuals in great need (e.g., the homeless) who are not already seeking services or cannot access ordinary routing or crisis services, and local board and care hospitals to engage persons preparing for step-down care and access that is involuntary or mandated by the criminal justice system. Clients are also referred internally by other programs, from external sources such as other community providers, or by probation/parole and other criminal justice system agencies such as the Courts/Sheriff's Department. This approach incorporates SAMHSA's "No Wrong Door" policy by meeting clients where they are and providing individual assessment and to support clients at every stage of recovery and retain them until their treatment goals are achieved.

d) **Medication Services** - The Medical Director prescribes monitors, adjusts and manage methadone dosing. The clients' initial dose is determined and then titrated upwards in a "start-low, go-slow" manner. This is done as some research has suggested that there is an increased risk of methadone toxicity in the beginning of treatment. These cases were largely as a result of the initial dose being increased too quickly. After admission the doses are determined by the client's individual preference and opiate withdrawal symptoms. The ultimate stable dose of the client is determined by all of the following factors: illicit opiate use, client preference, and patient safety. In general most clients require around 80mg daily; however this number is different for every client. There is no scientific basis for artificial dose level ceilings as the physiology of every client is different. The ultimate goal at Westside is for the clients to become drug/alcohol free and to lead productive lives.

e) **Collateral Services** - While the medication is the cornerstone of therapy the value of psychosocial counseling and treatment cannot be understated. Studies have demonstrated that the best results are obtained when methadone is integrated with other medical, social, and psychiatric services. The counselor and the physician review these factors with each client to determine what services are appropriate for the client Maxine Hall Health Center, a city primary care clinic, shares the building with our program. This is very advantageous for our clients as it provides them with an easy avenue to obtain general medical care.

WMTP incorporates case-management as a client-centered intervention to improve the coordination and continuity of services for our clients that have complex needs. Case Management is incorporated into treatment through both individual case-management (ICM) and team-based case-management (TBCM).

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WMTP utilizes a holistic approach to treatment, acknowledging that in order to successfully treat substance abuse, a variety of other issues such as housing, medical, legal, financial and vocational issues must be addressed. The intended outcome of the program is for participants to lead a lifestyle free of alcohol and drug use/abuse. WMTP provides intensive case management utilizing a psycho-educational process and skill building techniques in addition to group and individual counseling/case management sessions.

Utilizing case management as the cornerstone of treatment, counselors begin with the client "where the client is", responding to such tangible needs as food, shelter, clothing, transportation and medical care. This client-centered perspective is maintained as the client moves through treatment. Case management requires that the counselor apply his/her understanding of the natural course of addiction and recovery to foresee a problem, to understand the options available to manage it, and to take appropriate action. In some instances, the counselor may intervene directly; in others, the counselor will take action to ensure that another staff member on the treatment team intervenes as needed.

Staff members act as a treatment team, utilizing each discipline to provide quality care to clients. At monthly staff meetings counselors present clients that pose a challenge where the team approach to problem solving is advantageous. Also, counseling staff present clients who are or have met their treatment plan goals, emphasizing what approaches were most useful in assisting the client, so that all staff may learn and apply these successful approaches.

The treatment team monitors client progress in treatment by reviewing drug use, discussing with the client steps for remaining abstinent, and checking to see whether referrals are needed. Illicit substance use, indicated by either self-report or positive urine results, is also addressed in case management.

f) **Crisis Intervention Services**- Staff in the program conduct risk assessments that identifies specific characteristics of the clients served and environmental features that may increase or decrease the risk for suicide. Westside Methadone Program is also a part of Westside's overall integrated system of services which includes the Crisis Clinic to whom referrals can be made. The Crisis clinic is an integral part of the CBHS safety net in providing residents of San Francisco timely and responsive crisis and urgent care services. The program accepts clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic designed to prevent unnecessary hospitalization.

g) **Treatment Planning**- Our program emphasizes person-focused care, integrated and individualized approaches to OTP services and outcomes, increased patient-satisfaction, improved recruitment of staff, and enhanced community confidence and outcomes. WCS uses the ASAM Criteria of Care to guide how it approaches and implements Opioid Treatment Services. Our approach considers the whole person, designs treatment plans for each specific patient, uses individualized treatment times, acknowledges that "failure" is not a treatment prerequisite, but provides a spectrum of services or a continuum of care, and re-conceptualizes the definition of addiction and how it plays out in people and communities.

h) **Medical Psychotherapy** - one-on-one counseling conducted by the Medical Director with the beneficiary- The Medical Director and substance abuse counseling staff is available on-

site every day for consultation and coordination. The Medical Director, substance abuse counselors, psychotherapists and nurses have direct contact with patients. The Medical Director leads the treatment team and has case conferences to ensure that treatment is coordinated and reinforced.

i) **Discharge Services** - Research has shown methadone medication to be effective for long-term treatment. Therefore clients are encouraged to remain in treatment to reinforce stabilization and prevent relapse. Clients wishing to leave the program against medical advice have a right to do so; staff is to explain the risks of such a decision and the program physician determines a methadone withdrawal schedule with client input. Both voluntary and administratively terminating clients receive a medically monitored withdrawal from methadone. Based on the client's medication taper/withdrawal, the last day of medication is known by the client with the staff able to provide the client with support throughout the withdrawal process. The program medical director/physician adjusts the medication dose as needed or requested by the client. Only by client request, will a "blind taper" be ordered by the physician, to support the client's choice in reducing their medication without knowing the specific daily amount.

Clients are not discharged until after a 2 week (14 days) period has passed. Once it has been determined that a client is to be discharged from the clinic the medical staff generate a final dosing sheet; the counseling staff will generate a discharge summary and a closing episode that signifies a complete record has been produced for the client.

A review of the client's progress in treatment by client and counselor provides a perspective on goals met by the client during methadone treatment and helps identify areas for referral or further care. The Discharge Summary form is completed by the counselor and placed in the client's chart.

Additional Medication Assisted Treatment (MAT)

Westside has elected to provide an additional MAT service as a Contractor specific service. Therefore, we will comply with the following Contractor specific MAT requirements for the following treatment:

Buprenorphine MAT services will include:

- a) Integrated buprenorphine model into primary care and mental health clinics;
- b) Support for buprenorphine induction at Howard Street Program;
- c) Westside's Pharmacy will provide observed dosing and medication advice by specialized staff;
- d) Westside's pharmacy will provide medication for OBIC patients during stabilization as needed; and
- e) Westside staff will work collaboratively with other providers to ensure that Buprenorphine is integrated into residential care and residential detoxification.

7. Objectives and Measurements:

a. Standardized Objectives

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“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY22-23.”

b. Individualized Objectives (not required of all programs)

N/A

8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside’s CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. **Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement philosophies and strategies. Westside employs a systematic approach for improving the organization’s performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization’s leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency’s mission and responsibility for the quality of client care.

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- b. **Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.
- c. **Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important

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decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. **Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. **Timely completion and use of outcome data, including CalOMS/ASAM-** A variety of analytical tools are utilized to evaluate the total care provided. Data sources include, but are not limited to: medical records, special studies, external reference databases, incident reports, statistics and historical patterns of performance, peer review, monitoring results, consumer satisfaction questionnaires, safety statistics, infection control data, referral sources, and cost analysis.

Westside uses a strength based approach to motivate clients. They are offered refreshments in our lobby and gift cards for medication compliance. Client no-show rates vary for many reasons including readiness for treatment, weather patterns, street drug availability, and economic factors. Research has shown that incentive programs can have an impact on treatment adherence and no-show rates. In July 2015 a protocol for the incentive program was developed. The decision was made to focus solely on dosing attendance for the initial phase of the incentive program. Client attendance was monitored on a monthly basis and clients were rewarded for their attendance at the beginning of the next month. No show data was collected each month and the effects of the program were analyzed against historical trends. A two tier system was outlined: Clients who missed none of their scheduled dosing days would receive a grocery voucher and clients who missed one to three scheduled dosing days would receive a grocery voucher of a lesser value. Clients would meet with their counselor for the first counseling session the following month. And receive feedback on their attendance record. Counselors could use this opportunity to reinforce improvements and remind clients about the incentive program. No show patterns were analyzed various ways to determine the success of the program and which groups of clients were benefitting from the incentive program on a quarterly basis. The incentive program demonstrated that there is a positive correlation between medication compliance and incentive based services.

9. Required Language:

BHS SUD Services: N/A

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 3.3, 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 (15th) 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 (15th) 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 MHSA (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 and January 1 through June 30 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 is listed below:

Appendix B-1 Westside Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Fifteen Million Five Hundred Eighty Thousand Nine Hundred Thirty Five Dollars (\$15,580,935)** for the period of **July 1, 2017 through June 30, 2026.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$911,374)** 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, 2017 through June 30, 2018	\$	480,685
July 1, 2018 through June 30, 2019	\$	1,573,776
July 1, 2019 through June 30, 2020	\$	1,630,989
July 1, 2020 through June 30, 2021	\$	1,620,989
One-Time Allocation of 3% CODB, FY 20-21 Payment By Direct Voucher (DV)	\$	48,630
July 1, 2021 through June 30, 2022	\$	1,719,708
July 1, 2022 through June 30, 2023	\$	1,788,496
July 1, 2023 through June 30, 2024	\$	1,860,036
July 1, 2024 through June 30, 2025	\$	1,934,437
July 1, 2025 through June 30, 2026	\$	2,011,815
Subtotal – July 1, 2017 through June 30, 2026	\$	14,669,561
12% Contingency	\$	911,374
TOTAL – July 1, 2017 through June 30, 2026	\$	15,580,935

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.

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		Appendix Number: B					
Legal Entity Name/Contractor Name: Westside Community Mental Health Center		Page Number: 1					
Contract ID Number: 1000008643		Fiscal Year: 2022-2023					
		Funding Notification Date: 09/06/2022					
Appendix Number	B-1	B-#	B-#	B-#	B-#	B-#	
Provider Number	383887						
Program Name	Methadone Maintenance						
Program Code	38874						
Funding Term	7/1/22-6/30/23						
FUNDING USES							TOTAL
Salaries	\$ 832,057						\$ 832,057
Employee Benefits	\$ 232,976						\$ 232,976
Subtotal Salaries & Employee Benefits	\$ 1,065,033	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,065,033
Operating Expenses	\$ 490,181						\$ 490,181
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 1,555,214	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,555,214
Indirect Expenses	\$ 233,282						\$ 233,282
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,788,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,788,496
						Employee Benefits Rate	28.0%
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
SUD Fed - DMC FFP, CFDA 93.778	\$ 892,954						\$ 892,954
SUD State - DMC	\$ 480,822						\$ 480,822
SUD County - General Fund	\$ 414,720						\$ 414,720
							\$ -
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,788,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,788,496
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,788,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,788,496
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,788,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,788,496
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: Westside Community Mental Health Center				Page Number: 1	
Provider Number: 383887				Fiscal Year: 2022-2023	
				Funding Notification Date: 09/06/2022	
Program Name	38874	38874	38874		
Program Code	38874	38874	38874		
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120dbct		
Service Description	ODS NTP Methadone - Dosing	ODS NTP - Individual Counseling	ODS NTP Dosing - Bupe Combo - Tablets		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23		
FUNDING USES					TOTAL
Salaries & Employee Benefits	690,141	272,649	102,243		1,065,033
Operating Expenses	317,637	125,486	47,058		490,181
Capital Expenses					-
Subtotal Direct Expenses	1,007,778	398,135	149,301	-	1,555,214
Indirect Expenses	151,167	59,720	22,395		233,282
TOTAL FUNDING USES	1,158,945	457,855	171,696	-	1,788,496
BHS MENTAL HEALTH FUNDING SOURCE	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	574,526	230,204	88,224	892,954
SUD State - DMC	240646-10000-10001681-0003	309,361	123,956	47,505	480,822
SUD County - General Fund	240646-10000-10001681-0003	275,058	103,695	35,967	414,720
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES		1,158,945	457,855	171,696	1,788,496
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		1,158,945	457,855	171,696	1,788,496
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)		1,158,945	457,855	171,696	1,788,496
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	350	350	350	
	Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
	DPH Units of Service	71,540	24,085	5,399	
	Unit Type	Dose	10 Minutes	Dose	0
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 16.20	\$ 19.01	\$ 31.80	\$ -
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 16.20	\$ 19.01	\$ 31.80	\$ -
	Published Rate (Medi-Cal Providers Only)	\$ 33.00	\$ 28.00	\$ 35.00	
	Unduplicated Clients (UDC)	245	280	35	Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name Methadone Maintenance
 Program Code 38874

Appendix Number: B-1
 Page Number: 3
 Fiscal Year: 2022-2023
 Funding Notification Date: 09/06/2022

Expense Categories & Line Items	TOTAL	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	7/1/22-6/30/23	7/1/22-6/30/23	(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	600.00	600.00					
Utilities(telephone, electricity, water, gas)	52,400.00	52,400.00					
Building Repair/Maintenance	35,600.00	35,600.00					
Occupancy Total:	88,600.00	88,600.00	-	\$ -	\$ -	\$ -	\$ -
Office Supplies	14,350.00	14,350.00					
Photocopying	-	-					
Program Supplies	-	-					
Computer Hardware/Software	12,000.00	12,000.00	-				
Materials & Supplies Total:	26,350.00	26,350.00	-	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	3,500.00	3,500.00	-				
Insurance	16,400.00	16,400.00	-				
Professional License	-	-	-				
Permits	19,000.00	19,000.00	-				
Equipment Lease & Maintenance	32,900.00	32,900.00	-				
Equipment Depreciation & Amortization	-	-	-				
General Operating Total:	71,800.00	71,800.00	-	\$ -	\$ -	\$ -	\$ -
Local Travel	1,200.00	1,200.00	-				
Out-of-Town Travel	-						
Field Expenses	-						
	1,200.00	1,200.00	-	\$ -	\$ -	\$ -	\$ -
Mawayidna Tombegou, NP provides nurse practitioner services from 7/1/2022 to 6/30/2023 at the rate of \$100 an hour for 1,248 hrs = \$124,800	124,800.00	\$ 124,800.00					
Vivo Healthstaff, LLC provides the physician services of Dr. Gordon Raskin, MD from 7/1/2021 to 6/30/2022 at the rate of \$135 an hour for 676 hrs = \$91,260	91,260.00	\$ 91,260.00					
Consultant/Subcontractor Total:	216,060.00	216,060.00	-	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Supplies/Services (As Recorded in G/L)	81,921.00	81,921.00					
Dues & Subscriptions	550.00	550.00					
Temporary Help	3,700.00	3,700.00					
Other Total:	86,171.00	86,171.00		\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	490,181.00	490,181.00	-	\$ -	\$ -	\$ -	\$ -

**REVISION TO THE AGREEMENT OF:
JULY 1, 2017 THROUGH JUNE 30, 2022
BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO and
WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.**

REVISION TO PROGRAM BUDGETS NUMBER ONE: 2021-2022

WHEREAS, the City and County of San Francisco, through its Department of Public Health, Behavioral Health Services, entered into an Agreement with Westside Community Mental Health Center, Inc. to provide substance use disorder treatment and support services during July 1, 2017 through June 30, 2022, Contract ID Number 1000008643 hereinafter referred to as the “Original Agreement”; and

WHEREAS, this Revision to Program Budgets Number One to the Original Agreement for Fiscal Year 2021-22 has been entered into this 10th day of May 2022.

NOW THEREFORE, the parties to the Original Agreement do hereby agree to modify the Agreement to reflect a no-cost modification to reallocate funds between line item budgets within the approved budget category.

MODIFICATIONS TO THE AGREEMENT. The Agreement is hereby modified as follows:

Appendices A (05/12/2022), A-1 (04/19/2022), B (05/13/2022), B-1 (04/19/2022) and F dated (05/10/2022) are hereby added and incorporated by reference for Fiscal Year 2021-2022.

Except for these changes, the Original Agreement remains in full force and effect.

There is no change in Total Compensation of **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the Contract Term of **July 1, 2017** through **June 30, 2022**.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

CITY

CONTRACTOR

RECOMMENDED BY:

DocuSigned by:
Hillary Kunins /06/30/2022 | 3:01 PM PDT
2DAAE14FFBAC4A7
HILLARY KUNINS Date
Director of Behavioral Health Services

DocuSigned by:
Mary Ann Jones /06/30/2022 | 2:27 PM PDT
BEF6121419054BB...
MARY ANN JONES, PH.D. Date
Chief Executive Officer

Appendix A Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Contract Administrator B. Reports C. Evaluation D. Possession of Licenses/Permits E. Adequate Resources F. Admission Policy G. San Francisco Residents Only H. Grievance Procedure I. Infection Control, Health and Safety J. Aerosol Transmissible Disease Program, Health and Safety K. Acknowledgement of Funding L. Client Fees and Third Party Revenue M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | <ul style="list-style-type: none"> N. Patients' Rights O. Under-Utilization Reports P. Quality Improvement Q. Working Trial Balance with Year-End Cost Report R. Harm Reduction S. Compliance with Behavioral Health Services Policies and Procedures T. Fire Clearance U. Clinics to Remain Open V. Compliance with Grant Award Notices |
|--|---|

- 2. Description of Services
- 3. Services Provided by Attorneys

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.

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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

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

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

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

J. 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.

K. 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."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by **CLIENTS or STAFF shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

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 Westside Methadone Maintenance Program

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor: Westside Community Mental Health Center
Program: Westside Methadone Maintenance

Appendix A-1
FY: 07/01/21 through 06/30/22

1. Identifiers:

Program Name: Westside Methadone Maintenance Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000
Email Address: mjones@westside-health.org

Executive Director/Program Manager: Mary Ann Jones, Ph.D.
Telephone: 415-431-9000
Email address: mjones@westside-health.org

Program Codes: 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Internal Contract Revision**

3. Goal Statement:

The goal of the Westside Methadone Maintenance Treatment Program is to provide Methadone treatment for opiate addiction to reduce the impact of opiate abuse and addiction on adults who are emotionally, physically and socially impaired due to the use of opiates.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone maintenance treatment. WMTP provides addiction counseling using a harm reduction approach and a comprehensive social service assessment and referral services.

A particular focus of Westside Methadone Treatment Program is the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

Contractor: Westside Community Mental Health Center
 Program: Westside Methadone Maintenance

Appendix A-1
 FY: 07/01/21 through 06/30/22

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

The Westside Methadone Maintenance Treatment Program provides Narcotic Treatment Program and the following interventions.

ODS Opiate/Narcotic Treatment (OTP/NTP) Individual
 ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing
 ODS Opiate/Narcotic Treatment (OTP/NTP) Buprenorphine

The UOS and UDC information is documented on APP B CRDC page.

1. Methodology:

Opioid (Narcotic) Treatment Program Services

Westside Methadone Maintenance will provide Buprenorphine and Methadone treatment through our Opioid Treatment Program. In addition to the general Opioid (Narcotic) Treatment Program (OTP) services requirements; the Contractor shall comply with the following specific opioid (narcotic) treatment program services requirements:

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.

2) Service Components:

a) **Intake** - Admission criteria for clients is regulated by Title 9, which specifies that the client be at least 18 years of age, and has proof of addiction at the time of admission. To qualify for methadone maintenance, a person must meet the following minimum criteria: documentation of a 2 year history of opiate addiction, or, documentation of 2 prior attempts at detoxification using methadone; currently be addicted to opiate(s); and, Provide a legal, picture identification and Medi-Cal card if currently eligible for Medi-Cal services. Clients complete initial intake paperwork with the intake counselor followed by a physical examination by the physician. Before admitting a prospective client to methadone maintenance or supervised withdrawal services, the program physician conducts a physical health assessment including a medical history and physical examination. This assessment includes: Physical dependence and addiction to opiate(s); Symptoms of addiction; Complications caused by addiction; Family history of chronic or acute medical conditions Tuberculosis screening; Syphilis screening; Opt Out HIV screening; Urine drug screening; and, additional diagnostic testing can be conducted by referral if needed. WMTP follows regulations in the California Code of Regulations, Title 9, regarding multiple registrations.

Once eligibility has been determined through the initial assessments, and the intake is complete, the client is assigned a permanent counselor. A comprehensive psychosocial assessment is completed for both maintenance and supervised withdrawal (detoxification) clients. Prior to developing a client's initial treatment plan; the assigned counselor will complete the Psychosocial Assessment with the client within the first 28 days of admission per

Title 9. Following the completion of the psychosocial assessment form, the counselor writes an assessment summary in the client's chart that identifies priorities for the client's initial treatment plan.

b) Individual and Group Counseling – As a Joint Commission accredited Opioid Treatment Program, our practices follow the highest standard of programming based on the guidelines set by the American Society of Addiction Medicine (ASAM), the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). Care, treatment and services are provided through a coordination of clinicians. The program provides comprehensive treatment requiring observed dosing, random urine drug testing and participation in counseling. Consistent counseling and linkages with licensed clinical therapists support the lifestyle changes necessary to progress in recovery.

c) Patient Education – Clients are referred from the SFDPH Centralized Opiate Program Evaluation (COPE) unit, the Treatment Access Program, Project Homeless Connect, other providers, or self-referral. Criteria for admission are mandated by Title 9. Clients must be at least 18 years of age and must provide proof of addiction at the time of admission. Within the Westside System of Care we have psychiatric, HIV/AIDS and psychosocial support within our own wellness and recovery system. This approach facilitates patient engagement and improves outcomes while using resources more efficiently. Strategies include providing a place where individuals who are not in crisis to come and feel safe; crisis access for individuals requiring immediate services; outreach targeting individuals in great need (e.g., the homeless) who are not already seeking services or cannot access ordinary routing or crisis services, and local board and care hospitals to engage persons preparing for step-down care and access that is involuntary or mandated by the criminal justice system. Clients are also referred internally by other programs, from external sources such as other community providers, or by probation/parole and other criminal justice system agencies such as the Courts/Sheriff's Department. This approach incorporates SAMHSA's "No Wrong Door" policy by meeting clients where they are and providing individual assessment and to support clients at every stage of recovery and retain them until their treatment goals are achieved.

d) Medication Services - The Medical Director prescribes monitors, adjusts and manage methadone dosing. The clients' initial dose is determined and then titrated upwards in a "start-low, go-slow" manner. This is done as some research has suggested that there is an increased risk of methadone toxicity in the beginning of treatment. These cases were largely as a result of the initial dose being increased too quickly. After admission the doses are determined by the client's individual preference and opiate withdrawal symptoms. The ultimate stable dose of the client is determined by all of the following factors: illicit opiate use, client preference, and patient safety. In general most clients require around 80mg daily; however this number is different for every client. There is no scientific basis for artificial dose level ceilings as the physiology of every client is different. The ultimate goal at Westside is for the clients to become drug/alcohol free and to lead productive lives.

e) Collateral Services - While the medication is the cornerstone of therapy the value of psychosocial counseling and treatment cannot be understated. Studies have demonstrated that the best results are obtained when methadone is integrated with other medical, social, and psychiatric services. The counselor and the physician review these factors with each client to

determine what services are appropriate for the client Maxine Hall Health Center, a city primary care clinic, shares the building with our program. This is very advantageous for our clients as it provides them with an easy avenue to obtain general medical care.

WMTP incorporates case-management as a client-centered intervention to improve the coordination and continuity of services for our clients that have complex needs. Case Management is incorporated into treatment through both individual case-management (ICM) and team-based case-management (TBCM).

WMTP utilizes a holistic approach to treatment, acknowledging that in order to successfully treat substance abuse, a variety of other issues such as housing, medical, legal, financial and vocational issues must be addressed. The intended outcome of the program is for participants to lead a lifestyle free of alcohol and drug use/abuse. WMTP provides intensive case management utilizing a psycho-educational process and skill building techniques in addition to group and individual counseling/case management sessions.

Utilizing case management as the cornerstone of treatment, counselors begin with the client "where the client is", responding to such tangible needs as food, shelter, clothing, transportation and medical care. This client-centered perspective is maintained as the client moves through treatment. Case management requires that the counselor apply his/her understanding of the natural course of addiction and recovery to foresee a problem, to understand the options available to manage it, and to take appropriate action. In some instances, the counselor may intervene directly; in others, the counselor will take action to ensure that another staff member on the treatment team intervenes as needed.

Staff members act as a treatment team, utilizing each discipline to provide quality care to clients. At monthly staff meetings counselors present clients that pose a challenge where the team approach to problem solving is advantageous. Also, counseling staff present clients who are or have met their treatment plan goals, emphasizing what approaches were most useful in assisting the client, so that all staff may learn and apply these successful approaches.

The treatment team monitors client progress in treatment by reviewing drug use, discussing with the client steps for remaining abstinent, and checking to see whether referrals are needed. Illicit substance use, indicated by either self-report or positive urine results, is also addressed in case management.

f) **Crisis Intervention Services-** Staff in the program conduct risk assessments that identifies specific characteristics of the clients served and environmental features that may increase or decrease the risk for suicide. Westside Methadone Program is also a part of Westside's overall integrated system of services which includes the Crisis Clinic to whom referrals can be made. The Crisis clinic is an integral part of the CBHS safety net in providing residents of San Francisco timely and responsive crisis and urgent care services. The program accepts clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic designed to prevent unnecessary hospitalization.

g) **Treatment Planning-** Our program emphasizes person-focused care, integrated and individualized approaches to OTP services and outcomes, increased patient-satisfaction,

Contractor: Westside Community Mental Health Center
Program: Westside Methadone Maintenance

Appendix A-1
FY: 07/01/21 through 06/30/22

improved recruitment of staff, and enhanced community confidence and outcomes. WCS uses the ASAM Criteria of Care to guide how it approaches and implements Opioid Treatment Services. Our approach considers the whole person, designs treatment plans for each specific patient, uses individualized treatment times, acknowledges that "failure" is not a treatment prerequisite, but provides a spectrum of services or a continuum of care, and re-conceptualizes the definition of addiction and how it plays out in people and communities.

h) **Medical Psychotherapy** - one-on-one counseling conducted by the Medical Director with the beneficiary- The Medical Director and substance abuse counseling staff is available on-site every day for consultation and coordination. The Medical Director, substance abuse counselors, psychotherapists and nurses have direct contact with patients. The Medical Director leads the treatment team and has case conferences to ensure that treatment is coordinated and reinforced.

i) **Discharge Services** - Research has shown methadone medication to be effective for long-term treatment. Therefore clients are encouraged to remain in treatment to reinforce stabilization and prevent relapse. Clients wishing to leave the program against medical advice have a right to do so; staff is to explain the risks of such a decision and the program physician determines a methadone withdrawal schedule with client input. Both voluntary and administratively terminating clients receive a medically monitored withdrawal from methadone. Based on the client's medication taper/withdrawal, the last day of medication is known by the client with the staff able to provide the client with support throughout the withdrawal process. The program medical director/physician adjusts the medication dose as needed or requested by the client. Only by client request, will a "blind taper" be ordered by the physician, to support the client's choice in reducing their medication without knowing the specific daily amount.

Clients are not discharged until after a 2 week (14 days) period has passed. Once it has been determined that a client is to be discharged from the clinic the medical staff generate a final dosing sheet; the counseling staff will generate a discharge summary and a closing episode that signifies a complete record has been produced for the client.

A review of the client's progress in treatment by client and counselor provides a perspective on goals met by the client during methadone treatment and helps identify areas for referral or further care. The Discharge Summary form is completed by the counselor and placed in the client's chart.

Additional Medication Assisted Treatment (MAT)

Westside has elected to provide an additional MAT service as a Contractor specific service. Therefore, we will comply with the following Contractor specific MAT requirements for the following treatment:

Buprenorphine MAT services will include:

- a) Integrated buprenorphine model into primary care and mental health clinics;
- b) Support for buprenorphine induction at Howard Street Program;

- c) Westside's Pharmacy will provide observed dosing and medication advice by specialized staff;
- d) Westside's pharmacy will provide medication for OBIC patients during stabilization as needed; and
- e) Westside staff will work collaboratively with other providers to ensure that Buprenorphine is integrated into residential care and residential detoxification.

6. Objectives and Measurements:

a. Standardized Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY21-22."

b. Individualized Objectives (not required of all programs)

N/A

7. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside's CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. **Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement philosophies and strategies. Westside employs a systematic approach for improving the organization's performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization,

homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization's leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency's mission and responsibility for the quality of client care.

- b. **Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.
- c. **Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. **Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. **Timely completion and use of outcome data, including CalOMS/ASAM-** A variety of analytical tools are utilized to evaluate the total care provided. Data sources include, but are not limited to: medical records, special studies, external reference databases, incident reports, statistics and historical patterns of performance, peer review, monitoring results, consumer satisfaction questionnaires, safety statistics, infection control data, referral sources, and cost analysis.

Westside uses a strength based approach to motivate clients. They are offered refreshments in our lobby and gift cards for medication compliance. Client no-show rates vary for many reasons including readiness for treatment, weather patterns, street drug availability, and economic factors. Research has shown that incentive programs can have an impact on treatment adherence and no-show rates. In July 2015 a protocol for the incentive program was developed. The decision was made to focus solely on dosing attendance for the initial phase of the incentive program. Client attendance was monitored on a monthly basis and clients were rewarded for their attendance at the beginning of the next month. No show data was collected each month and the effects of the program were analyzed against historical trends. A two tier system was outlined: Clients who missed none of their scheduled dosing days would receive a grocery voucher and clients who missed one to three scheduled dosing days would receive a grocery voucher of a lesser value. Clients would meet with their counselor for the first counseling session the following month. And receive feedback on their attendance record. Counselors could use this opportunity to reinforce improvements and remind clients about the incentive program. No show patterns were analyzed various ways to determine the success of the program and which groups of clients were benefitting from the incentive program on a quarterly basis. The incentive program demonstrated that there is a positive correlation between medication compliance and incentive based services.

8. Required Language:
BHS SUD Services: N/A

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 3.3, 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 (15th) 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 (15th) 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 MHSA (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 and January 1 through June 30 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 is listed below:

Appendix B-1 Westside Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the period of **July 1, 2017 through June 30, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$497,807)** 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, 2017 through June 30, 2018	\$	1,777,895
July 1, 2018 through June 30, 2019	\$	1,573,776
July 1, 2019 through June 30, 2020	\$	1,630,989
July 1, 2020 through June 30, 2021	\$	1,620,989
One-Time Allocation of 3% CODB, FY 20-21 Payment By Direct Voucher (DV)	\$	48,630
July 1, 2021 through June 30, 2022	\$	1,719,708
Subtotal – July 1, 2017 through June 30, 2022	\$	8,371,987
12% Contingency	\$	497,807
TOTAL – July 1, 2017 through June 30, 2022	\$	8,869,794

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.

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							Appendix Number: B
Legal Entity Name/Contractor Name: Westside Community Mental Health Center							Page Number: 1
Contract ID Number: 1000008643							Fiscal Year: 2021-2022
							Funding Notification Date: 07/08/2021
Appendix Number	B-1	B-#	B-#	B-#	B-#	B-#	
Provider Number	383887						
Program Name	Methodone Maintenance						
Program Code	38874						
Funding Term	7/1/21-6/30/22						
FUNDING USES							TOTAL
Salaries	\$ 866,662						\$ 866,662
Employee Benefits	\$ 242,666						\$ 242,666
Subtotal Salaries & Employee Benefits	\$ 1,109,328	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,109,328
Operating Expenses	\$ 386,070						\$ 386,070
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 1,495,398	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,495,398
Indirect Expenses	\$ 224,310						\$ 224,310
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,719,708	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,719,708
						Employee Benefits Rate	28.0%
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
SUD Fed - DMC FFP, CFDA 93.778	\$ 892,954						\$ 892,954
SUD State - DMC	\$ 480,822						\$ 480,822
SUD County - General Fund	\$ 345,932						\$ 345,932
							\$ -
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,719,708	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,719,708
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,719,708	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,719,708
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,719,708	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,719,708
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: Westside Community Mental Health Center				Page Number: 1	
Provider Number: 383887				Fiscal Year: 2021-2022	
				Funding Notification Date: 07/08/2021	
Program Name	Methadone Maintenance	Methadone Maintenance	Methadone Maintenance		
Program Code	38874	38874	38874		
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120dbc		
Service Description	ODS NTP Methadone - Dosing	Methadone - Individual Counseling	ODS NTP Dosing - Buprenorphine Combo		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22		
FUNDING USES					TOTAL
Salaries & Employee Benefits	713,742	285,985	109,601		1,109,328
Operating Expenses	248,397	99,529	38,144		386,070
Capital Expenses					-
Subtotal Direct Expenses	962,139	385,514	147,745	-	1,495,398
Indirect Expenses	144,321	57,827	22,162		224,310
TOTAL FUNDING USES	1,106,460	443,341	169,907	-	1,719,708
BHS MENTAL HEALTH FUNDING SOURCE	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	574,526	230,204	88,224	892,954
SUD State - DMC	240646-10000-10001681-0003	309,361	123,956	47,505	480,822
SUD County - General Fund	240646-10000-10001681-0003	222,573	89,181	34,178	345,932
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES		1,106,460	443,341	169,907	1,719,708
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		1,106,460	443,341	169,907	1,719,708
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)		1,106,460	443,341	169,907	1,719,708
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	350	350	350	
	Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
	DPH Units of Service	75,475	25,806	5,515	
	Unit Type	Dose	10 Minutes	Dose	0
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 14.66	\$ 17.18	\$ 30.81	\$ -
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 14.66	\$ 17.18	\$ 30.81	\$ -
	Published Rate (Medi-Cal Providers Only)	\$ 16.00	\$ 18.00	\$ 35.00	
	Unduplicated Clients (UDC)	245	280	35	Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name Methadone Maintenance
 Program Code 38874

Appendix Number: B-1
 Page Number: 3
 Fiscal Year: 2021-2022
 Funding Notification Date: 07/08/2021

Expense Categories & Line Items	TOTAL	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	7/1/21-6/30/22	7/1/21-6/30/22	(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	600.00	600.00					
Utilities(telephone, electricity, water, gas)	50,400.00	50,400.00					
Building Repair/Maintenance	32,600.00	32,600.00					
Occupancy Total:	83,600.00	83,600.00	-	\$ -	\$ -	\$ -	\$ -
Office Supplies	12,350.00	12,350.00					
Photocopying	-	-					
Program Supplies	-	-					
Computer Hardware/Software	10,000.00	10,000.00	-				
Materials & Supplies Total:	22,350.00	22,350.00	-	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	2,500.00	2,500.00	-				
Insurance	16,400.00	16,400.00	-				
Professional License	-	-	-				
Permits	19,000.00	19,000.00	-				
Equipment Lease & Maintenance	31,900.00	31,900.00	-				
Equipment Depreciation & Amortization	1,620.00	1,620.00	-				
General Operating Total:	71,420.00	71,420.00	-	\$ -	\$ -	\$ -	\$ -
Local Travel	200.00	200.00	-				
Out-of-Town Travel	-						
Field Expenses	-						
	200.00	200.00	-	\$ -	\$ -	\$ -	\$ -
Vivo Healthstaff, LLC provides the physician services of Dr. Gordon Raskin, MD from 7/1/2021 to 6/30/2022 at the rate of \$135 an hour for 1,050 hrs = \$141,750	141,750.00	\$ 141,750.00					
Consultant/Subcontractor Total:	141,750.00	141,750.00	-	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Supplies/Services (As Recorded in G/L)	61,500.00	61,500.00					
Dues & Subscriptions	550.00	550.00					
Temporary Help	4,700.00	4,700.00					
Other Total:	66,750.00	66,750.00		\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	386,070.00	386,070.00	-	\$ -	\$ -	\$ -	\$ -

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

Appendix F
PAGE A

Contract ID#
1000008643

Contractor : Westside Community Mental Health Center - Children

Address: 1153 Oak St., San Francisco, CA 94117

Tel. No. 415-431-9000

Fax No.:

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services



INVOICE NUMBER: S03JL21

Template Version: RPB 1

Ct. PO No.: POHM SFGOV-0000541766

Fund Source: SUD Fed/ State/ County - GF

Invoice Period : July 2021

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-1 Methadone Maintenance PC# 38874 - 240646-100000-10001681-0003												
ODS-120d ODS NTP Methadone - Dosing	75,475	245			0.00	-	0%	0%	75,475	245	100%	100%
ODS-120j Methadone - Individual Counseling	25,806	280			0.00	-	0%	0%	25,806	280	100%	100%
ODS-120dbc ODS NTP Dosing Buprenorphine Combo	5,515	35			0.00	-	0%	0%	5,515	35	100%	100%

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 866,662.00	\$ -	\$ -	0.00%	\$ 866,662.00
Fringe Benefits	\$ 242,666.00	\$ -	\$ -	0.00%	\$ 242,666.00
Total Personnel Expenses	\$ 1,109,328.00	\$ -	\$ -	0.00%	\$ 1,109,328.00
Operating Expenses:					
Occupancy	\$ 83,600.00	\$ -	\$ -	0.00%	\$ 83,600.00
Materials and Supplies	\$ 22,350.00	\$ -	\$ -	0.00%	\$ 22,350.00
General Operating	\$ 71,420.00	\$ -	\$ -	0.00%	\$ 71,420.00
Staff Travel	\$ 200.00	\$ -	\$ -	0.00%	\$ 200.00
Consultant/Subcontractor	\$ 141,750.00	\$ -	\$ -	0.00%	\$ 141,750.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Client Supplies/Services (As Recorded in G/L)	\$ 61,500.00	\$ -	\$ -	0.00%	\$ 61,500.00
Dues & Subscriptions	\$ 550.00	\$ -	\$ -	0.00%	\$ 550.00
Temporary Help	\$ 4,700.00				
Total Operating Expenses	\$ 386,070.00	\$ -	\$ -	0.00%	\$ 386,070.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,495,398.00	\$ -	\$ -	0.00%	\$ 1,495,398.00
Indirect Expenses	\$ 224,310.00	\$ -	\$ -	0.00%	\$ 224,310.00
TOTAL EXPENSES	\$ 1,719,708.00	\$ -	\$ -	0.00%	\$ 1,719,708.00
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: _____

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 B

Contract ID#
1000008643

Invoice Number
S03JL21

User Cd
CT PO No.

Contractor : Westside Community Mental Health Center - Children

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director of Clinical Services	0.20	\$ 35,011.00		\$ -	0.00%	\$ 35,011.00
Peer Safety Monitor	2.20	\$ 105,907.00		\$ -	0.00%	\$ 105,907.00
Methadone Physician	0.10	\$ 27,040.00		\$ -	0.00%	\$ 27,040.00
Program Director	0.05	\$ 4,944.00		\$ -	0.00%	\$ 4,944.00
Operations Manager	0.20	\$ 17,576.00		\$ -	0.00%	\$ 17,576.00
Program Coordinator	0.50	\$ 40,663.00		\$ -	0.00%	\$ 40,663.00
Chief Compliance Officer	0.30	\$ 43,004.00		\$ -	0.00%	\$ 43,004.00
Dispensing Nurse	2.69	\$ 171,105.00		\$ -	0.00%	\$ 171,105.00
Health Info Svcs Clerk III	1.00	\$ 58,895.00		\$ -	0.00%	\$ 58,895.00
Treatment Counselor	5.00	\$ 283,868.00		\$ -	0.00%	\$ 283,868.00
Nursing Supervisor	0.90	\$ 72,672.00		\$ -	0.00%	\$ 72,672.00
Medical Records Clerk	0.10	\$ 5,977.00		\$ -	0.00%	\$ 5,977.00
TOTAL SALARIES	13.24	\$ 866,662.00	\$ -	\$ -	0.00%	\$ 866,662.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement 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: _____

**REVISION TO THE AGREEMENT OF:
JULY 1, 2017 THROUGH JUNE 30, 2023
BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO and
WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.**

REVISION TO PROGRAM BUDGETS NUMBER ONE: 2022-2023

WHEREAS, the City and County of San Francisco, through its Department of Public Health, Behavioral Health Services, entered into an Agreement with Westside Community Mental Health Center, Inc. to provide substance use disorder treatment and support services during July 1, 2017 through June 30, 2023, Contract ID Number 1000008643 hereinafter referred to as the “Original Agreement”; and

WHEREAS, this Revision to Program Budgets Number One to the Original Agreement for Fiscal Year 2022-23 has been entered into this 1st day of July 2022.

NOW THEREFORE, the parties to the Original Agreement do hereby agree to modify the Agreement to reflect a no-cost modification to modify appendix A, A-1, B, B-1, and F.

MODIFICATIONS TO THE AGREEMENT. The Agreement is hereby modified as follows:

Appendices A (07/01/2022), A-1 (07/01/2022), B (07/01/2022), B-1 (07/01/2022) and F dated (07/01/2022) are hereby added and incorporated by reference for Fiscal Year 2022-2023.

Except for these changes, the Original Agreement remains in full force and effect.

There is no change in Total Compensation of **Nine Million Fifty-Four Thousand Two Hundred Forty-Seven Dollars (\$9,054,247)** for the Contract Term of **July 1, 2017** through **June 30, 2023**.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

CITY

CONTRACTOR

RECOMMENDED BY:

DocuSigned by:
Hillary Kunins 8/26/2022 | 10:56 AM PDT
2DAAE14FF8AC4A7...
HILLARY KUNINS Date
Director of Behavioral Health Services

DocuSigned by:
Mary Ann Jones 8/24/2022 | 4:15 PM PDT
BEF8121419064BB...
MARY ANN JONES, PH.D. Date
Chief Executive Officer

Appendix A

Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Contract Administrator B. Reports C. Evaluation D. Possession of Licenses/Permits E. Adequate Resources F. Admission Policy G. San Francisco Residents Only H. Grievance Procedure I. Infection Control, Health and Safety J. Aerosol Transmissible Disease Program, Health and Safety K. Acknowledgement of Funding L. Client Fees and Third Party Revenue M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | <ul style="list-style-type: none"> N. Patients' Rights O. Under-Utilization Reports P. Quality Improvement Q. Working Trial Balance with Year-End Cost Report R. Harm Reduction S. Compliance with Behavioral Health Services Policies and Procedures T. Fire Clearance U. Clinics to Remain Open V. Compliance with Grant Award Notices |
|--|---|

- 2. Description of Services
- 3. Services Provided by Attorneys

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.

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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

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

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

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

J. 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.

K. 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."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by **CLIENTS or STAFF shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

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 Westside Methadone Maintenance Program

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor: Westside Community Mental Health Center
 Program: Westside Methadone Maintenance

Appendix A-1
 Contract Term: 07/01/22 through 06/30/23

1. Identifiers:

Program Name: Westside Methadone Maintenance Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000
Email Address: mjones@westside-health.org

Executive Director/Program Manager: Mary Ann Jones, Ph.D.
Telephone: 415-431-9000
Email address: mjones@westside-health.org

Program Codes: 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Revision to Program Budget**

3. Goal Statement:

The goal of the Westside Methadone Maintenance Treatment Program is to provide Methadone treatment for opiate addiction to reduce the impact of opiate abuse and addiction on adults who are emotionally, physically and socially impaired due to the use of opiates.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone maintenance treatment. WMTP provides addiction counseling using a harm reduction approach and a comprehensive social service assessment and referral services.

A particular focus of Westside Methadone Treatment Program is the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

Contractor: Westside Community Mental Health Center
 Program: Westside Methadone Maintenance

Appendix A-1
 Contract Term: 07/01/22 through 06/30/23

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS Opiate/Narcotic Treatment (OTP/NTP) Individual 6.50 FTE x 80 encounters per week x 52 weeks =	27,312	280
ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing 6.20 FTE x 245 encounters per week x 52 weeks =	78,150	245
ODS Opiate/Narcotic Treatment (OTP/NTP) Buprenorphine 4.03 FTE x 35 encounters per week x 39 weeks =	7,443	35
Total UOS Delivered	112,905	
Total Unduplicated Clients Served		280

6. Methodology:

Opioid (Narcotic) Treatment Program Services

Westside Methadone Maintenance will provide Buprenorphine and Methadone treatment through our Opioid Treatment Program. In addition to the general Opioid (Narcotic) Treatment Program (OTP) services requirements; the Contractor shall comply with the following specific opioid (narcotic) treatment program services requirements:

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.

2) Service Components:

a) **Intake** - Admission criteria for clients is regulated by Title 9, which specifies that the client be at least 18 years of age, and has proof of addiction at the time of admission. To qualify for methadone maintenance, a person must meet the following minimum criteria: documentation of a 2 year history of opiate addiction, or, documentation of 2 prior attempts at detoxification using methadone; currently be addicted to opiate(s); and, Provide a legal, picture identification and Medi-Cal card if currently eligible for Medi-Cal services. Clients complete initial intake paperwork with the intake counselor followed by a physical examination by the physician. Before admitting a prospective client to methadone maintenance or supervised withdrawal services, the program physician conducts a physical health assessment including a medical history and physical examination. This assessment includes: Physical dependence and addiction to opiate(s); Symptoms of addiction; Complications caused by addiction; Family history of chronic or acute medical conditions Tuberculosis screening; Syphilis screening; Opt Out HIV screening; Urine drug screening; and, additional diagnostic testing can be conducted by referral if needed. WMTP follows regulations in the California Code of Regulations, Title 9, regarding multiple registrations.

Contractor: Westside Community Mental Health Center
Program: Westside Methadone Maintenance

Appendix A-1
Contract Term: 07/01/22 through 06/30/23

Once eligibility has been determined through the initial assessments, and the intake is complete, the client is assigned a permanent counselor. A comprehensive psychosocial assessment is completed for both maintenance and supervised withdrawal (detoxification) clients. Prior to developing a client's initial treatment plan; the assigned counselor will complete the Psychosocial Assessment with the client within the first 28 days of admission per Title 9. Following the completion of the psychosocial assessment form, the counselor writes an assessment summary in the client's chart that identifies priorities for the client's initial treatment plan.

b) Individual and Group Counseling – As a Joint Commission accredited Opioid Treatment Program, our practices follow the highest standard of programming based on the guidelines set by the American Society of Addiction Medicine (ASAM), the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). Care, treatment and services are provided through a coordination of clinicians. The program provides comprehensive treatment requiring observed dosing, random urine drug testing and participation in counseling. Consistent counseling and linkages with licensed clinical therapists support the lifestyle changes necessary to progress in recovery.

c) Patient Education – Clients are referred from the SFDPH Centralized Opiate Program Evaluation (COPE) unit, the Treatment Access Program, Project Homeless Connect, other providers, or self-referral. Criteria for admission are mandated by Title 9. Clients must be at least 18 years of age and must provide proof of addiction at the time of admission. Within the Westside System of Care we have psychiatric, HIV/AIDS and psychosocial support within our own wellness and recovery system. This approach facilitates patient engagement and improves outcomes while using resources more efficiently. Strategies include providing a place where individuals who are not in crisis to come and feel safe; crisis access for individuals requiring immediate services; outreach targeting individuals in great need (e.g., the homeless) who are not already seeking services or cannot access ordinary routing or crisis services, and local board and care hospitals to engage persons preparing for step-down care and access that is involuntary or mandated by the criminal justice system. Clients are also referred internally by other programs, from external sources such as other community providers, or by probation/parole and other criminal justice system agencies such as the Courts/Sheriff's Department. This approach incorporates SAMHSA's "No Wrong Door" policy by meeting clients where they are and providing individual assessment and to support clients at every stage of recovery and retain them until their treatment goals are achieved.

d) Medication Services - The Medical Director prescribes monitors, adjusts and manage methadone dosing. The clients' initial dose is determined and then titrated upwards in a "start-low, go-slow" manner. This is done as some research has suggested that there is an increased risk of methadone toxicity in the beginning of treatment. These cases were largely as a result of the initial dose being increased too quickly. After admission the doses are determined by the client's individual preference and opiate withdrawal symptoms. The ultimate stable dose of the client is determined by all of the following factors: illicit opiate use, client preference, and patient safety. In general most clients require around 80mg daily; however this number is different for every client. There is no scientific basis for artificial dose level ceilings as the

Contractor: Westside Community Mental Health Center
Program: Westside Methadone Maintenance

Appendix A-1
Contract Term: 07/01/22 through 06/30/23

physiology of every client is different. The ultimate goal at Westside is for the clients to become drug/alcohol free and to lead productive lives.

e) **Collateral Services** - While the medication is the cornerstone of therapy the value of psychosocial counseling and treatment cannot be understated. Studies have demonstrated that the best results are obtained when methadone is integrated with other medical, social, and psychiatric services. The counselor and the physician review these factors with each client to determine what services are appropriate for the client. Maxine Hall Health Center, a city primary care clinic, shares the building with our program. This is very advantageous for our clients as it provides them with an easy avenue to obtain general medical care.

WMTP incorporates case-management as a client-centered intervention to improve the coordination and continuity of services for our clients that have complex needs. Case Management is incorporated into treatment through both individual case-management (ICM) and team-based case-management (TBCM).

WMTP utilizes a holistic approach to treatment, acknowledging that in order to successfully treat substance abuse, a variety of other issues such as housing, medical, legal, financial and vocational issues must be addressed. The intended outcome of the program is for participants to lead a lifestyle free of alcohol and drug use/abuse. WMTP provides intensive case management utilizing a psycho-educational process and skill building techniques in addition to group and individual counseling/case management sessions.

Utilizing case management as the cornerstone of treatment, counselors begin with the client "where the client is", responding to such tangible needs as food, shelter, clothing, transportation and medical care. This client-centered perspective is maintained as the client moves through treatment. Case management requires that the counselor apply his/her understanding of the natural course of addiction and recovery to foresee a problem, to understand the options available to manage it, and to take appropriate action. In some instances, the counselor may intervene directly; in others, the counselor will take action to ensure that another staff member on the treatment team intervenes as needed.

Staff members act as a treatment team, utilizing each discipline to provide quality care to clients. At monthly staff meetings counselors present clients that pose a challenge where the team approach to problem solving is advantageous. Also, counseling staff present clients who are or have met their treatment plan goals, emphasizing what approaches were most useful in assisting the client, so that all staff may learn and apply these successful approaches.

The treatment team monitors client progress in treatment by reviewing drug use, discussing with the client steps for remaining abstinent, and checking to see whether referrals are needed. Illicit substance use, indicated by either self-report or positive urine results, is also addressed in case management.

f) **Crisis Intervention Services**- Staff in the program conduct risk assessments that identifies specific characteristics of the clients served and environmental features that may increase or decrease the risk for suicide. Westside Methadone Program is also a part of Westside's overall integrated system of services which includes the Crisis Clinic to whom referrals can be

Contractor: Westside Community Mental Health Center
Program: Westside Methadone Maintenance

Appendix A-1
Contract Term: 07/01/22 through 06/30/23

made. The Crisis clinic is an integral part of the CBHS safety net in providing residents of San Francisco timely and responsive crisis and urgent care services. The program accepts clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic designed to prevent unnecessary hospitalization.

g) Treatment Planning- Our program emphasizes person-focused care, integrated and individualized approaches to OTP services and outcomes, increased patient-satisfaction, improved recruitment of staff, and enhanced community confidence and outcomes. WCS uses the ASAM Criteria of Care to guide how it approaches and implements Opioid Treatment Services. Our approach considers the whole person, designs treatment plans for each specific patient, uses individualized treatment times, acknowledges that "failure" is not a treatment prerequisite, but provides a spectrum of services or a continuum of care, and re-conceptualizes the definition of addiction and how it plays out in people and communities.

h) Medical Psychotherapy - one-on-one counseling conducted by the Medical Director with the beneficiary- The Medical Director and substance abuse counseling staff is available on-site every day for consultation and coordination. The Medical Director, substance abuse counselors, psychotherapists and nurses have direct contact with patients. The Medical Director leads the treatment team and has case conferences to ensure that treatment is coordinated and reinforced.

i) Discharge Services - Research has shown methadone medication to be effective for long-term treatment. Therefore clients are encouraged to remain in treatment to reinforce stabilization and prevent relapse. Clients wishing to leave the program against medical advice have a right to do so; staff is to explain the risks of such a decision and the program physician determines a methadone withdrawal schedule with client input. Both voluntary and administratively terminating clients receive a medically monitored withdrawal from methadone. Based on the client's medication taper/withdrawal, the last day of medication is known by the client with the staff able to provide the client with support throughout the withdrawal process. The program medical director/physician adjusts the medication dose as needed or requested by the client. Only by client request, will a "blind taper" be ordered by the physician, to support the client's choice in reducing their medication without knowing the specific daily amount.

Clients are not discharged until after a 2 week (14 days) period has passed. Once it has been determined that a client is to be discharged from the clinic the medical staff generate a final dosing sheet; the counseling staff will generate a discharge summary and a closing episode that signifies a complete record has been produced for the client.

A review of the client's progress in treatment by client and counselor provides a perspective on goals met by the client during methadone treatment and helps identify areas for referral or further care. The Discharge Summary form is completed by the counselor and placed in the client's chart.

Additional Medication Assisted Treatment (MAT)

Contractor: Westside Community Mental Health Center
 Program: Westside Methadone Maintenance

Appendix A-1
 Contract Term: 07/01/22 through 06/30/23

Westside has elected to provide an additional MAT service as a Contractor specific service. Therefore, we will comply with the following Contractor specific MAT requirements for the following treatment:

Buprenorphine MAT services will include:

- a) Integrated buprenorphine model into primary care and mental health clinics;
- b) Support for buprenorphine induction at Howard Street Program;
- c) Westside's Pharmacy will provide observed dosing and medication advice by specialized staff;
- d) Westside's pharmacy will provide medication for OBIC patients during stabilization as needed; and
- e) Westside staff will work collaboratively with other providers to ensure that Buprenorphine is integrated into residential care and residential detoxification.

7. Objectives and Measurements:

a. Standardized Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY22-23."

b. Individualized Objectives (not required of all programs)

N/A

8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside's CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. **Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement

Contractor: Westside Community Mental Health Center
Program: Westside Methadone Maintenance

Appendix A-1
Contract Term: 07/01/22 through 06/30/23

philosophies and strategies. Westside employs a systematic approach for improving the organization's performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization's leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency's mission and responsibility for the quality of client care.

- b. **Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.
- c. **Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding

multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. **Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. **Timely completion and use of outcome data, including CalOMS/ASAM-** A variety of analytical tools are utilized to evaluate the total care provided. Data sources include, but are not limited to: medical records, special studies, external reference databases, incident reports, statistics and historical patterns of performance, peer review, monitoring results, consumer satisfaction questionnaires, safety statistics, infection control data, referral sources, and cost analysis.

Westside uses a strength based approach to motivate clients. They are offered refreshments in our lobby and gift cards for medication compliance. Client no-show rates vary for many reasons including readiness for treatment, weather patterns, street drug availability, and economic factors. Research has shown that incentive programs can have an impact on treatment adherence and no-show rates. In July 2015 a protocol for the incentive program was developed. The decision was made to focus solely on dosing attendance for the initial phase of the incentive program. Client attendance was monitored on a monthly basis and clients were rewarded for their attendance at the beginning of the next month. No show data was collected each month and the effects of the program were analyzed against historical trends. A two tier system was outlined: Clients who missed none of their scheduled dosing days would receive a grocery voucher and clients who missed one to three scheduled dosing days would receive a grocery voucher of a lesser value. Clients would meet with their counselor for the first counseling session the following month. And receive feedback on their attendance record. Counselors

Contractor: Westside Community Mental Health Center
Program: Westside Methadone Maintenance

Appendix A-1
Contract Term: 07/01/22 through 06/30/23

could use this opportunity to reinforce improvements and remind clients about the incentive program. No show patterns were analyzed various ways to determine the success of the program and which groups of clients were benefitting from the incentive program on a quarterly basis. The incentive program demonstrated that there is a positive correlation between medication compliance and incentive based services.

9. Required Language:

BHS SUD Services: N/A

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 3.3, 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 (15th) 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 (15th) 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 MHSA (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 and January 1 through June 30 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 is listed below:

Appendix B-1 Westside Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Nine Million Fifty-Four Thousand Two Hundred Forty-Seven Dollars (\$9,054,247)** for the period of **July 1, 2017 through June 30, 2023.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$212,556)** 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, 2017 through June 30, 2018	\$	480,685
July 1, 2018 through June 30, 2019	\$	1,573,776
July 1, 2019 through June 30, 2020	\$	1,626,604
July 1, 2020 through June 30, 2021	\$	1,620,989
One-Time Allocation of 3% CODB, FY 20-21 Payment By Direct Voucher (DV)	\$	48,630
July 1, 2021 through June 30, 2022	\$	1,719,708
July 1, 2022 through June 30, 2023	\$	1,771,299
Subtotal – July 1, 2017 through June 30, 2022	\$	8,841,691
12% Contingency	\$	212,556
TOTAL – July 1, 2017 through June 30, 2022	\$	9,054,247

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.

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		Appendix Number: B					
Legal Entity Name/Contractor Name: Westside Community Mental Health Center		Page Number: 1					
Contract ID Number: 1000008643		Fiscal Year: 2022-2023					
		Funding Notification Date: 04/04/2022					
Appendix Number	B-1	B-#	B-#	B-#	B-#	B-#	
Provider Number	383887						
Program Name	Methadone Maintenance						
Program Code	38874						
Funding Term	7/1/22-6/30/23						
FUNDING USES							TOTAL
Salaries	\$ 892,662						\$ 892,662
Employee Benefits	\$ 242,666						\$ 242,666
Subtotal Salaries & Employee Benefits	\$ 1,135,328	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,135,328
Operating Expenses	\$ 404,932						\$ 404,932
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 1,540,260	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,540,260
Indirect Expenses	\$ 231,039						\$ 231,039
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,771,299	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,771,299
							Employee Benefits Rate 27.2%
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
SUD Fed - DMC FFP, CFDA 93.778	\$ 892,954						\$ 892,954
SUD State - DMC	\$ 480,822						\$ 480,822
SUD County - General Fund	\$ 397,523						\$ 397,523
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,771,299	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,771,299
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,771,299	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,771,299
NON-DPH FUNDING SOURCES							
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,771,299	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,771,299
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: Westside Community Mental Health Center				Page Number: 1	
Provider Number: 383887				Fiscal Year: 2022-2023	
				Funding Notification Date: 04/04/2022	
Program Name	Methadone Maintenance	Methadone Maintenance	Methadone Maintenance		
Program Code	38874	38874	38874		
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120dbc		
Service Description	ODS NTP Methadone - Dosing	Methadone - Individual Counseling	ODS NTP Dosing - Buprenorphine Combo		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23		
FUNDING USES					TOTAL
Salaries & Employee Benefits	709,183	316,544	109,601		1,135,328
Operating Expenses	289,096	77,692	38,144		404,932
Capital Expenses					-
Subtotal Direct Expenses	998,279	394,236	147,745	-	1,540,260
Indirect Expenses	149,742	59,135	22,162		231,039
TOTAL FUNDING USES	1,148,021	453,371	169,907	-	1,771,299
BHS MENTAL HEALTH FUNDING SOURCE	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	574,526	230,204	88,224	892,954
SUD State - DMC	240646-10000-10001681-0003	309,361	123,956	47,505	480,822
SUD County - General Fund	240646-10000-10001681-0003	264,134	99,211	34,178	397,523
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES	1,148,021	453,371	169,907	-	1,771,299
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	1,148,021	453,371	169,907	-	1,771,299
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)	1,148,021	453,371	169,907	-	1,771,299
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	350	350	350		
Payment Method					
DPH Units of Service	78,310	26,389	5,515		
Unit Type	Dose	10 Minutes	Dose	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 14.66	\$ 17.18	\$ 30.81	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 14.66	\$ 17.18	\$ 30.81	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 16.00	\$ 18.00	\$ 35.00		
Unduplicated Clients (UDC)	245	280	35		Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name Methadone Maintenance
 Program Code 38874

Appendix Number: B-1
 Page Number: 3
 Fiscal Year: 2022-2023
 Funding Notification Date: 04/04/2022

Expense Categories & Line Items	TOTAL	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	7/1/22-6/30/23	7/1/22-6/30/23	(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	600.00	600.00					
Utilities(telephone, electricity, water, gas)	52,400.00	52,400.00					
Building Repair/Maintenance	35,600.00	35,600.00					
Occupancy Total:	88,600.00	88,600.00	-	\$ -	\$ -	\$ -	\$ -
Office Supplies	14,350.00	14,350.00					
Photocopying	-	-					
Program Supplies	-	-					
Computer Hardware/Software	12,000.00	12,000.00	-				
Materials & Supplies Total:	26,350.00	26,350.00	-	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	3,500.00	3,500.00	-				
Insurance	16,400.00	16,400.00	-				
Professional License	-	-	-				
Permits	19,000.00	19,000.00	-				
Equipment Lease & Maintenance	32,900.00	32,900.00	-				
Equipment Depreciation & Amortization	1,620.00	1,620.00	-				
General Operating Total:	73,420.00	73,420.00	-	\$ -	\$ -	\$ -	\$ -
Local Travel	1,200.00	1,200.00	-				
Out-of-Town Travel	-						
Field Expenses	-						
	1,200.00	1,200.00	-	\$ -	\$ -	\$ -	\$ -
Vivo Healthstaff, LLC provides the physician services of Dr. Gordon Raskin, MD from 7/1/2022 to 6/30/2023 at the rate of \$135 an hour for 1,050 hrs = \$141,750	141,750.00	\$ 141,750.00					
Consultant/Subcontractor Total:	141,750.00	141,750.00	-	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Supplies/Services (As Recorded in G/L)	66,362.00	66,362.00					
Dues & Subscriptions	550.00	550.00					
Temporary Help	6,700.00	6,700.00					
Other Total:	73,612.00	73,612.00		\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	404,932.00	404,932.00	-	\$ -	\$ -	\$ -	\$ -

Appendix F

Invoice

Contractor shall submit invoices according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Contractor the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.

**REVISION TO THE AGREEMENT OF:
JULY 1, 2017 THROUGH JUNE 30, 2023
BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO and
WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.**

REVISION TO PROGRAM BUDGETS NUMBER TWO: 2022-2023

WHEREAS, the City and County of San Francisco, through its Department of Public Health, Behavioral Health Services, entered into an Agreement with Westside Community Mental Health Center, Inc. to provide substance use disorder treatment and support services during July 1, 2017 through June 30, 2023, Contract ID Number 1000008643 hereinafter referred to as the "Original Agreement"; and

WHEREAS, this Revision to Program Budgets Number One to the Original Agreement for Fiscal Year 2022-23 has been entered into this 29th day of September 2022.

NOW THEREFORE, the parties to the Original Agreement do hereby agree to modify the Agreement to reflect a no-cost modification to modify appendix A, A-1, B, B-1, and F.

MODIFICATIONS TO THE AGREEMENT. The Agreement is hereby modified as follows:

Appendices A (09/29/2022), A-1 (09/27/2022), B (09/29/2022), B-1 (09/27/2022) and F dated (09/29/2022) are hereby added and incorporated by reference for Fiscal Year 2022-2023.

Except for these changes, the Original Agreement remains in full force and effect.

There is no change in Total Compensation of **Nine Million Fifty-Four Thousand Two Hundred Forty-Seven Dollars (\$9,054,247)** for the Contract Term of **July 1, 2017** through **June 30, 2023**.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

CITY

CONTRACTOR

RECOMMENDED BY:

DocuSigned by:
Hillary Kunins / 10/28/2022 | 5:37 PM PDT
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HILLARY KUNINS Date
Director of Behavioral Health Services

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Mary Ann Jones / 10/28/2022 | 12:36 PM PDT
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MARY ANN JONES, PH.D. Date
Chief Executive Officer

Appendix A

Scope of Services – DPH Behavioral Health Services

1. Terms

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| <ul style="list-style-type: none"> A. Contract Administrator B. Reports C. Evaluation D. Possession of Licenses/Permits E. Adequate Resources F. Admission Policy G. San Francisco Residents Only H. Grievance Procedure I. Infection Control, Health and Safety J. Aerosol Transmissible Disease Program, Health and Safety K. Acknowledgement of Funding L. Client Fees and Third Party Revenue M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | <ul style="list-style-type: none"> N. Patients' Rights O. Under-Utilization Reports P. Quality Improvement Q. Working Trial Balance with Year-End Cost Report R. Harm Reduction S. Compliance with Behavioral Health Services Policies and Procedures T. Fire Clearance U. Clinics to Remain Open V. Compliance with Grant Award Notices |
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- 2. Description of Services
- 3. Services Provided by Attorneys

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.

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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

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

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

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

J. 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.

K. 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."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by **CLIENTS or STAFF shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

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 Westside Methadone Maintenance Program

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

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1. Identifiers:

Program Name: Westside Methadone Maintenance Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200 / 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000
Email Address: mjones@westside-health.org

Executive Director/Program Manager: Mary Ann Jones, Ph.D.
Telephone: 415-431-9000
Email address: mjones@westside-health.org

Program Codes: 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Revision to Program Budget**

3. Goal Statement:

The goal of the Westside Methadone Maintenance Treatment Program is to provide Methadone treatment for opiate addiction to reduce the impact of opiate abuse and addiction on adults who are emotionally, physically and socially impaired due to the use of opiates.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone maintenance treatment. WMTP provides addiction counseling using a harm reduction approach and a comprehensive social service assessment and referral services.

A particular focus of Westside Methadone Treatment Program is the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

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

The Westside Methadone Maintenance Treatment Program provides Narcotic Treatment Program and the following interventions.

ODS Opiate/Narcotic Treatment (OTP/NTP) Individual

ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing

ODS Opiate/Narcotic Treatment (OTP/NTP) Buprenorphine

The UOS and UDC information is documented on APP B CRDC page.

6. Methodology:

Opioid (Narcotic) Treatment Program Services

Westside Methadone Maintenance will provide Buprenorphine and Methadone treatment through our Opioid Treatment Program. In addition to the general Opioid (Narcotic) Treatment Program (OTP) services requirements; the Contractor shall comply with the following specific opioid (narcotic) treatment program services requirements:

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.

2) Service Components:

a) **Intake** - Admission criteria for clients is regulated by Title 9, which specifies that the client be at least 18 years of age, and has proof of addiction at the time of admission. To qualify for methadone maintenance, a person must meet the following minimum criteria: documentation of a 2 year history of opiate addiction, or, documentation of 2 prior attempts at detoxification using methadone; currently be addicted to opiate(s); and, Provide a legal, picture identification and Medi-Cal card if currently eligible for Medi-Cal services. Clients complete initial intake paperwork with the intake counselor followed by a physical examination by the physician. Before admitting a prospective client to methadone maintenance or supervised withdrawal services, the program physician conducts a physical health assessment including a medical history and physical examination. This assessment includes: Physical dependence and addiction to opiate(s); Symptoms of addiction; Complications caused by addiction; Family history of chronic or acute medical conditions Tuberculosis screening; Syphilis screening; Opt Out HIV screening; Urine drug screening; and, additional diagnostic testing can be conducted by referral if needed. WMTP follows regulations in the California Code of Regulations, Title 9, regarding multiple registrations.

Once eligibility has been determined through the initial assessments, and the intake is complete, the client is assigned a permanent counselor. A comprehensive psychosocial assessment is completed for both maintenance and supervised withdrawal (detoxification) clients. Prior to developing a client's initial treatment plan; the assigned counselor will complete the Psychosocial Assessment with the client within the first 28 days of admission per Title 9. Following the completion of the psychosocial assessment form, the counselor writes an assessment summary in the client's chart that identifies priorities for the client's initial treatment plan.

b) **Individual and Group Counseling** – As a Joint Commission accredited Opioid Treatment Program, our practices follow the highest standard of programming based on the guidelines set by the American Society of Addiction Medicine (ASAM), the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). Care, treatment and services are provided through a coordination of clinicians. The program provides comprehensive treatment requiring observed dosing, random urine

drug testing and participation in counseling. Consistent counseling and linkages with licensed clinical therapists support the lifestyle changes necessary to progress in recovery.

c) **Patient Education** – Clients are referred from the SFDPH Centralized Opiate Program Evaluation (COPE) unit, the Treatment Access Program, Project Homeless Connect, other providers, or self-referral. Criteria for admission are mandated by Title 9. Clients must be at least 18 years of age and must provide proof of addiction at the time of admission. Within the Westside System of Care we have psychiatric, HIV/AIDS and psychosocial support within our own wellness and recovery system. This approach facilitates patient engagement and improves outcomes while using resources more efficiently. Strategies include providing a place where individuals who are not in crisis to come and feel safe; crisis access for individuals requiring immediate services; outreach targeting individuals in great need (e.g., the homeless) who are not already seeking services or cannot access ordinary routing or crisis services, and local board and care hospitals to engage persons preparing for step-down care and access that is involuntary or mandated by the criminal justice system. Clients are also referred internally by other programs, from external sources such as other community providers, or by probation/parole and other criminal justice system agencies such as the Courts/Sheriff's Department. This approach incorporates SAMHSA's "No Wrong Door" policy by meeting clients where they are and providing individual assessment and to support clients at every stage of recovery and retain them until their treatment goals are achieved.

d) **Medication Services** - The Medical Director prescribes monitors, adjusts and manage methadone dosing. The clients' initial dose is determined and then titrated upwards in a "start-low, go-slow" manner. This is done as some research has suggested that there is an increased risk of methadone toxicity in the beginning of treatment. These cases were largely as a result of the initial dose being increased too quickly. After admission the doses are determined by the client's individual preference and opiate withdrawal symptoms. The ultimate stable dose of the client is determined by all of the following factors: illicit opiate use, client preference, and patient safety. In general most clients require around 80mg daily; however this number is different for every client. There is no scientific basis for artificial dose level ceilings as the physiology of every client is different. The ultimate goal at Westside is for the clients to become drug/alcohol free and to lead productive lives.

e) **Collateral Services** - While the medication is the cornerstone of therapy the value of psychosocial counseling and treatment cannot be understated. Studies have demonstrated that the best results are obtained when methadone is integrated with other medical, social, and psychiatric services. The counselor and the physician review these factors with each client to determine what services are appropriate for the client Maxine Hall Health Center, a city primary care clinic, shares the building with our program. This is very advantageous for our clients as it provides them with an easy avenue to obtain general medical care.

WMTP incorporates case-management as a client-centered intervention to improve the coordination and continuity of services for our clients that have complex needs. Case Management is incorporated into treatment through both individual case-management (ICM) and team-based case-management (TBCM).

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WMTP utilizes a holistic approach to treatment, acknowledging that in order to successfully treat substance abuse, a variety of other issues such as housing, medical, legal, financial and vocational issues must be addressed. The intended outcome of the program is for participants to lead a lifestyle free of alcohol and drug use/abuse. WMTP provides intensive case management utilizing a psycho-educational process and skill building techniques in addition to group and individual counseling/case management sessions.

Utilizing case management as the cornerstone of treatment, counselors begin with the client "where the client is", responding to such tangible needs as food, shelter, clothing, transportation and medical care. This client-centered perspective is maintained as the client moves through treatment. Case management requires that the counselor apply his/her understanding of the natural course of addiction and recovery to foresee a problem, to understand the options available to manage it, and to take appropriate action. In some instances, the counselor may intervene directly; in others, the counselor will take action to ensure that another staff member on the treatment team intervenes as needed.

Staff members act as a treatment team, utilizing each discipline to provide quality care to clients. At monthly staff meetings counselors present clients that pose a challenge where the team approach to problem solving is advantageous. Also, counseling staff present clients who are or have met their treatment plan goals, emphasizing what approaches were most useful in assisting the client, so that all staff may learn and apply these successful approaches.

The treatment team monitors client progress in treatment by reviewing drug use, discussing with the client steps for remaining abstinent, and checking to see whether referrals are needed. Illicit substance use, indicated by either self-report or positive urine results, is also addressed in case management.

f) **Crisis Intervention Services**- Staff in the program conduct risk assessments that identifies specific characteristics of the clients served and environmental features that may increase or decrease the risk for suicide. Westside Methadone Program is also a part of Westside's overall integrated system of services which includes the Crisis Clinic to whom referrals can be made. The Crisis clinic is an integral part of the CBHS safety net in providing residents of San Francisco timely and responsive crisis and urgent care services. The program accepts clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic designed to prevent unnecessary hospitalization.

g) **Treatment Planning**- Our program emphasizes person-focused care, integrated and individualized approaches to OTP services and outcomes, increased patient-satisfaction, improved recruitment of staff, and enhanced community confidence and outcomes. WCS uses the ASAM Criteria of Care to guide how it approaches and implements Opioid Treatment Services. Our approach considers the whole person, designs treatment plans for each specific patient, uses individualized treatment times, acknowledges that "failure" is not a treatment prerequisite, but provides a spectrum of services or a continuum of care, and re-conceptualizes the definition of addiction and how it plays out in people and communities.

h) **Medical Psychotherapy** - one-on-one counseling conducted by the Medical Director with the beneficiary- The Medical Director and substance abuse counseling staff is available on-

site every day for consultation and coordination. The Medical Director, substance abuse counselors, psychotherapists and nurses have direct contact with patients. The Medical Director leads the treatment team and has case conferences to ensure that treatment is coordinated and reinforced.

i) **Discharge Services** - Research has shown methadone medication to be effective for long-term treatment. Therefore clients are encouraged to remain in treatment to reinforce stabilization and prevent relapse. Clients wishing to leave the program against medical advice have a right to do so; staff is to explain the risks of such a decision and the program physician determines a methadone withdrawal schedule with client input. Both voluntary and administratively terminating clients receive a medically monitored withdrawal from methadone. Based on the client's medication taper/withdrawal, the last day of medication is known by the client with the staff able to provide the client with support throughout the withdrawal process. The program medical director/physician adjusts the medication dose as needed or requested by the client. Only by client request, will a "blind taper" be ordered by the physician, to support the client's choice in reducing their medication without knowing the specific daily amount.

Clients are not discharged until after a 2 week (14 days) period has passed. Once it has been determined that a client is to be discharged from the clinic the medical staff generate a final dosing sheet; the counseling staff will generate a discharge summary and a closing episode that signifies a complete record has been produced for the client.

A review of the client's progress in treatment by client and counselor provides a perspective on goals met by the client during methadone treatment and helps identify areas for referral or further care. The Discharge Summary form is completed by the counselor and placed in the client's chart.

Additional Medication Assisted Treatment (MAT)

Westside has elected to provide an additional MAT service as a Contractor specific service. Therefore, we will comply with the following Contractor specific MAT requirements for the following treatment:

Buprenorphine MAT services will include:

- a) Integrated buprenorphine model into primary care and mental health clinics;
- b) Support for buprenorphine induction at Howard Street Program;
- c) Westside's Pharmacy will provide observed dosing and medication advice by specialized staff;
- d) Westside's pharmacy will provide medication for OBIC patients during stabilization as needed; and
- e) Westside staff will work collaboratively with other providers to ensure that Buprenorphine is integrated into residential care and residential detoxification.

7. Objectives and Measurements:

a. Standardized Objectives

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“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY22-23.”

b. Individualized Objectives (not required of all programs)

N/A

8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside’s CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. **Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement philosophies and strategies. Westside employs a systematic approach for improving the organization’s performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization’s leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency’s mission and responsibility for the quality of client care.

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- b. **Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.
- c. **Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important

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decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. **Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. **Timely completion and use of outcome data, including CalOMS/ASAM-** A variety of analytical tools are utilized to evaluate the total care provided. Data sources include, but are not limited to: medical records, special studies, external reference databases, incident reports, statistics and historical patterns of performance, peer review, monitoring results, consumer satisfaction questionnaires, safety statistics, infection control data, referral sources, and cost analysis.

Westside uses a strength based approach to motivate clients. They are offered refreshments in our lobby and gift cards for medication compliance. Client no-show rates vary for many reasons including readiness for treatment, weather patterns, street drug availability, and economic factors. Research has shown that incentive programs can have an impact on treatment adherence and no-show rates. In July 2015 a protocol for the incentive program was developed. The decision was made to focus solely on dosing attendance for the initial phase of the incentive program. Client attendance was monitored on a monthly basis and clients were rewarded for their attendance at the beginning of the next month. No show data was collected each month and the effects of the program were analyzed against historical trends. A two tier system was outlined: Clients who missed none of their scheduled dosing days would receive a grocery voucher and clients who missed one to three scheduled dosing days would receive a grocery voucher of a lesser value. Clients would meet with their counselor for the first counseling session the following month. And receive feedback on their attendance record. Counselors could use this opportunity to reinforce improvements and remind clients about the incentive program. No show patterns were analyzed various ways to determine the success of the program and which groups of clients were benefitting from the incentive program on a quarterly basis. The incentive program demonstrated that there is a positive correlation between medication compliance and incentive based services.

9. Required Language:

BHS SUD Services: N/A

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 3.3, 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 (15th) 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 (15th) 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 MHSA (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 is listed below:

Appendix B-1 Westside Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Nine Million Fifty-Four Thousand Two Hundred Forty-Seven Dollars (\$9,054,247)** for the period of **July 1, 2017 through June 30, 2023**.

CONTRACTOR understands that, of this maximum dollar obligation, **(\$195,359)** 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, 2017 through June 30, 2018	\$	480,685
July 1, 2018 through June 30, 2019	\$	1,573,776
July 1, 2019 through June 30, 2020	\$	1,626,604
July 1, 2020 through June 30, 2021	\$	1,620,989
One-Time Allocation of 3% CODB, FY 20-21 Payment By Direct Voucher (DV)	\$	48,630
July 1, 2021 through June 30, 2022	\$	1,719,708
July 1, 2022 through June 30, 2023	\$	1,788,496
Subtotal – July 1, 2017 through June 30, 2023	\$	8,858,888
12% Contingency	\$	195,359
TOTAL – July 1, 2017 through June 30, 2023	\$	9,054,247

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.

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		Appendix Number: B					
Legal Entity Name/Contractor Name: Westside Community Mental Health Center		Page Number: 1					
Contract ID Number: 1000008643		Fiscal Year: 2022-2023					
		Funding Notification Date: 09/06/2022					
Appendix Number	B-1	B-#	B-#	B-#	B-#	B-#	
Provider Number	383887						
Program Name	Methadone Maintenance						
Program Code	38874						
Funding Term	7/1/22-6/30/23						
FUNDING USES							TOTAL
Salaries	\$ 832,057						\$ 832,057
Employee Benefits	\$ 232,976						\$ 232,976
Subtotal Salaries & Employee Benefits	\$ 1,065,033	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,065,033
Operating Expenses	\$ 490,181						\$ 490,181
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 1,555,214	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,555,214
Indirect Expenses	\$ 233,282						\$ 233,282
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,788,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,788,496
						Employee Benefits Rate	28.0%
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
SUD Fed - DMC FFP, CFDA 93.778	\$ 892,954						\$ 892,954
SUD State - DMC	\$ 480,822						\$ 480,822
SUD County - General Fund	\$ 414,720						\$ 414,720
							\$ -
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,788,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,788,496
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,788,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,788,496
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,788,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,788,496
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: Westside Community Mental Health Center				Page Number: 1	
Provider Number: 383887				Fiscal Year: 2022-2023	
				Funding Notification Date: 09/06/2022	
Program Name	Methodone Maintenance	Methodone Maintenance	Methodone Maintenance		
Program Code	38874	38874	38874		
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120dbct		
Service Description	ODS NTP Methadone - Dosing	ODS NTP - Individual Counseling	ODS NTP Dosing - Bupe Combo - Tablets		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23		
FUNDING USES					TOTAL
Salaries & Employee Benefits	690,141	272,649	102,243		1,065,033
Operating Expenses	317,637	125,486	47,058		490,181
Capital Expenses					-
Subtotal Direct Expenses	1,007,778	398,135	149,301	-	1,555,214
Indirect Expenses	151,167	59,720	22,395		233,282
TOTAL FUNDING USES	1,158,945	457,855	171,696	-	1,788,496
BHS MENTAL HEALTH FUNDING SOURCE	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	574,526	230,204	88,224	892,954
SUD State - DMC	240646-10000-10001681-0003	309,361	123,956	47,505	480,822
SUD County - General Fund	240646-10000-10001681-0003	275,058	103,695	35,967	414,720
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES		1,158,945	457,855	171,696	1,788,496
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		1,158,945	457,855	171,696	1,788,496
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)		1,158,945	457,855	171,696	1,788,496
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	350	350	350	
	Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
	DPH Units of Service	71,540	24,085	5,399	
	Unit Type	Dose	10 Minutes	Dose	0 0
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 16.20	\$ 19.01	\$ 31.80	\$ - \$ -
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 16.20	\$ 19.01	\$ 31.80	\$ - \$ -
	Published Rate (Medi-Cal Providers Only)	\$ 33.00	\$ 28.00	\$ 35.00	
	Unduplicated Clients (UDC)	245	280	35	Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name Methadone Maintenance
 Program Code 38874

Appendix Number: B-1
 Page Number: 3
 Fiscal Year: 2022-2023
 Funding Notification Date: 09/06/2022

Expense Categories & Line Items	TOTAL	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	7/1/22-6/30/23	7/1/22-6/30/23	(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	600.00	600.00					
Utilities(telephone, electricity, water, gas)	52,400.00	52,400.00					
Building Repair/Maintenance	35,600.00	35,600.00					
Occupancy Total:	88,600.00	88,600.00	-	\$ -	\$ -	\$ -	\$ -
Office Supplies	14,350.00	14,350.00					
Photocopying	-	-					
Program Supplies	-	-					
Computer Hardware/Software	12,000.00	12,000.00	-				
Materials & Supplies Total:	26,350.00	26,350.00	-	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	3,500.00	3,500.00	-				
Insurance	16,400.00	16,400.00	-				
Professional License	-	-	-				
Permits	19,000.00	19,000.00	-				
Equipment Lease & Maintenance	32,900.00	32,900.00	-				
Equipment Depreciation & Amortization	-	-	-				
General Operating Total:	71,800.00	71,800.00	-	\$ -	\$ -	\$ -	\$ -
Local Travel	1,200.00	1,200.00	-				
Out-of-Town Travel	-						
Field Expenses	-						
	1,200.00	1,200.00	-	\$ -	\$ -	\$ -	\$ -
Mawayidna Tombegou, NP provides nurse practitioner services from 7/1/2022 to 6/30/2023 at the rate of \$100 an hour for 1,248 hrs = \$124,800	124,800.00	\$ 124,800.00					
Vivo Healthstaff, LLC provides the physician services of Dr. Gordon Raskin, MD from 7/1/2021 to 6/30/2022 at the rate of \$135 an hour for 676 hrs = \$91,260	91,260.00	\$ 91,260.00					
Consultant/Subcontractor Total:	216,060.00	216,060.00	-	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Supplies/Services (As Recorded in G/L)	81,921.00	81,921.00					
Dues & Subscriptions	550.00	550.00					
Temporary Help	3,700.00	3,700.00					
Other Total:	86,171.00	86,171.00		\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	490,181.00	490,181.00	-	\$ -	\$ -	\$ -	\$ -

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

Appendix F
PAGE A

Contract ID#
1000008643

Contractor : Westside Community Mental Health Center - Children

Address: 1153 Oak St., San Francisco, CA 94117

Tel. No. 415-431-9000

Fax No.:

Funding Term: 07/01/2022 - 06/30/2023

PHP Division: Behavioral Health Services



INVOICE NUMBER: S03JL22

Template Version: RPB 2

User Cd

Ct. PO No.: POHM SFGOV-0000642781

Fund Source: SUD Fed/ State/ County - GF

Invoice Period : July 2022

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-1 Methadone Maintenance PC# 38874 - 240646-100000-10001681-0003												
ODS-120d ODS NTP Methadone - Dosing	71,540	245			0.00	-	0%	0%	71,540	245	100%	100%
ODS-120j Methadone - Individual Counseling	24,085	280			0.00	-	0%	0%	24,085	280	100%	100%
ODS-120dbc ODS NTP Dosing Buprenorphine Combo	5,399	35			0.00	-	0%	0%	5,399	35	100%	100%

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 832,057.00	\$ -	\$ -	0.00%	\$ 832,057.00
Fringe Benefits	\$ 232,976.00	\$ -	\$ -	0.00%	\$ 232,976.00
Total Personnel Expenses	\$ 1,065,033.00	\$ -	\$ -	0.00%	\$ 1,065,033.00
Operating Expenses:					
Occupancy	\$ 88,600.00	\$ -	\$ -	0.00%	\$ 88,600.00
Materials and Supplies	\$ 26,350.00	\$ -	\$ -	0.00%	\$ 26,350.00
General Operating	\$ 71,800.00	\$ -	\$ -	0.00%	\$ 71,800.00
Staff Travel	\$ 1,200.00	\$ -	\$ -	0.00%	\$ 1,200.00
Consultant/Subcontractor	\$ 216,060.00	\$ -	\$ -	0.00%	\$ 216,060.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Client Supplies/Services (As Recorded in G/L)	\$ 81,921.00	\$ -	\$ -	0.00%	\$ 81,921.00
Dues & Subscriptions	\$ 550.00	\$ -	\$ -	0.00%	\$ 550.00
Temporary Help	\$ 3,700.00	\$ -	\$ -	0.00%	\$ 3,700.00
Total Operating Expenses	\$ 490,181.00	\$ -	\$ -	0.00%	\$ 490,181.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,555,214.00	\$ -	\$ -	0.00%	\$ 1,555,214.00
Indirect Expenses	\$ 233,282.00	\$ -	\$ -	0.00%	\$ 233,282.00
TOTAL EXPENSES	\$ 1,788,496.00	\$ -	\$ -	0.00%	\$ 1,788,496.00
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: _____

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**

Contract ID#
1000008643

Appendix F
PAGE B

Invoice Number
S03JL22

User Cd
CT PO No.

Contractor : Westside Community Mental Health Center - Children

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director of Clinical Services	0.22	\$ 41,004.00		\$ -	0.00%	\$ 41,004.00
Peer Safety Monitor	2.20	\$ 114,451.00		\$ -	0.00%	\$ 114,451.00
Methadone Physician	0.10	\$ 27,040.00		\$ -	0.00%	\$ 27,040.00
Program Director	0.05	\$ 6,240.00		\$ -	0.00%	\$ 6,240.00
Operations Manager	0.12	\$ 12,325.00		\$ -	0.00%	\$ 12,325.00
Program Coordinator	0.50	\$ 44,454.00		\$ -	0.00%	\$ 44,454.00
Chief Compliance Officer	0.30	\$ 47,322.00		\$ -	0.00%	\$ 47,322.00
Dispensing Nurse	2.69	\$ 195,656.00		\$ -	0.00%	\$ 195,656.00
Health Info Svcs Clerk III	1.00	\$ 65,567.00		\$ -	0.00%	\$ 65,567.00
Treatment Counselor	3.00	\$ 191,876.00		\$ -	0.00%	\$ 191,876.00
Nursing Supervisor	0.90	\$ 79,472.00		\$ -	0.00%	\$ 79,472.00
Medical Records Clerk	0.10	\$ 6,650.00		\$ -	0.00%	\$ 6,650.00
TOTAL SALARIES	11.18	\$ 832,057.00	\$ -	\$ -	0.00%	\$ 832,057.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement 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: _____

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

First Amendment

THIS AMENDMENT (this “Amendment”) is made as of **July 1, 2022**, in San Francisco, California, by and between **Westside Community Mental Health Center, Inc.** (“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, 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 the original Agreement was obtained on June 19, 2017 from the Civil Service Commission under PSC number 48652 – 16/17 in the amount of \$192,080,000 for the period commencing July 1, 2017 and ending June 30, 2022; and

WHEREAS, approval for this Amendment was obtained on December 16, 2019 from the Civil Service Commission under PSC number 48652 – 16/17 in the amount of \$367,880,000 for the period commencing July 1, 2017 and ending June 30, 2027;

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, 2017 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 **Definitions.** *The following is hereby added to the Agreement as a Definition in Article 1:*

1.10 “Confidential Information” means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

2.2 **Term of the Agreement.** *Section 2.1 Term of the Agreement of the Agreement currently reads as follows:*

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2017; or (ii) the Effective Date and expire on June 30, 2022, 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, 2017; or (ii) the Effective Date and expire on June 30, 2023, unless earlier terminated as otherwise provided herein.

2.3 **Payment.** *Section 3.3.1 Payment 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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)**. 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 **Nine Million Fifty Four Thousand Two Hundred Forty Seven Dollars (\$9,054,247)**. 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.

2.4 Contractor Vaccination Policy. *The following is hereby added to Article 4 of the Agreement:*

4.2.1 Contractor Vaccination Policy.

(a) Contractor acknowledges that it has read the requirements of the 38th Supplement to Mayoral Proclamation Declaring the Existence of a Local Emergency (“Emergency Declaration”), dated February 25, 2020, and the Contractor Vaccination Policy for City Contractors issued by the City Administrator (“Contractor Vaccination Policy”), as those documents may be amended from time to time. A copy of the Contractor Vaccination Policy can be found at: <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors>.

(b) A Contract subject to the Emergency Declaration is an agreement between the City and any other entity or individual and any subcontract under such agreement, where Covered Employees of the Contractor or Subcontractor work in-person with City employees in connection with the work or services performed under the agreement at a City owned, leased, or controlled facility. Such agreements include, but are not limited to, professional services contracts, general services contracts, public works contracts, and grants. Contract includes such agreements currently in place or entered into during the term of the Emergency Declaration. Contract does not include an agreement with a state or federal governmental entity or agreements that do not involve the City paying or receiving funds.

(c) In accordance with the Contractor Vaccination Policy, Contractor agrees that:

(i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure such Covered Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and

(ii) If Contractor grants Covered Employees an exemption based on medical or religious grounds, Contractor will promptly notify City by completing and submitting the Covered Employees Granted Exemptions Form (“Exemptions Form”), which can be found at <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors> (navigate to “Exemptions” to download the form).

(d) The City reserves the right to impose a more stringent COVID-19 vaccination policy for the San Francisco Department of Public Health, acting in its sole discretion.

2.5 Assignment. *The following is hereby added to Article 4 of the Agreement, replacing the previous Section 4.5 in its entirety:*

4.5 Assignment. The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an “Assignment”) unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City’s

approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.6 Cyber and Privacy Insurance. *The following is hereby added to Article 5 of the Agreement:*

5.1.1(f) Cyber and Privacy Insurance with limits of not less than **\$1,000,000** per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in electronic form.

2.7 Withholding. *The following is hereby added to Article 7 of the Agreement:*

7.3 **Withholding.** Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.8 Consideration of Salary History. *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.4 in its entirety:*

10.4 **Consideration of Salary History.** Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

2.9 Limitations on Contributions. *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.11 in its entirety:*

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under Section 1.126 of the City’s Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor’s board of directors; Contractor’s chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.10 Distribution of Beverages and Water. *The following is hereby added to Article 10 of the Agreement, 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.

2.11 Notification of Legal Requests. *The following section is hereby added and incorporated in Article 11 of the Agreement:*

11.14 Notification of Legal Requests. Contractor shall immediately 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 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall 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.

2.12 Ownership of City Data. *The following section is hereby added and incorporated in Article 13 of the Agreement:*

13.5 Ownership of City Data. The Parties agree that as between them, all rights, including all intellectual property rights, in and to the City Data and any derivative works of the City Data is the exclusive property of the City.

2.13 Management of City Data and Confidential Information. *The following sections are hereby added and incorporated in Article 13 of the Agreement:*

13.6 Management of City Data and Confidential Information.

13.6.1 Use of City Data and Confidential Information. Contractor agrees to hold City's Data received from, or collected on behalf of, the City, in strictest confidence. Contractor shall not use or disclose City's Data except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Data outside the United States is subject to prior written authorization by the City. Access to City's Data must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.6.2 Disposition of Confidential Information. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City's Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

2.14 Appendix A-1. Appendix A-1 (For Fiscal Year: 07/01/2022-6/30/2023) is hereby attached to this Amendment and fully incorporated within the Agreement.

2.15 Appendix B. Appendix B, dated July 1, 2022, is hereby attached to this Amendment and fully incorporated within the Agreement.

2.16 Appendix B-1. Appendix B-1 (For Fiscal Year: 07/01/2022-6/30/2023) is hereby attached to this Amendment and fully incorporated within the Agreement

2.17 Appendix D. Appendix D - Data Access and Sharing Terms, is hereby attached to this Amendment and fully incorporated within the Agreement.

2.18 **Appendix F.** Appendix F, dated July 1, 2022, is hereby attached to this Amendment and fully incorporated within the Agreement.

2.19 Recognize and attach the following previously executed Internal Contract Revision (ICR) and Revision to Program Budgets (RPB): ICR dated 07/01/2017, RPB dated 05/29/2019, RPB dated 07/01/2019, RPB dated 03/10/2020, RPB dated 05/19/2021, RPB dated 06/30/2021, and RPB dated 04/15/2021.

Article 3 Effective Date

Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2022.

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

Recommended by:

DocuSigned by:
Greg Wagner 07/21/2022 | 3:06 PM PDT
28527524752949F

Grant Colfax, MD
Director of Health
Department of Public Health

CONTRACTOR

Westside Community Mental Health Center,

DocuSigned by:
Mary Ann Jones 7/08/2022 | 4:27 PM PDT
BEF81214419054BB...

Mary Ann Jones, Ph.D.
Chief Executive Officer

City Supplier number: 0000008254

Approved as to Form:

David Chiu
City Attorney

DocuSigned by:
Louise Simpson 7/15/2022 | 1:26 PM PDT
BD54168A4C3B452...

By: Louise Simpson
Deputy City Attorney

Approved:

Sailaja Kurella
Director of the Office of Contract
Administration and Purchaser

DocuSigned by:
Taraneh Moayed 7/28/2022 | 1:17 PM PDT
9AEA44694D514E7...

Name: Taraneh Moayed

Attached Appendices:

- Appendix A-1
- Appendix B
- Appendix B-1
- Appendix D
- Appendix F

Contractor: Westside Community Mental Health Center
Program: Westside Methadone Maintenance

Appendix A-1
Contract Term: 07/01/22 through 06/30/23

1. Identifiers:

Program Name: Westside Methadone Maintenance Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000
Email Address: mjones@westside-health.org

Executive Director/Program Manager: Mary Ann Jones, Ph.D.
Telephone: 415-431-9000
Email address: mjones@westside-health.org

Program Codes: 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Internal Contract Revision**

3. Goal Statement:

The goal of the Westside Methadone Maintenance Treatment Program is to provide Methadone treatment for opiate addiction to reduce the impact of opiate abuse and addiction on adults who are emotionally, physically and socially impaired due to the use of opiates.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone maintenance treatment. WMTP provides addiction counseling using a harm reduction approach and a comprehensive social service assessment and referral services.

A particular focus of Westside Methadone Treatment Program is the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS Opiate/Narcotic Treatment (OTP/NTP) Individual 6.50 FTE x 80 encounters per week x 52 weeks =	27,312	280
ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing 6.20 FTE x 245 encounters per week x 52 weeks =	78,150	245
ODS Opiate/Narcotic Treatment (OTP/NTP) Buprenorphine 4.03 FTE x 35 encounters per week x 39 weeks =	7,443	35
Total UOS Delivered	112,905	
Total Unduplicated Clients Served		280

6. Methodology:

Opioid (Narcotic) Treatment Program Services

Westside Methadone Maintenance will provide Buprenorphine and Methadone treatment through our Opioid Treatment Program. In addition to the general Opioid (Narcotic) Treatment Program (OTP) services requirements; the Contractor shall comply with the following specific opioid (narcotic) treatment program services requirements:

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.

2) Service Components:

a) **Intake** - Admission criteria for clients is regulated by Title 9, which specifies that the client be at least 18 years of age, and has proof of addiction at the time of admission. To qualify for methadone maintenance, a person must meet the following minimum criteria: documentation of a 2 year history of opiate addiction, or, documentation of 2 prior attempts at detoxification using methadone; currently be addicted to opiate(s); and, Provide a legal, picture identification and Medi-Cal card if currently eligible for Medi-Cal services. Clients complete initial intake paperwork with the intake counselor followed by a physical examination by the physician. Before admitting a prospective client to methadone maintenance or supervised withdrawal services, the program physician conducts a physical health assessment including a medical history and physical examination. This assessment includes: Physical dependence and addiction to opiate(s); Symptoms of addiction; Complications caused by addiction; Family history of chronic or acute medical conditions Tuberculosis screening; Syphilis screening; Opt Out HIV screening; Urine drug screening; and, additional diagnostic testing can be conducted by referral if needed. WMTP follows regulations in the California Code of Regulations, Title 9, regarding multiple registrations.

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Contract Term: 07/01/22 through 06/30/23

Once eligibility has been determined through the initial assessments, and the intake is complete, the client is assigned a permanent counselor. A comprehensive psychosocial assessment is completed for both maintenance and supervised withdrawal (detoxification) clients. Prior to developing a client's initial treatment plan; the assigned counselor will complete the Psychosocial Assessment with the client within the first 28 days of admission per Title 9. Following the completion of the psychosocial assessment form, the counselor writes an assessment summary in the client's chart that identifies priorities for the client's initial treatment plan.

b) Individual and Group Counseling – As a Joint Commission accredited Opioid Treatment Program, our practices follow the highest standard of programming based on the guidelines set by the American Society of Addiction Medicine (ASAM), the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). Care, treatment and services are provided through a coordination of clinicians. The program provides comprehensive treatment requiring observed dosing, random urine drug testing and participation in counseling. Consistent counseling and linkages with licensed clinical therapists support the lifestyle changes necessary to progress in recovery.

c) Patient Education – Clients are referred from the SFDPH Centralized Opiate Program Evaluation (COPE) unit, the Treatment Access Program, Project Homeless Connect, other providers, or self-referral. Criteria for admission are mandated by Title 9. Clients must be at least 18 years of age and must provide proof of addiction at the time of admission. Within the Westside System of Care we have psychiatric, HIV/AIDS and psychosocial support within our own wellness and recovery system. This approach facilitates patient engagement and improves outcomes while using resources more efficiently. Strategies include providing a place where individuals who are not in crisis to come and feel safe; crisis access for individuals requiring immediate services; outreach targeting individuals in great need (e.g., the homeless) who are not already seeking services or cannot access ordinary routing or crisis services, and local board and care hospitals to engage persons preparing for step-down care and access that is involuntary or mandated by the criminal justice system. Clients are also referred internally by other programs, from external sources such as other community providers, or by probation/parole and other criminal justice system agencies such as the Courts/Sheriff's Department. This approach incorporates SAMHSA's "No Wrong Door" policy by meeting clients where they are and providing individual assessment and to support clients at every stage of recovery and retain them until their treatment goals are achieved.

d) Medication Services - The Medical Director prescribes monitors, adjusts and manage methadone dosing. The clients' initial dose is determined and then titrated upwards in a "start-low, go-slow" manner. This is done as some research has suggested that there is an increased risk of methadone toxicity in the beginning of treatment. These cases were largely as a result of the initial dose being increased too quickly. After admission the doses are determined by the client's individual preference and opiate withdrawal symptoms. The ultimate stable dose of the client is determined by all of the following factors: illicit opiate use, client preference, and patient safety. In general most clients require around 80mg daily; however this number is different for every client. There is no scientific basis for artificial dose level ceilings as the

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Appendix A-1
Contract Term: 07/01/22 through 06/30/23

physiology of every client is different. The ultimate goal at Westside is for the clients to become drug/alcohol free and to lead productive lives.

e) **Collateral Services** - While the medication is the cornerstone of therapy the value of psychosocial counseling and treatment cannot be understated. Studies have demonstrated that the best results are obtained when methadone is integrated with other medical, social, and psychiatric services. The counselor and the physician review these factors with each client to determine what services are appropriate for the client Maxine Hall Health Center, a city primary care clinic, shares the building with our program. This is very advantageous for our clients as it provides them with an easy avenue to obtain general medical care.

WMTP incorporates case-management as a client-centered intervention to improve the coordination and continuity of services for our clients that have complex needs. Case Management is incorporated into treatment through both individual case-management (ICM) and team-based case-management (TBCM).

WMTP utilizes a holistic approach to treatment, acknowledging that in order to successfully treat substance abuse, a variety of other issues such as housing, medical, legal, financial and vocational issues must be addressed. The intended outcome of the program is for participants to lead a lifestyle free of alcohol and drug use/abuse. WMTP provides intensive case management utilizing a psycho-educational process and skill building techniques in addition to group and individual counseling/case management sessions.

Utilizing case management as the cornerstone of treatment, counselors begin with the client "where the client is", responding to such tangible needs as food, shelter, clothing, transportation and medical care. This client-centered perspective is maintained as the client moves through treatment. Case management requires that the counselor apply his/her understanding of the natural course of addiction and recovery to foresee a problem, to understand the options available to manage it, and to take appropriate action. In some instances, the counselor may intervene directly; in others, the counselor will take action to ensure that another staff member on the treatment team intervenes as needed.

Staff members act as a treatment team, utilizing each discipline to provide quality care to clients. At monthly staff meetings counselors present clients that pose a challenge where the team approach to problem solving is advantageous. Also, counseling staff present clients who are or have met their treatment plan goals, emphasizing what approaches were most useful in assisting the client, so that all staff may learn and apply these successful approaches.

The treatment team monitors client progress in treatment by reviewing drug use, discussing with the client steps for remaining abstinent, and checking to see whether referrals are needed. Illicit substance use, indicated by either self-report or positive urine results, is also addressed in case management.

f) **Crisis Intervention Services**- Staff in the program conduct risk assessments that identifies specific characteristics of the clients served and environmental features that may increase or decrease the risk for suicide. Westside Methadone Program is also a part of Westside's overall integrated system of services which includes the Crisis Clinic to whom referrals can be

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made. The Crisis clinic is an integral part of the CBHS safety net in providing residents of San Francisco timely and responsive crisis and urgent care services. The program accepts clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic designed to prevent unnecessary hospitalization.

g) Treatment Planning- Our program emphasizes person-focused care, integrated and individualized approaches to OTP services and outcomes, increased patient-satisfaction, improved recruitment of staff, and enhanced community confidence and outcomes. WCS uses the ASAM Criteria of Care to guide how it approaches and implements Opioid Treatment Services. Our approach considers the whole person, designs treatment plans for each specific patient, uses individualized treatment times, acknowledges that "failure" is not a treatment prerequisite, but provides a spectrum of services or a continuum of care, and re-conceptualizes the definition of addiction and how it plays out in people and communities.

h) Medical Psychotherapy - one-on-one counseling conducted by the Medical Director with the beneficiary- The Medical Director and substance abuse counseling staff is available on-site every day for consultation and coordination. The Medical Director, substance abuse counselors, psychotherapists and nurses have direct contact with patients. The Medical Director leads the treatment team and has case conferences to ensure that treatment is coordinated and reinforced.

i) Discharge Services - Research has shown methadone medication to be effective for long-term treatment. Therefore clients are encouraged to remain in treatment to reinforce stabilization and prevent relapse. Clients wishing to leave the program against medical advice have a right to do so; staff is to explain the risks of such a decision and the program physician determines a methadone withdrawal schedule with client input. Both voluntary and administratively terminating clients receive a medically monitored withdrawal from methadone. Based on the client's medication taper/withdrawal, the last day of medication is known by the client with the staff able to provide the client with support throughout the withdrawal process. The program medical director/physician adjusts the medication dose as needed or requested by the client. Only by client request, will a "blind taper" be ordered by the physician, to support the client's choice in reducing their medication without knowing the specific daily amount.

Clients are not discharged until after a 2 week (14 days) period has passed. Once it has been determined that a client is to be discharged from the clinic the medical staff generate a final dosing sheet; the counseling staff will generate a discharge summary and a closing episode that signifies a complete record has been produced for the client.

A review of the client's progress in treatment by client and counselor provides a perspective on goals met by the client during methadone treatment and helps identify areas for referral or further care. The Discharge Summary form is completed by the counselor and placed in the client's chart.

Additional Medication Assisted Treatment (MAT)

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Westside has elected to provide an additional MAT service as a Contractor specific service. Therefore, we will comply with the following Contractor specific MAT requirements for the following treatment:

Buprenorphine MAT services will include:

- a) Integrated buprenorphine model into primary care and mental health clinics;
- b) Support for buprenorphine induction at Howard Street Program;
- c) Westside's Pharmacy will provide observed dosing and medication advice by specialized staff;
- d) Westside's pharmacy will provide medication for OBIC patients during stabilization as needed; and
- e) Westside staff will work collaboratively with other providers to ensure that Buprenorphine is integrated into residential care and residential detoxification.

7. Objectives and Measurements:

a. Standardized Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY22-23."

b. Individualized Objectives (not required of all programs)

N/A

8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside's CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. **Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement

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philosophies and strategies. Westside employs a systematic approach for improving the organization's performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization's leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency's mission and responsibility for the quality of client care.

- b. **Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.
- c. **Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding

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multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. **Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. **Timely completion and use of outcome data, including CalOMS/ASAM-** A variety of analytical tools are utilized to evaluate the total care provided. Data sources include, but are not limited to: medical records, special studies, external reference databases, incident reports, statistics and historical patterns of performance, peer review, monitoring results, consumer satisfaction questionnaires, safety statistics, infection control data, referral sources, and cost analysis.

Westside uses a strength based approach to motivate clients. They are offered refreshments in our lobby and gift cards for medication compliance. Client no-show rates vary for many reasons including readiness for treatment, weather patterns, street drug availability, and economic factors. Research has shown that incentive programs can have an impact on treatment adherence and no-show rates. In July 2015 a protocol for the incentive program was developed. The decision was made to focus solely on dosing attendance for the initial phase of the incentive program. Client attendance was monitored on a monthly basis and clients were rewarded for their attendance at the beginning of the next month. No show data was collected each month and the effects of the program were analyzed against historical trends. A two tier system was outlined: Clients who missed none of their scheduled dosing days would receive a grocery voucher and clients who missed one to three scheduled dosing days would receive a grocery voucher of a lesser value. Clients would meet with their counselor for the first counseling session the following month. And receive feedback on their attendance record. Counselors

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could use this opportunity to reinforce improvements and remind clients about the incentive program. No show patterns were analyzed various ways to determine the success of the program and which groups of clients were benefitting from the incentive program on a quarterly basis. The incentive program demonstrated that there is a positive correlation between medication compliance and incentive based services.

9. Required Language:

BHS SUD Services: N/A

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 3.3, 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 (15th) 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 (15th) 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 MHSA (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 and January 1 through June 30 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 is listed below:

Appendix B-1 Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Nine Million Fifty Four Thousand Two Hundred Forty Seven Dollars (\$9,054,247)** for the period of **July 1, 2017 through June 30, 2023.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$212,556)** 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, 2017 through June 30, 2018	\$ 480,685
July 1, 2018 through June 30, 2019	\$ 1,573,776
July 1, 2019 through June 30, 2020	\$ 1,626,604
July 1, 2020 through June 30, 2021	\$ 1,620,989
One-Time Allocation of 3% CODB, FY 20-21 Payment By Direct Voucher (DV)	\$ 48,630
July 1, 2021 through June 30, 2022	\$ 1,719,708
July 1, 2022 through June 30, 2023	\$ 1,771,299
Subtotal – July 1, 2017 through June 30, 2023	\$ 8,841,691
12% Contingency on FY22-23	\$ 212,556
TOTAL – July 1, 2017 through June 30, 2023	\$ 9,054,247

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.

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.

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

DHCS Legal Entity Number: 00351		Appendix Number: B					
Legal Entity Name/Contractor Name: Westside Community Mental Health Center		Page Number: 4					
Contract ID Number: 1000008643		Fiscal Year: 2022-2023					
		Funding Notification Date: 04/04/2022					
Appendix Number	B-1	B-#	B-#	B-#	B-#	B-#	
Provider Number	383887						
Program Name	Methadone Maintenance						
Program Code	38874						
Funding Term	7/1/22-6/30/23						
FUNDING USES							TOTAL
Salaries	\$ 892,662						\$ 892,662
Employee Benefits	\$ 242,666						\$ 242,666
Subtotal Salaries & Employee Benefits	\$ 1,135,328	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,135,328
Operating Expenses	\$ 404,932						\$ 404,932
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 1,540,260	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,540,260
Indirect Expenses	\$ 231,039						\$ 231,039
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,771,299	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,771,299
							Employee Benefits Rate 27.2%
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
SUD Fed - DMC FFP, CFDA 93.778	\$ 892,954						\$ 892,954
SUD State - DMC	\$ 480,822						\$ 480,822
SUD County - General Fund	\$ 397,523						\$ 397,523
							\$ -
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,771,299	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,771,299
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,771,299	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,771,299
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,771,299	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,771,299
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: Westside Community Mental Health Center				Page Number: 1	
Provider Number: 383887				Fiscal Year: 2022-2023	
				Funding Notification Date: 04/04/2022	
Program Name	Methadone Maintenance	Methadone Maintenance	Methadone Maintenance		
Program Code	38874	38874	38874		
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120dbc		
Service Description	ODS NTP Methadone - Dosing	Methadone - Individual Counseling	ODS NTP Dosing - Buprenorphine Combo		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23		
FUNDING USES					TOTAL
Salaries & Employee Benefits	709,183	316,544	109,601		1,135,328
Operating Expenses	289,096	77,692	38,144		404,932
Capital Expenses					-
Subtotal Direct Expenses	998,279	394,236	147,745	-	1,540,260
Indirect Expenses	149,742	59,135	22,162		231,039
TOTAL FUNDING USES	1,148,021	453,371	169,907	-	1,771,299
BHS MENTAL HEALTH FUNDING SOURCE	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	574,526	230,204	88,224	892,954
SUD State - DMC	240646-10000-10001681-0003	309,361	123,956	47,505	480,822
SUD County - General Fund	240646-10000-10001681-0003	264,134	99,211	34,178	397,523
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES	1,148,021	453,371	169,907	-	1,771,299
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	1,148,021	453,371	169,907	-	1,771,299
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)	1,148,021	453,371	169,907	-	1,771,299
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	350	350	350	
	Cost Reimbursement (CR)				
	Payment Method				
	DPH Units of Service	78,310	26,389	5,515	
	Unit Type	Dose	10 Minutes	Dose	
				0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 14.66	\$ 17.18	\$ 30.81	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 14.66	\$ 17.18	\$ 30.81	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 16.00	\$ 18.00	\$ 35.00		
Unduplicated Clients (UDC)	245	280	35		Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name Methadone Maintenance
 Program Code 38874

Appendix Number: B-1
 Page Number: 3
 Fiscal Year: 2022-2023
 Funding Notification Date: 04/04/2022

Expense Categories & Line Items	TOTAL	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	7/1/22-6/30/23	7/1/22-6/30/23	(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	600.00	600.00					
Utilities(telephone, electricity, water, gas)	52,400.00	52,400.00					
Building Repair/Maintenance	35,600.00	35,600.00					
Occupancy Total:	88,600.00	88,600.00	-	\$ -	\$ -	\$ -	\$ -
Office Supplies	14,350.00	14,350.00					
Photocopying	-	-					
Program Supplies	-	-					
Computer Hardware/Software	12,000.00	12,000.00	-				
Materials & Supplies Total:	26,350.00	26,350.00	-	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	3,500.00	3,500.00	-				
Insurance	16,400.00	16,400.00	-				
Professional License	-	-	-				
Permits	19,000.00	19,000.00	-				
Equipment Lease & Maintenance	32,900.00	32,900.00	-				
Equipment Depreciation & Amortization	1,620.00	1,620.00	-				
General Operating Total:	73,420.00	73,420.00	-	\$ -	\$ -	\$ -	\$ -
Local Travel	1,200.00	1,200.00	-				
Out-of-Town Travel	-						
Field Expenses	-						
	1,200.00	1,200.00	-	\$ -	\$ -	\$ -	\$ -
Vivo Healthstaff, LLC provides the physician services of Dr. Gordon Raskin, MD from 7/1/2022 to 6/30/2023 at the rate of \$135 an hour for 1,050 hrs = \$141,750	141,750.00	\$ 141,750.00					
Consultant/Subcontractor Total:	141,750.00	141,750.00	-	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Supplies/Services (As Recorded in G/L)	66,362.00	66,362.00					
Dues & Subscriptions	550.00	550.00					
Temporary Help	6,700.00	6,700.00					
Other Total:	73,612.00	73,612.00		\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	404,932.00	404,932.00	-	\$ -	\$ -	\$ -	\$ -

APPENDIX D

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber and technology errors and omissions insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

DPH NOTE: INCLUDE MED MAL INDEMNIFICATION IF THE SERVICES INCLUDE USE OF A SYSTEM RELATED TO THE PROVISION OF MEDICAL TREATMENT

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the

- breach or security incident and to protect the operating environment; and
- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 Written Report: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 Sample Notification to Individuals: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the

notification to the Attorney General.

3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

**Attachment 1 to Appendix D
System Specific Requirements**

I. For Access to SFDPH Epic through Care Link the following terms shall apply:

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

Appendix F

Invoice

Contractor shall submit invoices according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Contractor the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.

For questions about invoicing please email philip.mach@sfdph.org.

**RENEWAL INTERNAL CONTRACT REVISION NUMBER ONE TO THE AGREEMENT OF:
JULY 1, 2017 THROUGH JUNE 30, 2022
BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO and
WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.**

INTERNAL CONTRACT REVISION NUMBER ONE: 2017-2018

WHEREAS, the City and County of San Francisco, through its Department of Public Health, Community Behavioral Health Services, entered into an Agreement with Westside Community Mental Health Center, Inc. to provide services during July 1, 2017 through June 30, 2022, Contract ID Number 1000008643, hereinafter referred to as the "Original Agreement"; and

WHEREAS, this Internal Contract Revision Number One to the Original Agreement for Fiscal Year 2017-18 has been entered into this 1st day of July 2017.

NOW THEREFORE, the parties to the Original Agreement do hereby agree to modify the Agreement by renewing and revising Appendices A, B and F.

MODIFICATIONS TO THE AGREEMENT. The Agreement is hereby modified as follows:

- 1) Appendices A and A1-A4 dated 07/01/2017 are hereby added and incorporated by reference for Fiscal Year 2017-2018.
- 2) Appendices B and B1-B4 dated 07/01/2017 are hereby added and incorporated by reference for Fiscal Year 2017-2018.
- 3) Appendix F is hereby added to the agreement for Fiscal Year 2017-2018.

Except for these changes, the Original Agreement remains in full force and effect.

There is no change in Total Compensation of **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars** (\$8,869,794) for the Contract Term of July 1, 2017 through June 30, 2022.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

CITY


RECOMMENDED BY:

CONTRACTOR

WESTSIDE COMMUNITY MENTAL
HEALTH CENTER, INC.

 9/10/18

 KAVOOS GHANE BASSIRI Date
 Director, Behavioral Health Services

 9-7-18

 MARY ANN JONES Date
 Chief Executive Officer

Appendix A Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Contract Administrator B. Reports C. Evaluation D. Possession of Licenses/Permits E. Adequate Resources F. Admission Policy G. San Francisco Residents Only H. Grievance Procedure I. Infection Control, Health and Safety J. Aerosol Transmissible Disease Program, Health and Safety K. Acknowledgement of Funding L. Client Fees and Third Party Revenue M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | <ul style="list-style-type: none"> N. Patients' Rights O. Under-Utilization Reports P. Quality Improvement Q. Working Trial Balance with Year-End Cost Report R. Harm Reduction S. Compliance with Behavioral Health Services Policies and Procedures T. Fire Clearance U. Clinics to Remain Open V. Compliance with Grant Award Notices |
|--|---|

- 2. Description of Services
- 3. Services Provided by Attorneys

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Erik Dubon, Project Manager, Contract Administrator for the City, or his / her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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

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

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

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

J. 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.

K. 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."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by **CLIENTS or STAFF shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

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 Methadone Maintenance Program

Appendix A-2 Infectious Disease Program

Appendix A-3 Methadone Maintenance Program – Correction to Discrepancies in FY 12/13 Deliverables UOS (Unreimbursed)

Appendix A-4 Methadone Maintenance Program – Correction to Discrepancies in FY 13/14 Deliverables UOS (Unreimbursed)

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor: Westside Community Mental Health Center, Inc.
City Fiscal Year: 2017-2018
Contract ID #: 1000008643

Appendix A-1
07/01/2017

1. Identifiers:

Program Name: Westside Methadone Maintenance Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000 ext.1111
Email Address: mjones@westside-health.org
Program Code(s): 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Internal Contract Revision**

3. Goal Statement:

The goal of the Westside Methadone Maintenance Treatment Program is to provide Methadone treatment for opiate addiction to reduce the impact of opiate abuse and addiction on adults who are emotionally, physically and socially impaired due to the use of opiates.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone maintenance treatment. WMTP provides addiction counseling using a harm reduction approach and a comprehensive social service assessment and referral services.

A particular focus of Westside Methadone Treatment Program is the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS Opiate/Narcotic Treatment (OTP/NTP) Individual 6.81 FTE x 80 encounters per week x 52 weeks =	28,330	280
ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing 5.76 FTE x 280 encounters per week x 52 weeks =	83,866	280
Total Unduplicated Clients		280

Contractor: Westside Community Mental Health Center, Inc.
City Fiscal Year: 2017-2018
Contract ID #: 1000008643

Appendix A-1
 07/01/2017

6. Methodology:

A program may provide Direct Client Service (e.g. Outpatient Services, case management, residential treatment, prevention activities) or Indirect Services (programs that do not provide direct client services), or both.

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided by addressing each section below that applies to your program modalities

Opioid (Narcotic) Treatment Program Services

In addition to the general Opioid (Narcotic) Treatment Program (OTP) services requirements, the Contractor shall comply with the following specific opioid (narcotic) treatment program services requirements:

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.

2) Service Components:

a) **Intake** - Admission criteria for clients is regulated by Title 9, which specifies that the client be at least 18 years of age, and have proof of addiction at the time of admission. To qualify for methadone maintenance, a person must meet the following minimum criteria: documentation of a 2 year history of opiate addiction, or, documentation of 2 prior attempts at detoxification using methadone; currently be addicted to opiate(s); and, Provide a legal, picture identification and Medi-Cal card if currently eligible for Medi-Cal services. Clients complete initial intake paperwork with the intake counselor followed by a physical examination by the physician. Before admitting a prospective client to methadone maintenance or supervised withdrawal services, the program physician conducts a physical health assessment including a medical history and physical examination. This assessment includes: Physical dependence and addiction to opiate(s); Symptoms of addiction; Complications caused by addiction; Family history of chronic or acute medical conditions Tuberculosis screening; Syphilis screening; Opt Out HIV screening; Urine drug screening; and, additional diagnostic testing can be conducted by referral if needed. WMTP follows regulations in the California Code of Regulations, Title 9, regarding multiple registrations.

Once eligibility has been determined through the initial assessments, and the intake is complete, the client is assigned a permanent counselor. A comprehensive psychosocial assessment is completed for both maintenance and supervised withdrawal (detoxification) clients. Prior to developing a client's initial treatment plan; the assigned counselor will complete the Psychosocial Assessment with the client within the first 28 days of admission per Title 9. Following the completion of the psychosocial assessment form, the counselor writes an assessment summary in the client's chart that identifies priorities for the client's initial treatment plan.

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b) Individual and Group Counseling – As a Joint Commission accredited Opioid Treatment Program, our practices follow the highest standard of programming based on the guidelines set by the American Society of Addiction Medicine (ASAM), the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). Care, treatment and services are provided through a coordination of clinicians. The program provides comprehensive treatment requiring observed dosing, random urine drug testing and participation in counseling. Consistent counseling and linkages with licensed clinical therapists support the lifestyle changes necessary to progress in recovery.

c) Patient Education – Clients are referred from the SFDPH Centralized Opiate Program Evaluation (COPE) unit, the Treatment Access Program, Project Homeless Connect, other providers, or self-referral. Criteria for admission are mandated by Title 9. Clients must be at least 18 years of age and must provide proof of addiction at the time of admission. Within the Westside System of Care we have psychiatric, HIV/AIDS and psychosocial support within our own wellness and recovery system. This approach facilitates patient engagement and improves outcomes while using resources more efficiently. Strategies include providing a place where individuals who are not in crisis to come and feel safe; crisis access for individuals requiring immediate services; outreach targeting individuals in great need (e.g., the homeless) who are not already seeking services or cannot access ordinary routing or crisis services, and local board and care hospitals to engage persons preparing for step-down care and access that is involuntary or mandated by the criminal justice system. Clients are also referred internally by other programs, from external sources such as other community providers, or by probation/parole and other criminal justice system agencies such as the Courts/Sheriff's Department. This approach incorporates SAMHSA's "No Wrong Door" policy by meeting clients where they are and providing individual assessment and to support clients at every stage of recovery and retain them until their treatment goals are achieved.

d) Medication Services - The Medical Director prescribes, monitors, adjusts and manage methadone dosing. The clients' initial dose is determined and then titrated upwards in a "start-low, go-slow" manner. This is done as some research has suggested that there is an increased risk of methadone toxicity in the beginning of treatment. These cases were largely as a result of the initial dose being increased too quickly. After admission the doses are determined by the client's individual preference and opiate withdrawal symptoms. The ultimate stable dose of the client is determined by all of the following factors: illicit opiate use, client preference, and patient safety. In general most clients require around 80mg daily; however this number is different for every client. There is no scientific basis for artificial dose level ceilings as the physiology of every client is different. The ultimate goal at Westside is for the clients to become drug/alcohol free and to lead productive lives.

e) Collateral Services - While the medication is the cornerstone of therapy the value of psychosocial counseling and treatment cannot be understated. Studies have demonstrated that the best results are obtained when methadone is integrated with other medical, social, and psychiatric services. The counselor and the physician review these factors with each client to determine what services are appropriate for the client. Maxine Hall Health Center, a city primary care clinic, shares the building with our program. This is very advantageous for our clients as it provides them with an easy avenue to obtain general medical care.

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WMTP incorporates case-management as a client-centered intervention to improve the coordination and continuity of services for our clients that have complex needs. Case Management is incorporated into treatment through both individual case-management (ICM) and team-based case-management (TBCM).

WMTP utilizes a holistic approach to treatment, acknowledging that in order to successfully treat substance abuse, a variety of other issues such as housing, medical, legal, financial and vocational issues must be addressed. The intended outcome of the program is for participants to lead a lifestyle free of alcohol and drug use/abuse. WMTP provides intensive case management utilizing a psycho-educational process and skill building techniques in addition to group and individual counseling/case management sessions.

Utilizing case management as the cornerstone of treatment, counselors begin with the client "where the client is", responding to such tangible needs as food, shelter, clothing, transportation and medical care. This client-centered perspective is maintained as the client moves through treatment. Case management requires that the counselor apply his/her understanding of the natural course of addiction and recovery to foresee a problem, to understand the options available to manage it, and to take appropriate action. In some instances, the counselor may intervene directly; in others, the counselor will take action to ensure that another staff member on the treatment team intervenes as needed.

Staff members act as a treatment team, utilizing each discipline to provide quality care to clients. At monthly staff meetings counselors present clients that pose a challenge where the team approach to problem solving is advantageous. Also, counseling staff present clients who are or have met their treatment plan goals, emphasizing what approaches were most useful in assisting the client, so that all staff may learn and apply these successful approaches.

The treatment team monitors client progress in treatment by reviewing drug use, discussing with the client steps for remaining abstinent, and checking to see whether referrals are needed. Illicit substance use, indicated by either self-report or positive urine results, is also addressed in case management.

f) **Crisis Intervention Services-** Staff in the program conduct risk assessments that identifies specific characteristics of the clients served and environmental features that may increase or decrease the risk for suicide. Westside Methadone Program is also a part of Westside's overall integrated system of services which includes the Crisis Clinic to whom referrals can be made. The Crisis clinic is an integral part of the CBHS safety net in providing residents of San Francisco timely and responsive crisis and urgent care services. The program accepts clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic designed to prevent unnecessary hospitalization.

g) **Treatment Planning-** Our program emphasizes person-focused care, integrated and individualized approaches to OTP services and outcomes, increased patient-satisfaction, improved recruitment of staff, and enhanced community confidence and outcomes. WCS uses the ASAM Criteria of Care to guide how it approaches and implements Opioid Treatment Services. Our approach considers the whole person, designs treatment plans for each specific patient, uses individualized treatment times, acknowledges that "failure" is not a treatment

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prerequisite, but provides a spectrum of services or a continuum of care, and re-conceptualizes the definition of addiction and how it plays out in people and communities.

h) Medical Psychotherapy - one-on-one counseling conducted by the Medical Director with the beneficiary- The Medical Director and substance abuse counseling staff is available on-site every day for consultation and coordination. The Medical Director, substance abuse counselors, psychotherapists and nurses have direct contact with patients. The Medical Director leads the treatment team and has case conferences to ensure that treatment is coordinated and reinforced.

i) Discharge Services - Research has shown methadone medication to be effective for long-term treatment. Therefore clients are encouraged to remain in treatment to reinforce stabilization and prevent relapse. Clients wishing to leave the program against medical advice have a right to do so; staff is to explain the risks of such a decision and the program physician determines a methadone withdrawal schedule with client input. Both voluntary and administratively terminating clients receive a medically monitored withdrawal from methadone. Based on the client's medication taper/withdrawal, the last day of medication is known by the client with the staff able to provide the client with support throughout the withdrawal process. The program medical director/physician adjusts the medication dose as needed or requested by the client. Only by client request, will a "blind taper" be ordered by the physician, to support the client's choice in reducing their medication without knowing the specific daily amount.

Clients are not discharged until after a 2 week (14 days) period has passed. Once it has been determined that a client is to be discharged from the clinic the medical staff generate a final dosing sheet; the counseling staff will generate a discharge summary and a closing episode that signifies a complete record has been produced for the client.

A review of the client's progress in treatment by client and counselor provides a perspective on goals met by the client during methadone treatment and helps identify areas for referral or further care. The Discharge Summary form is completed by the counselor and placed in the client's chart.

7. Objectives and Measurements:

a. Standardized Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY17-18."

b. Individualized Objectives (not required of all programs)

N/A

8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the Culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office

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of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside's CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. **Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement philosophies and strategies. Westside employs a systematic approach for improving the organization's performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization's leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency's mission and responsibility for the quality of client care.

- b. **Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

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- c. **Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. **Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. **Timely completion and use of outcome data, including CalOMS/ASAM-** A variety of analytical tools are utilized to evaluate the total care provided. Data sources include, but are not limited to: medical records, special studies, external reference databases, incident reports, statistics and historical patterns of performance, peer review, monitoring results, consumer satisfaction questionnaires, safety statistics, infection control data, referral sources, and cost analysis.

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Westside uses a strength based approach to motivate clients. They are offered refreshments in our lobby and gift cards for medication compliance. Client no-show rates vary for many reasons including readiness for treatment, weather patterns, street drug availability, and economic factors. Research has shown that incentive programs can have an impact on treatment adherence and no-show rates. In July 2015 a protocol for the incentive program was developed. The decision was made to focus solely on dosing attendance for the initial phase of the incentive program. Client attendance was monitored on a monthly basis and clients were rewarded for their attendance at the beginning of the next month. No show data was collected each month and the effects of the program were analyzed against historical trends. A two tier system was outlined: Clients who missed none of their scheduled dosing days would receive a \$10.00 grocery voucher and clients who missed one to three scheduled dosing days would receive a \$5.00 grocery voucher. Clients would meet with their counselor for the first counseling session the following month. And receive feedback on their attendance record. Counselors could use this opportunity to reinforce improvements and remind clients about the incentive program. No show patterns were analyzed various ways to determine the success of the program and which groups of clients were benefitting from the incentive program on a quarterly basis. The incentive program demonstrated that there is a positive correlation between medication compliance and incentive based services.

9. Required Language:

BHS SUD Services: N/A

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1. Identifiers:

Program Name: Westside Infectious Disease Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000 ext.1111
Email Address: mjones@westside-health.org
Program Code(s): 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Internal Contract Revision**

3. Goal Statement:

The goal of the program is to reduce the risk of HIV transmission by encouraging HIV counseling, testing, and, if needed, linkage to treatment services. This is an ancillary HIV early intervention cooperative project which expands upon existing substance abuse services.

4. Target Population:

The target population consists of the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

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

One unit of ancillary service is defined as one contact between a member of the target population and a staff person for the purpose of HIV testing as a part of regular medical monitoring in Westside's Methadone Treatment Program. The Methadone Counselors provide counseling as a component of the treatment planning process.

845 Units of Service will be provided to **280 unduplicated clients** consisting of Infectious Disease and HIV counseling, education, outreach, and therapeutic measures for HIV positive clients.

6. Methodology:

The program offers HIV testing services to clients engaged in substance abuse treatment, prevention services or accessing services at Maxine Hall Clinic. Through Opt-Out testing, the program is able to provide routine HIV testing for everyone -meaning that HIV tests will be done routinely unless a patient explicitly refuses to take an HIV test. Opt-Out testing eliminates the requirements for pretest counseling, *informed consent*, and post-test counseling.

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Westside Community Mental Health Center provides a variety of mental health, substance abuse, and HIV/AIDS services, and programs that are easy to access for clients working with the program. In addition, strong ties with organizations that provide a broad range of services are a core strategy in our program. Clients are referred to appropriate services for housing, legal assistance, benefits counseling and medical services as needed. For clients who test HIV positive, Westside has relationships with specific organizations to link these clients directly to health services.

All clients receive counseling related to HIV by their methadone counselors. HIV positive clients will be linked to medical sites offering specialized treatment modalities for individuals with HIV disease and programs offering CARE services. HIV negative clients will be referred to agencies that will support their risk reduction efforts.

7. Objectives and Measurements:

a. Standardized Objectives

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY17-18.”

b. Individualized Objectives (not required of all programs)

N/A

8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the Culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside’s CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement philosophies and strategies. Westside employs a systematic approach for improving the organization’s performance by improving existing processes. Westside utilizes the Plan Do

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Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization's leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency's mission and responsibility for the quality of client care.

- b. Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.
- c. Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

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We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. Timely completion and use of outcome data, including CalOMS/ASAM-** N/A

9. Required Language:

BHS SUD Services:

- a.** N/A

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Appendix A-3
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1. Identifiers:

Program Name: Westside Methadone Maintenance Program – Correction to Discrepancies in FY 12/13 Deliverables UOS
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000 ext.1111
Email Address: mjones@westside-health.org
Program Code(s): 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Internal Contract Revision**

3. Goal Statement:

The goal of this Appendix A-3 is to correct discrepancies found in the deliverables UOS of Westside Methadone Maintenance Program contract during the FY 2012-2013.

4. Target Population: Same as Appendix A-1

5. Modality(s) / Intervention(s): N/A

6. Methodology: Same as Appendix A-1

7. Objectives and Measurements: Same as Appendix A-1

8. Continuous Quality Improvement (CQI): Same as Appendix A-1

9. Required Language: N/A

Contractor: Westside Community Mental Health Center, Inc.
City Fiscal Year: 2017-2018
Contract ID #: 1000008643

Appendix A-4
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1. Identifiers:

Program Name: Westside Methadone Maintenance Program – Correction to Discrepancies in FY 13/14 Deliverables UOS
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000 ext.1111
Email Address: mjones@westside-health.org
Program Code(s): 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Internal Contract Revision**

3. Goal Statement:

The goal of this Appendix A-3 is to correct discrepancies found in the deliverables UOS of Westside Methadone Maintenance Program contract during the FY 2013-2014.

4. Target Population: Same as Appendix A-1

5. Modality(s) / Intervention(s): N/A

6. Methodology: Same as Appendix A-1

7. Objectives and Measurements: Same as Appendix A-1

8. Continuous Quality Improvement (CQI): Same as Appendix A-1

9. Required Language: N/A

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 (15th) 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 (15th) 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 portion 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	Methadone Maintenance Program
Appendix B-2	Infectious Disease Program
Appendix B-3	Methadone Maintenance Program – Correction to Discrepancies in FY 12/13 Deliverables UOS (Unreimbursed)
Appendix B-4	Methadone Maintenance Program – Correction to Discrepancies in FY 13/14 Deliverables UOS (Unreimbursed)

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the period of **July 1, 2017 through June 30, 2022**.

CONTRACTOR understands that, of this maximum dollar obligation, **(\$950,335)** 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, 2017 through June 30, 2018	\$	1,777,895
July 1, 2018 through June 30, 2019	\$	1,535,391
July 1, 2019 through June 30, 2020	\$	1,535,391
July 1, 2020 through June 30, 2021	\$	1,535,391
July 1, 2021 through June 30, 2022	\$	1,535,391
Subtotal - July 1, 2017 through June 30, 2022	\$	7,919,459
12% Contingency	\$	950,335
TOTAL - July 1, 2017 through June 30, 2022	\$	8,869,794

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.

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 #	DPH 1
Contractor Name Westside Community Mental Health Center						Fiscal Year	2017-2018
Contract CMS # 1000008643 (7924)						Funding Notification Date	12/19/17
Contract Appendix Number	B-1	B-2	B-3	B-4			
Provider Number	383887	383815	383887	383887			
Program Name(s)	Methadone Maintenance	Infectious Disease Testing for Drug users	Unreimbursed FY 12-13	Unreimbursed FY 13-14			
Program Code(s)	38874	N/A	N/A	N/A			
Funding Term	07/01/17 - 06/30/18	07/01/17 - 06/30/18	07/01/17 - 06/30/18	07/01/17 - 06/30/18			TOTAL
FUNDING USES							
Salaries	886,375	33,745					920,120
Employee Benefits	248,184	9,449					257,633
Subtotal Salaries & Employee Benefits	1,134,559	43,194					1,177,753
Operating Expenses	240,790	22,470	28,593	140,367			432,220
Capital Expenses	-	-					-
Subtotal Direct Expenses	1,375,349	65,664	28,593	140,367			1,609,973
Indirect Expenses	165,042	7,880					172,922
Indirect %	12.0%	12.0%					10.7%
TOTAL FUNDING USES	1,540,391	73,544	28,593	140,367			1,782,895
						Employee Fringe Benefits %	28.00%
BHS MENTAL HEALTH FUNDING SOURCES							
MH FED SDMC FFP (50%) Adult							-
MH STATE Adult 1991 MH Realignment							-
MH COUNTY Adult - General Fund							-
MH Medicare							-
MH FED SDMC FFP (50%) CYF							-
MH STATE CYF 2011 PSR-EPSDT							-
MH STATE CYF 1991 Realignment							-
MH CYF COUNTY General Fund							-
MH MHSA (PEI)							-
MH GRANT SAMSHA Adult SOC, CFDA #93.958							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-					-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
SA FED - DMC FFP, CFDA #93.778	868,004						868,004
SA STATE - DMC	467,387						467,387
SA COUNTY - General Fund	200,000	-	28,593	140,367			368,960
SA FED - SAPT HIV Set-Aside, CFDA #93.959							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	1,535,391	-	28,593	140,367			1,704,351
OTHER DPH FUNDING SOURCES							
							-
SA COUNTY - General Fund		73,544					73,544
							-
							-
TOTAL OTHER DPH FUNDING SOURCES	-	73,544	-	-			73,544
TOTAL DPH FUNDING SOURCES	1,535,391	73,544	28,593	140,367			1,777,895
NON-DPH FUNDING SOURCES							
NON DPH Patient/Client Fees	5,000						5,000
TOTAL NON-DPH FUNDING SOURCES	5,000	-	-	-			5,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,540,391	73,544	28,593	140,367			1,782,895
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 Name (MH)/Contractor Name (SA) <u>Westside Community Mental Health Center</u>					Appendix #	B-1
Provider Name <u>Westside Community</u>					Page #	1
Provider Number <u>383887</u>					Fiscal Year	2017-2018
					Funding Notification Date	12/19/17
Program Name	Methadone Maintenance	Methadone Maintenance	Methadone Maintenance	Methadone Maintenance		
Program Code	38874	38874	38874	38874		
Mode/SFC (MH) or Modality (SA)	ODS-121	ODS-121	ODS-118	ODS-121		
Service Description	ODS NTP Methadone - all services	ODS NTP Methadone - all services	ODS NTP MAT Buprenorphine	ODS NTP Methadone - all services		
Funding Term	07/01/17- 6/30/2018	07/01/17- 6/30/2018	07/01/17- 6/30/2018	07/01/17- 6/30/2018		
FUNDING USES						TOTAL
Salaries & Employee Benefits	320,769	810,106	3,684			1,134,559
Operating Expenses	68,077	171,933	780			240,790
Capital Expenses						-
Subtotal Direct Expenses	388,846	982,039	4,464	-	-	1,375,349
Indirect Expenses	46,662	117,844	536			165,042
TOTAL FUNDING USES	435,508	1,099,883	5,000	-	-	1,540,391
BHS MENTAL HEALTH FUNDING SOURCES						
	Accounting Code (Index Code or Detail)					
						-
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES						
	Accounting Code (Index Code or Detail)					
SA FED - DMC FFP, CFDA #93.778	HMHSCCRES227	246,206	621,798			868,004
SA STATE - DMC	HMHSCCRES227	132,573	334,814			467,387
SA COUNTY - General Fund	HMHSCCRES227	56,729	143,271			200,000
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		435,508	1,099,883	-	-	1,535,391
OTHER DPH FUNDING SOURCES						
	Accounting Code (Index Code or Detail)					
						-
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		435,508	1,099,883	-	-	1,535,391
NON-DPH FUNDING SOURCES						
NON DPH Patient/Client Fees	#N/A			5,000		5,000
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES		-	-	5,000	-	5,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		435,508	1,099,883	5,000	-	1,540,391
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
		350	350			
	Fee-For-Service (FFS)	Fee-For-Service (FFS)				
Payment Method						
DPH Units of Service	28,330	83,866	381			
	Dosing: Daily Individual and Group: 10 Minutes	Dosing: Daily Individual and Group: 10 Minutes	Dose		0	
Unit Type						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 15.37	\$ 13.11	\$ -		\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 15.37	\$ 13.11	\$ 13.11		\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 16.00	\$ 13.50	\$ 13.50			
Unduplicated Clients (UDC)	280	280	28			Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Methadone Maintenance
 Program Code: 38874

Appendix #: B-1
 Page #: 3
 Fiscal Year: 2017-2018
 Funding Notification Date: 12/19/17

Expense Categories & Line Items	TOTAL	HMHSCCRES227	Non-DPH Patient/Client Fees				
Term:	07/01/17-6/30/18	07/01/17-6/30/18	07/01/17-6/30/18				
Rent	284	283	1				
Utilities(telephone, electricity, water, gas)	37,786	37,663	123				
Building Repair/Maintenance	2,585	2,577	8				
Depreciation & Amortization	3,525	3,514	11				
Occupancy Total:	44,180	44,037	143	-	-	-	-
Office Supplies	6,006	5,987	19				
Photocopying	18	18	-				
Program Supplies	-	-	-				
Computer Hardware/Software	5,756	5,737	19				
Materials & Supplies Total:	11,780	11,742	38	-	-	-	-
Training/Staff Development	3,486	3,475	11				
Insurance	14,604	14,557	47				
Professional License	-	-	-				
Permits	14,414	14,367	47				
Equipment Lease & Maintenance	21,538	21,468	70				
General Operating Total:	54,042	53,867	175	-	-	-	-
Local Travel	635	633	2				
Out-of-Town Travel	-	-	-				
Field Expenses	-	-	-				
Staff Travel Total:	635	633	2	-	-	-	-
Cal Psychiatric Svcs:Provider agrees to perform psychiatric assessment and treatment at an on call rate of \$50 per hour. \$50*618 hrs = \$ 30,900	30,900	30,800	100				
Consultant/Subcontractor Total:	30,900	30,800	100	-	-	-	-
Other (provide detail):							
Client Supplies/Services (As Recorded in G/L)	43,602	43,460	142				
Security Services	50,183	50,020	163				
Temporary Help	4,636	4,621	15				
Dues & Subscriptions	398	397	1				
Advertising	434	433	1				
Other Total:	99,253	98,931	322	-	-	-	-
TOTAL OPERATING EXPENSE	240,790	240,010	780	-	-	-	-

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

Contractor Name <u>Westside Community Mental Health Center</u>					Appendix #	B-2
Provider Name <u>Westside Community Services</u>					Page #	1
Provider Number <u>383815</u>					Fiscal Year	2017-2018
					Funding Notification Date	12/19/17
Program Name	Infectious Disease Testing for Drug users	Infectious Disease Testing for Drug users	Infectious Disease Testing for Drug users	Infectious Disease Testing for Drug users		
Program Code	N/A	N/A	N/A	N/A		
Mode/SFC (MH) or Modality (SA)	Anc-72	Anc-72	Anc-74	Anc-75		
Service Description	SA-Ancillary Svcs HIV Counseling Service	SA-Ancillary Svcs HIV Counseling Service	SA-Ancillary Svcs HIV Infectious Disease	SA-Ancillary Svcs HIV Therapeutic Measures for HIV Positives		
Funding Term	07/01/17 -6/30/18	07/01/17 -6/30/18	07/01/17 -6/30/18	07/01/17 -6/30/18		TOTAL
FUNDING USES						
Salaries & Employee Benefits	11,795	7,443	6,343	17,613		43,194
Operating Expenses	6,135	3,872	3,300	9,163		22,470
Capital Expenses						-
Subtotal Direct Expenses	17,930	11,315	9,643	26,776	-	65,664
Indirect Expenses	2,152	1,358	1,157	3,213		7,880
TOTAL FUNDING USES	20,082	12,673	10,800	29,989	-	73,544
BHS MENTAL HEALTH FUNDING SOURCES						
						-
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES						
Accounting Code						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES						
						-
SA COUNTY - General Fund	HCHIVPREVINGF	20,082	12,673	10,800	29,989	73,544
TOTAL OTHER DPH FUNDING SOURCES		20,082	12,673	10,800	29,989	73,544
TOTAL DPH FUNDING SOURCES		20,082	12,673	10,800	29,989	73,544
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	20,082	12,673	10,800	29,989	-	73,544
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	231	146	124	344		
Unit Type	# served	# served	# served	# served		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	87.08	87.08	87.08	87.08		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	87.08	87.08	87.08	87.08		
Published Rate (Medi-Cal Providers Only)	88.00	88.00	88.00	88.00		
Unduplicated Clients (UDC)	280	280	280	280		Total UDC
						280

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Infectious Disease Testing for Drug Users
 Program Code: 89764

Appendix #: B-2
 Page #: 3
 Fiscal Year: 2017-2018
 Funding Notification Date: 12/19/17

Expense Categories & Line Items	TOTAL	HCHIVPREVNGF				
Term:	07/01/17 -6/30/2018	07/01/17 -6/30/2018				
Rent	14	14				
Utilities(telephone, electricity, water, gas)	823	823				
Building Repair/Maintenance	-	-				
Occupancy Total:	837	837				
Office Supplies	128	128				
Photocopying	-	-				
Program Supplies	-	-				
Computer Hardware/Software	17	17				
Materials & Supplies Total:	145	145				
Training/Staff Development	84	84				
Insurance	508	508				
Professional License	-	-				
Permits	(1)	-				
Equipment Lease & Maintenance	530	530				
General Operating Total:	1,122	1,122				
Local Travel	193	193				
Out-of-Town Travel						
Field Expenses						
Staff Travel Total:	193	193				
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and						
Consultant/Subcontractor Total:						
Other (Misc):	-	-				
Client Supplies/Services (As Recorded in G/L)	19,948	19,948				
Security Services	225	225				
Other Total:	20,173	20,173				
TOTAL OPERATING EXPENSE	22,470	22,470				

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

Contractor Name Westside Community Mental Health Center		Appendix # B-3			
Provider Name Westside Community Services		Page # 1			
Provider Number 383887		Fiscal Year 2017-2018		Funding Notification Date 12/19/17	
Program Name	Methadone Maintenance				
Program Code	38874				
Mode/SFC (MH) or Modality (SA)					
Service Description	Unreimbursed FY 12-13				
Funding Term	07/01/17 -6/30/18				TOTAL
FUNDING USES					
Salaries & Employee Benefits					-
Operating Expenses	28,593				28,593
Capital Expenses					-
Subtotal Direct Expenses	28,593			-	28,593
Indirect Expenses					-
TOTAL FUNDING USES	28,593			-	28,592
BHS MENTAL HEALTH FUNDING SOURCES					
					-
					-
					-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES					
Accounting Code					
SA COUNTY - General Fund	HMHSOTHERSGF	28,593			28,593
		-			-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	28,593	-	-	-	28,593
OTHER DPH FUNDING SOURCES					
					-
					-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	28,593	-	-	-	28,593
NON-DPH FUNDING SOURCES					
					-
					-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	28,593	-	-	-	28,593
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	1	-	-	-	
Unit Type	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	28,593.00	-	-	-	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	28,593.00	-	-	-	
Published Rate (Medi-Cal Providers Only)	N/A				
Unduplicated Clients (UDC)	N/A				Total UDC
					72

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Methadone Maintenance
 Program Code: 38874

Appendix #: B-3
 Page #: 3
 Fiscal Year: 2017-2018
 Funding Notification Date: 12/19/17

Expense Categories & Line Items	TOTAL	HMHSOTHERSGF				
Term: 07/01/17 -6/30/2018		07/01/17 -6/30/2018				
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						
Consultant/Subcontractor Total:						
Other (Misc):One time funding for M/M 12-13	28,593	28,593				
Client Supplies/Services (As Recorded in G/L)	-	-				
Security Services	-	-				
Depreciation & Amortization	-	-				
Dues & Subscriptions	-	-				
Advertising	-	-				
Other Total:	28,593	28,593				
TOTAL OPERATING EXPENSE	28,593	28,593				

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

Contractor Name Westside Community Mental Health Center						Appendix #	B-4
Provider Name Westside Community Services						Page #	1
Provider Number 383887						Fiscal Year	2017-2018
						Funding Notification Date	07/11/17
	Program Name	Methodone Maintenance					
	Program Code	38874					
	Mode/SFC (MH) or Modality (SA)						
	Service Description	Unreimbursed FY 13-14					
	Funding Term	07/01/17 -6/30/18					TOTAL
FUNDING USES							
	Salaries & Employee Benefits						-
	Operating Expenses	140,367					140,367
	Capital Expenses						-
	Subtotal Direct Expenses	140,367				-	140,367
	Indirect Expenses						-
	TOTAL FUNDING USES	140,367				-	140,366
BHS MENTAL HEALTH FUNDING SOURCES							
							-
							-
							-
	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	Accounting Code						
SA COUNTY - General Fund	HMHSOTHERSGF	140,367					140,367
		-					-
	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	140,367	-	-	-	-	140,367
OTHER DPH FUNDING SOURCES							
							-
							-
	TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-
	TOTAL DPH FUNDING SOURCES	140,367	-	-	-	-	140,367
NON-DPH FUNDING SOURCES							
							-
							-
	TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-
	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	140,367	-	-	-	-	140,367
BHS UNITS OF SERVICE AND UNIT COST							
	Number of Beds Purchased (if applicable)						
	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
	Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
	DPH Units of Service	1	-	-	-		
	Unit Type	0	0	0	0		
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	140,367.00	-	-	-		
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	140,367.00	-	-	-		
	Published Rate (Medi-Cal Providers Only)	N/A					Total UDC
	Unduplicated Clients (UDC)	N/A					72

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Methadone Maintenance
 Program Code: 38874

Appendix #: B-4
 Page #: 3
 Fiscal Year: 2017-2018
 Funding Notification Date: 12/19/17

Expense Categories & Line Items	TOTAL	HMHSOTHERSGF				
Term: 07/01/17 -6/30/2018		07/01/17 -6/30/2018				
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						
Consultant/Subcontractor Total:						
Other (Misc):One time funding for M/M 13-14	140,367	140,367				
Client Supplies/Services (As Recorded in G/L)	-	-				
Security Services	-	-				
Depreciation & Amortization	-	-				
Dues & Subscriptions	-	-				
Advertising	-	-				
Other Total:	140,367	140,367				
TOTAL OPERATING EXPENSE	140,367	140,367				

Appendix F

Invoice

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

Appendix F
PAGE A

Control Number

Contractor: Westside Community Mental Health Center

BHS

Address: 1153 Oak St., San Francisco, CA 94117

Fax No.: (415) 431-1813

Funding Term: 07/01/2017 - 06/30/2018

PHP Division: Behavioral Health Services

INVOICE NUMBER: PR1 JL 17

Ct.Blanket No.: BPHM _____

Ct. PO No.: POHM SFGOV-0000197870

Fund Source: CHEP HPS General Fund

Invoice Period: July 2017

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (WH 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-2 Infectious Disease Testing for Drug Users - HCHIVPREVNGF												
ANC-72 SA-Ancillary Svcs HIV Counseling Services	231				\$ 87.08	\$ -	0.000		0.00%		231.000	
ANC-72 SA-Ancillary Svcs HIV Counseling Services	146				\$ 87.08	\$ -	0.000		0.00%		146.000	
ANC-74 SA-Ancillary Svcs HIV Infectious Disease	124				\$ 87.08	\$ -	0.000		0.00%		124.000	
ANC-75 SA-Ancillary Svcs HIV Therapeutic Measures for HIV Positives	344				\$ 87.08	\$ -	0.000		0.00%		344.000	
TOTAL	845		0.000				0.000		0.00%		845.000	

\$ 20,115.48
\$ 12,713.68
\$ 10,797.92
\$ 29,955.52

\$ 73,582.60

Budget Amount	Expenses To Date	% of Budget	Remaining Budget
\$ 73,544.00	\$ -	0.00%	\$ 73,544.00
SUBTOTAL AMOUNT DUE	\$ -		
Less: Initial Payment Recovery			
(For DPH Use) Other Adjustments			
NET REIMBURSEMENT	\$ -		

NOTES:

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

Signature: _____ Date: _____
Title: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Westside Community Mental Health Center Inc.

Address: 1153 Oak Street, San Francisco, CA 94117

Tel No.: (415) 431-9000
Fax No.: (415) _____



Funding Term: 07/01/2017 - 06/30/2018

PHP Division: Behavioral Health Services

INVOICE NUMBER: S06 JL 17

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM SFGOV-0000197870

Fund Source: SA County - General Fund

Invoice Period: July 2017

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Unreimbursed FY 13-14 Methadone Maintenance PC# 38874 - HMHSOTHERSGF												
					-		#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Material and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: FY 13-14 Unreimbursed Methadone Maintenance	\$ 140,367.00	\$ -	\$ -	0.00%	\$ 140,367.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 140,367.00	\$ -	\$ -	0.00%	\$ 140,367.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 140,367.00	\$ -	\$ -	0.00%	\$ 140,367.00
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL EXPENSES	\$ 140,367.00	\$ -	\$ -	0.00%	\$ 140,367.00
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: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Westside Community Mental Health Center Inc.

Address: 1153 Oak Street, San Francisco, CA 94117

Tel No.: (415) 431-9000

Fax No.: (415)

Funding Term: 07/01/2017 - 06/30/2018

PHP Division: Behavioral Health Services



INVOICE NUMBER: S05 JL 17

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM SFGOV-0000197870

Fund Source: SA County - General Fund

Invoice Period: July 2017

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Unreimbursed FY 12-13 Methadone Maintenance PC# 38874 - HMHSOTHERSGF					-	-	#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Material and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: FY 12-13 Unreimbursed Methadone Maintenance	\$ 28,593.00	\$ -	\$ -	0.00%	\$ 28,593.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 28,593.00	\$ -	\$ -	0.00%	\$ 28,593.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 28,593.00	\$ -	\$ -	0.00%	\$ 28,593.00
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL EXPENSES	\$ 28,593.00	\$ -	\$ -	0.00%	\$ 28,593.00
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: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

**REVISION TO THE AGREEMENT OF:
JULY 1, 2017 THROUGH JUNE 30, 2022
BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO and
WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.**

REVISION TO PROGRAM BUDGETS NUMBER ONE: 2018-2019

WHEREAS, the City and County of San Francisco, through its Department of Public Health, Behavioral Health Services, entered into an Agreement with Westside Community Mental Health Center, Inc. to provide substance use disorder treatment and support services during July 1, 2017 through June 30, 2022, FSP Contract ID Number 1000008643 hereinafter referred to as the "Original Agreement"; and

WHEREAS, this Revision to Program Budgets Number One to the Original Agreement for Fiscal Year 2018-19 has been entered into this 29th day of May 2019.

NOW THEREFORE, the parties to the Original Agreement do hereby agree to renew the Agreement and reflect the addition of the Cost of Doing Business, deletion of A-2 to A-4 effective June 30, 2019, and updating the Appendix J by revising Appendices A, B, F and J.

MODIFICATIONS TO THE AGREEMENT. The Agreement is hereby modified as follows:

- 1) Appendices A and A-1 dated 05/29/2019 are hereby added and incorporated by reference for Fiscal Year 2018-2019.
- 2) Appendices B and B-1 dated 05/29/2019 are hereby added and incorporated by reference for Fiscal Year 2018-2019.
- 3) Appendix F is hereby added to the agreement for Fiscal Year 2018-2019.
- 4) Appendix J dated 07/01/2017 is hereby replaced in its entirety with Appendix J dated 05/29/2019.

Except for these changes, the Original Agreement remains in full force and effect.


There is no change in Total Compensation of **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the Contract Term of **July 1, 2017** through **June 30, 2022**.


IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

CITY

CONTRACTOR

RECOMMENDED BY:


 IRENE SUNG, MD _____ Date
 Interim Director, SFHN Behavioral Health Services

 / 6/5/2019
 MARY ANN JONES, Ph.D. _____ Date
 Chief Executive Officer

Appendix A

Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Contract Administrator B. Reports C. Evaluation D. Possession of Licenses/Permits E. Adequate Resources F. Admission Policy G. San Francisco Residents Only H. Grievance Procedure I. Infection Control, Health and Safety J. Aerosol Transmissible Disease Program, Health and Safety K. Acknowledgement of Funding L. Client Fees and Third Party Revenue M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | <ul style="list-style-type: none"> N. Patients' Rights O. Under-Utilization Reports P. Quality Improvement Q. Working Trial Balance with Year-End Cost Report R. Harm Reduction S. Compliance with Behavioral Health Services Policies and Procedures T. Fire Clearance U. Clinics to Remain Open V. Compliance with Grant Award Notices |
|--|---|

- 2. Description of Services
- 3. Services Provided by Attorneys

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.

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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

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

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

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

J. 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.

K. 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."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by **CLIENTS or STAFF shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

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 Methadone Maintenance Program

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor Name: Westside Community Mental Health Center, Inc..
City Fiscal Year: 2018-2019
Contract ID #: 1000008643

Appendix A-1
05/29/2019

1. Identifiers:

Program Name: Westside Methadone Maintenance Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000
Email Address: mjones@westside-health.org

Executive Director/Program Manager: Mary Ann Jones, Ph.D.
Telephone: 415-431-9000
Email address: mjones@westside-health.org

Program Codes: 38874

2. Nature of Document:

Check one **New** **Amendment** **Renewal** **Revision to Program Budgets (RPB)**

3. Goal Statement:

The goal of the Westside Methadone Maintenance Treatment Program is to provide Methadone treatment for opiate addiction to reduce the impact of opiate abuse and addiction on adults who are emotionally, physically and socially impaired due to the use of opiates.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone maintenance treatment. WMTP provides addiction counseling using a harm reduction approach and a comprehensive social service assessment and referral services.

A particular focus of Westside Methadone Treatment Program is the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

Contractor Name: Westside Community Mental Health Center, Inc..**City Fiscal Year:** 2018-2019**Contract ID #:** 1000008643**Appendix A-1**

05/29/2019

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS Opiate/Narcotic Treatment (OTP/NTP) Individual 6.14 FTE x 80 encounters per week x 52 weeks =	25,542	280
ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing 5.67 FTE x 245 encounters per week x 52 weeks =	72,206	245
ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing 5.67 FTE x 35 encounters per week x 13 weeks =	2,580	35
ODS Opiate/Narcotic Treatment (OTP/NTP) Buprenorphine 5.67 FTE x 35 encounters per week x 39 weeks =	7,740	35
Total UOS Delivered	108,068	
Total Unduplicated Clients Served		280

6. Methodology:**Opioid (Narcotic) Treatment Program Services**

Westside Methadone Maintenance will provide Buprenorphine and Methadone treatment through our Opioid Treatment Program. In addition to the general Opioid (Narcotic) Treatment Program (OTP) services requirements; the Contractor shall comply with the following specific opioid (narcotic) treatment program services requirements:

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.

2) Service Components:

a) **Intake** - Admission criteria for clients is regulated by Title 9, which specifies that the client be at least 18 years of age, and has proof of addiction at the time of admission. To qualify for methadone maintenance, a person must meet the following minimum criteria: documentation of a 2 year history of opiate addiction, or, documentation of 2 prior attempts at detoxification using methadone; currently be addicted to opiate(s); and, Provide a legal, picture identification and Medi-Cal card if currently eligible for Medi-Cal services. Clients complete initial intake paperwork with the intake counselor followed by a physical examination by the physician. Before admitting a prospective client to methadone maintenance or supervised withdrawal services, the program physician conducts a physical health assessment including a medical history and physical examination. This assessment includes: Physical dependence and addiction to opiate(s); Symptoms of addiction; Complications caused by addiction; Family history of chronic or acute medical conditions Tuberculosis screening; Syphilis screening; Opt Out HIV screening; Urine drug screening; and, additional diagnostic testing can be conducted by referral if needed. WMTP follows regulations in the California Code of Regulations, Title 9, regarding multiple registrations.

Once eligibility has been determined through the initial assessments, and the intake is complete, the client is assigned a permanent counselor. A comprehensive psychosocial assessment is completed for both

Contractor Name: Westside Community Mental Health Center, Inc..

City Fiscal Year: 2018-2019

Contract ID #: 1000008643

Appendix A-1

05/29/2019

maintenance and supervised withdrawal (detoxification) clients. Prior to developing a client's initial treatment plan; the assigned counselor will complete the Psychosocial Assessment with the client within the first 28 days of admission per Title 9. Following the completion of the psychosocial assessment form, the counselor writes an assessment summary in the client's chart that identifies priorities for the client's initial treatment plan.

b) Individual and Group Counseling – As a Joint Commission accredited Opioid Treatment Program, our practices follow the highest standard of programming based on the guidelines set by the American Society of Addiction Medicine (ASAM), the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). Care, treatment and services are provided through a coordination of clinicians. The program provides comprehensive treatment requiring observed dosing, random urine drug testing and participation in counseling. Consistent counseling and linkages with licensed clinical therapists support the lifestyle changes necessary to progress in recovery.

c) Patient Education – Clients are referred from the SFDPH Centralized Opiate Program Evaluation (COPE) unit, the Treatment Access Program, Project Homeless Connect, other providers, or self-referral. Criteria for admission are mandated by Title 9. Clients must be at least 18 years of age and must provide proof of addiction at the time of admission. Within the Westside System of Care we have psychiatric, HIV/AIDS and psychosocial support within our own wellness and recovery system. This approach facilitates patient engagement and improves outcomes while using resources more efficiently. Strategies include providing a place where individuals who are not in crisis to come and feel safe; crisis access for individuals requiring immediate services; outreach targeting individuals in great need (e.g., the homeless) who are not already seeking services or cannot access ordinary routing or crisis services, and local board and care hospitals to engage persons preparing for step-down care and access that is involuntary or mandated by the criminal justice system. Clients are also referred internally by other programs, from external sources such as other community providers, or by probation/parole and other criminal justice system agencies such as the Courts/Sheriff's Department. This approach incorporates SAMHSA's "No Wrong Door" policy by meeting clients where they are and providing individual assessment and to support clients at every stage of recovery and retain them until their treatment goals are achieved.

d) Medication Services - The Medical Director prescribes monitors, adjusts and manage methadone dosing. The clients' initial dose is determined and then titrated upwards in a "start-low, go-slow" manner. This is done as some research has suggested that there is an increased risk of methadone toxicity in the beginning of treatment. These cases were largely as a result of the initial dose being increased too quickly. After admission the doses are determined by the client's individual preference and opiate withdrawal symptoms. The ultimate stable dose of the client is determined by all of the following factors: illicit opiate use, client preference, and patient safety. In general most clients require around 80mg daily; however this number is different for every client. There is no scientific basis for artificial dose level ceilings as the physiology of every client is different. The ultimate goal at Westside is for the clients to become drug/alcohol free and to lead productive lives.

e) Collateral Services - While the medication is the cornerstone of therapy the value of psychosocial counseling and treatment cannot be understated. Studies have demonstrated that the best results are obtained when methadone is integrated with other medical, social, and psychiatric services. The counselor and the physician review these factors with each client to determine what services are appropriate for the client Maxine Hall Health Center, a city primary care clinic, shares the building with our program. This is

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very advantageous for our clients as it provides them with an easy avenue to obtain general medical care.

WMTP incorporates case-management as a client-centered intervention to improve the coordination and continuity of services for our clients that have complex needs. Case Management is incorporated into treatment through both individual case-management (ICM) and team-based case-management (TBCM).

WMTP utilizes a holistic approach to treatment, acknowledging that in order to successfully treat substance abuse, a variety of other issues such as housing, medical, legal, financial and vocational issues must be addressed. The intended outcome of the program is for participants to lead a lifestyle free of alcohol and drug use/abuse. WMTP provides intensive case management utilizing a psycho-educational process and skill building techniques in addition to group and individual counseling/case management sessions.

Utilizing case management as the cornerstone of treatment, counselors begin with the client "where the client is", responding to such tangible needs as food, shelter, clothing, transportation and medical care. This client-centered perspective is maintained as the client moves through treatment. Case management requires that the counselor apply his/her understanding of the natural course of addiction and recovery to foresee a problem, to understand the options available to manage it, and to take appropriate action. In some instances, the counselor may intervene directly; in others, the counselor will take action to ensure that another staff member on the treatment team intervenes as needed.

Staff members act as a treatment team, utilizing each discipline to provide quality care to clients. At monthly staff meetings counselors present clients that pose a challenge where the team approach to problem solving is advantageous. Also, counseling staff present clients who are or have met their treatment plan goals, emphasizing what approaches were most useful in assisting the client, so that all staff may learn and apply these successful approaches.

The treatment team monitors client progress in treatment by reviewing drug use, discussing with the client steps for remaining abstinent, and checking to see whether referrals are needed. Illicit substance use, indicated by either self-report or positive urine results, is also addressed in case management.

f) Crisis Intervention Services- Staff in the program conduct risk assessments that identifies specific characteristics of the clients served and environmental features that may increase or decrease the risk for suicide. Westside Methadone Program is also a part of Westside's overall integrated system of services which includes the Crisis Clinic to whom referrals can be made. The Crisis clinic is an integral part of the CBHS safety net in providing residents of San Francisco timely and responsive crisis and urgent care services. The program accepts clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic designed to prevent unnecessary hospitalization.

g) Treatment Planning- Our program emphasizes person-focused care, integrated and individualized approaches to OTP services and outcomes, increased patient-satisfaction, improved recruitment of staff, and enhanced community confidence and outcomes. WCS uses the ASAM Criteria of Care to guide how it approaches and implements Opioid Treatment Services. Our approach considers the whole person, designs treatment plans for each specific patient, uses individualized treatment times, acknowledges that "failure" is not a treatment prerequisite, but provides a spectrum of services or a continuum of care, and re-conceptualizes the definition of addiction and how it plays out in people and communities.

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h) **Medical Psychotherapy** - one-on-one counseling conducted by the Medical Director with the beneficiary- The Medical Director and substance abuse counseling staff is available on-site every day for consultation and coordination. The Medical Director, substance abuse counselors, psychotherapists and nurses have direct contact with patients. The Medical Director leads the treatment team and has case conferences to ensure that treatment is coordinated and reinforced.

i) **Discharge Services** - Research has shown methadone medication to be effective for long-term treatment. Therefore clients are encouraged to remain in treatment to reinforce stabilization and prevent relapse. Clients wishing to leave the program against medical advice have a right to do so; staff is to explain the risks of such a decision and the program physician determines a methadone withdrawal schedule with client input. Both voluntary and administratively terminating clients receive a medically monitored withdrawal from methadone. Based on the client's medication taper/withdrawal, the last day of medication is known by the client with the staff able to provide the client with support throughout the withdrawal process. The program medical director/physician adjusts the medication dose as needed or requested by the client. Only by client request, will a "blind taper" be ordered by the physician, to support the client's choice in reducing their medication without knowing the specific daily amount.

Clients are not discharged until after a 2 week (14 days) period has passed. Once it has been determined that a client is to be discharged from the clinic the medical staff generate a final dosing sheet; the counseling staff will generate a discharge summary and a closing episode that signifies a complete record has been produced for the client.

A review of the client's progress in treatment by client and counselor provides a perspective on goals met by the client during methadone treatment and helps identify areas for referral or further care. The Discharge Summary form is completed by the counselor and placed in the client's chart.

Additional Medication Assisted Treatment (MAT)

Westside has elected to provide an additional MAT service as a Contractor specific service. Therefore, we will comply with the following Contractor specific MAT requirements for the following treatment:

Buprenorphine MAT services will include:

- a) Integrated buprenorphine model into primary care and mental health clinics;
- b) Support for buprenorphine induction at Howard Street Program;
- c) Westside's Pharmacy will provide observed dosing and medication advice by specialized staff;
- d) Westside's pharmacy will provide medication for OBIC patients during stabilization as needed; and
- e) Westside staff will work collaboratively with other providers to ensure that Buprenorphine is integrated into residential care and residential detoxification.

7. Objectives and Measurements:

a. Standardized Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY17-18."

b. Individualized Objectives (not required of all programs)

N/A

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8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside's CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. **Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement philosophies and strategies. Westside employs a systematic approach for improving the organization's performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization's leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency's mission and responsibility for the quality of client care.

- b. **Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

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- c. **Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. **Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. **Timely completion and use of outcome data, including CalOMS/ASAM-** A variety of analytical tools are utilized to evaluate the total care provided. Data sources include, but are not limited to: medical records, special studies, external reference databases, incident reports, statistics and historical patterns of performance, peer review, monitoring results, consumer satisfaction questionnaires, safety statistics, infection control data, referral sources, and cost analysis.

Westside uses a strength based approach to motivate clients. They are offered refreshments in our lobby and gift cards for medication compliance. Client no-show rates vary for many reasons including readiness for treatment, weather patterns, street drug availability, and economic factors. Research has shown that incentive programs can have an impact on treatment adherence and no-show rates. In July 2015 a protocol for the incentive program was developed. The decision was made to focus solely on

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dosing attendance for the initial phase of the incentive program. Client attendance was monitored on a monthly basis and clients were rewarded for their attendance at the beginning of the next month. No show data was collected each month and the effects of the program were analyzed against historical trends. A two tier system was outlined: Clients who missed none of their scheduled dosing days would receive a \$10.00 grocery voucher and clients who missed one to three scheduled dosing days would receive a \$5.00 grocery voucher. Clients would meet with their counselor for the first counseling session the following month. And receive feedback on their attendance record. Counselors could use this opportunity to reinforce improvements and remind clients about the incentive program. No show patterns were analyzed various ways to determine the success of the program and which groups of clients were benefitting from the incentive program on a quarterly basis. The incentive program demonstrated that there is a positive correlation between medication compliance and incentive based services.

9. Required Language:

BHS SUD Services: N/A

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 (15th) 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 (15th) 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 MHSa (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 Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the period of **July 1, 2017 through June 30, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$911,950)** 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, 2017 through June 30, 2018	\$	1,777,895
July 1, 2018 through June 30, 2019	\$	1,573,776
July 1, 2019 through June 30, 2020	\$	1,535,391
July 1, 2020 through June 30, 2021	\$	1,535,391
July 1, 2021 through June 30, 2022	\$	1,535,391
Subtotal - July 1, 2017 through June 30, 2022	\$	7,957,844
12% Contingency	\$	911,950
TOTAL - July 1, 2017 through June 30, 2022	\$	8,869,794

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.

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					Appendix Number		B
Contractor Name		Westside Community Mental Health Center					Page Number		5
Contract ID Number		1000008643					Fiscal Year		2018-2019
							Funding Notification Date		06/25/2018
Appendix Number	B-1								
Provider Number	383887								
Program Name	Methodone Maintenance								
Program Code	38874								
Funding Term	7/1/18-6/30/19								
FUNDING USES								TOTAL	
Salaries	\$ 740,779							\$ 740,779	
Employee Benefits	\$ 207,422							\$ 207,422	
Subtotal Salaries & Employee Benefits	\$ 948,201	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 948,201	
Operating Expenses	\$ 420,300							\$ 420,300	
Capital Expenses								\$ -	
Subtotal Direct Expenses	\$ 1,368,501	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,368,501	
Indirect Expenses	\$ 205,275							\$ 205,275	
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.0%	
TOTAL FUNDING USES	\$ 1,573,776	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,573,776	
								Employee Benefits Rate	
BHS MENTAL HEALTH FUNDING SOURCES								27.9%	
								\$ -	
								\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
BHS SUD FUNDING SOURCES									
SUD Fed - DMC FFP, CFDA 93.778	\$ 868,004							\$ 868,004	
SUD State - DMC	\$ 467,387							\$ 467,387	
SUD County - General Fund	\$ 238,385							\$ 238,385	
								\$ -	
TOTAL BHS SUD FUNDING SOURCES	\$ 1,573,776	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,573,776	
OTHER DPH FUNDING SOURCES									
								\$ -	
								\$ -	
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES	\$ 1,573,776	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,573,776	
NON-DPH FUNDING SOURCES									
								\$ -	
								\$ -	
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,573,776	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,573,776	
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 Westside Community Mental Health Center				Page Number 1	
Provider Number 383887				Fiscal Year 2018-2019	
				Funding Notification Date 06/25/2018	
Program Name	Methodone Maintenance	Methodone Maintenance	Methodone Maintenance		
Program Code	38874	38874	38874		
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-117		
Service Description	ODS NTP Methodone - Dosing	Methodone - Individual Counseling	ODS NTP MAT Buprenorphine		
Funding Term:	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		
FUNDING USES					TOTAL
Salaries & Employee Benefits	610,091	244,382	93,728		948,201
Operating Expenses	270,429	108,325	41,546		420,300
Capital Expenses					-
Subtotal Direct Expenses	880,520	352,707	135,274	-	1,368,501
Indirect Expenses	132,078	52,906	20,291		205,275
TOTAL FUNDING USES	1,012,598	405,613	155,565	-	1,573,776
BHS MENTAL HEALTH FUNDING SOURCES					
					-
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	558,490	223,713	85,801	868,004
SUD State - DMC	240646-10000-10001681-0003	300,726	120,461	46,200	467,387
SUD County - General Fund	240646-10000-10001681-0003	153,382	61,439	23,564	238,385
					-
TOTAL BHS SUD FUNDING SOURCES		1,012,598	405,613	155,565	-
OTHER DPH FUNDING SOURCES					
					-
					-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		1,012,598	405,613	155,565	-
NON-DPH FUNDING SOURCES					
					-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,012,598	405,613	155,565	-
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		350	350	350	
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	74,786	25,542	7,740		
Unit Type	Dose	10 Minutes	Dose	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 13.54	\$ 15.88	\$ 20.10	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 13.54	\$ 15.88	\$ 20.10	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 13.60	\$ 16.00	\$ 20.50		
Unduplicated Clients (UDC)	280	280	35		Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name Methadone Maintenance
 Program Code 38874

Appendix Number B-1
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 06/25/2018

Expense Categories & Line Items	TOTAL	240646-10000-10001681-0003						
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19						
Rent	380.00	380.00						
Utilities (telephone, electricity, water, gas)	48,719.00	48,719.00						
Building Repair/Maintenance	37,930.00	37,930.00						
Occupancy Total:	87,029.00	87,029.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	10,400.00	10,400.00						
Photocopying	100.00	100.00						
Program Supplies	-	-						
Computer Hardware/Software	9,125.00	9,125.00						
Materials & Supplies Total:	19,625.00	19,625.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	4,615.00	4,615.00						
Insurance	15,750.00	15,750.00						
Professional License	-	-						
Permits	15,351.00	15,351.00						
Equipment Lease & Maintenance	21,285.00	21,285.00						
Equipment Depreciation & Amortization	1,196.00	1,196.00						
General Operating Total:	58,197.00	58,197.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	100.00	100.00						
Out-of-Town Travel	-	-						
Field Expenses	-	-						
Staff Travel Total:	100.00	100.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cal Psychiatric Svcs: Provider serves as back up to staff physician at an on call rate of \$80 per hour. \$80 x 137 hrs = \$ 10,960	10,960.00	10,960.00						
Vivo Health Staffing: Provider serves as staff physician and performs psychiatric assessment and treatment at a rate of \$135 per hour. \$135 x 1,274 hrs = \$171,990	171,990.00	171,990.00						
Consultant/Subcontractor Total:	182,950.00	182,950.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):								
Client Supplies/Services (As Recorded in G/L)	53,745.00	53,745.00						
Dues & Subscriptions	335.00	335.00						
Advertising	399.00	399.00						
Temporary Help	17,920.00	17,920.00						
Other Total:	72,399.00	72,399.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	420,300.00	420,300.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix F

Invoice

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

Appendix F
PAGE A

Control Number

Contractor : Westside Community Mental Health Center - Children

Address: 1153 Oak St., San Francisco, CA 94117

Tel No.:
Fax No.: (415) 431-1813



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: S03 JL 18

Contract ID # 1000008643

Ct. PO No.: POHM SFGOV-0000200071 User Cd

Fund Source: SA Fed-DMC FFP, CFDA
SA State - DMC
SA County - General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Methadone Maintenance PC# 38874 - (HMHSCRES227) 240646-100000-SFGOV-10001681-0003												
ODS-120 ODS NTP Methadone - Dosing	74,786	280			0.00	-	0%	0%	74,786	280	100%	100%
ODS-120 Methadone - Individual Counseling	25,542	280			0.00	-	0%	0%	25,542	280	100%	100%
ODS-1117 ODS NTP MAT Buprenophine	7,740	35			0.00	-	0%		7,740	35	100%	100%
					0.00	-	#DIV/0!		-	-	#DIV/0!	#DIV/0!
					0.00	-	#DIV/0!		-	-	#DIV/0!	#DIV/0!
					0.00	-	#DIV/0!		-	-	#DIV/0!	#DIV/0!
					0.00	-	#DIV/0!		-	-	#DIV/0!	#DIV/0!

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 740,779.00		\$ -	0.00%	\$ 740,779.00
Fringe Benefits	\$ 207,422.00		\$ -	0.00%	\$ 207,422.00
Total Personnel Expenses	\$ 948,201.00	\$ -	\$ -	0.00%	\$ 948,201.00
Operating Expenses:					
Occupancy	\$ 87,029.00		\$ -	0.00%	\$ 87,029.00
Materials and Supplies	\$ 19,625.00		\$ -	0.00%	\$ 19,625.00
General Operating	\$ 58,197.00		\$ -	0.00%	\$ 58,197.00
Staff Travel	\$ 100.00		\$ -	0.00%	\$ 100.00
Consultant/Subcontractor	\$ -		\$ -	0.00%	\$ -
Cal Psychiatric Svcs	\$ 10,960.00				
Vivo Health Staffing	\$ 171,990.00				
Other:			\$ -	0.00%	\$ -
Client Supplies/Services (as Recorded in G/L)	\$ 53,745.00		\$ -	0.00%	\$ 53,745.00
Dues & Subscriptions	\$ 335.00		\$ -	0.00%	\$ 335.00
Advertising	\$ 399.00		\$ -	0.00%	\$ 399.00
Temporary Help	\$ 17,920.00	\$ -	\$ -	0.00%	\$ 17,920.00
		\$ -	\$ -	0.00%	\$ -
		\$ -	\$ -	0.00%	\$ -
	\$ -				
Total Operating Expenses	\$ 420,300.00	\$ -	\$ -	0.00%	\$ 420,300.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,368,501.00	\$ -	\$ -	0.00%	\$ 1,368,501.00
Indirect Expenses	\$ 205,275.00			0.00%	\$ 205,275.00
TOTAL EXPENSES	\$ 1,573,776.00	\$ -	\$ -	0.00%	\$ 1,573,776.00
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: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

Appendix J

SUBSTANCE USE DISORDER SERVICES
such as
Drug Medi-Cal,
Federal Substance Abuse Block Grant (SABG),
Organized Delivery System (DMC-ODS)
Primary Prevention or
State Funded Services

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Block Grants (SABG) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SABG recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SABG for reimbursable covered services rendered by certified DMC providers.

Reference Documents

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Block Grant Requirements

<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations

<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)

<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)

http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines

http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations

<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf

Document 2G Drug Medi-Cal Billing Manual

http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide
http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15
http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:

I. Subcontractor Documentation

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor’s Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

Records

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
5. Provider's shall require that all subcontractors comply with the requirements of this Section A.
6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.
7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

II Patient Record Retention

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

III. Control Requirements

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, commencing with Section 11760;
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;
- c) Government Code Section 16367.8;
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;
- f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;
- h) Title 42, CFR, Sections 8.1 through 8.6;
- i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,
- j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

K) Medi-Cal Eligibility Verification

<http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

2) The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Intergovernmental Agreement.

3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SABG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.

4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:

a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law(Chapter 40, Statutes of 2011 and Chapter 13, Statutes of 2011, First ExtraordinarySession), providers that provide Women and Children’s Residential TreatmentServices shall comply with the program requirements (Section 2.5, RequiredSupplemental/Recovery Support Services) of the Substance Abuse and Mental HealthServices Administration’s Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at <http://www.samhsa.gov/grants/grantannouncements/ti-14-005>.

IV Provider’s Agents and Subcontractors

a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor’s knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or

ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

V Breaches and Security Incidents

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

a. Initial Notice to the Department

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of provider. Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS “Privacy Incident Report” form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website (www.dhcs.ca.gov, then select “Privacy” in the left column and then “Business Partner” near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx> Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

- i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

b. Investigation and Investigation Report.

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated “Privacy Incident Report” containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

c. Complete Report.

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the “Privacy Incident Report” form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the “Privacy Incident Report” form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a

reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

d. Responsibility for Reporting of Breaches

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

e. Responsibility for Notification of Affected Individuals

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach. The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

f. Department Contact Information

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

VI Additional Provisions for Substance Abuse Block Grant (SABG)

A. Additional Intergovernmental Agreement Restrictions

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

B. Nullification of DMC Treatment Program SUD services (if applicable)

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement.

In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

C. Hatch Act

Provider agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

D. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Provider agrees that information produced through these funds, and which pertains to drug and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol- related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Intergovernmental Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

E. Noncompliance with Reporting Requirements

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

F. Debarment and Suspension

Contractor shall not subcontract with any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001.

G. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Intergovernmental Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

H. Restriction on Distribution of Sterile Needles

No Substance Abuse Block Grant (SABG) funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

I. Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

1) Trading Partner Requirements

a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))

b) No Additions. Provider hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications. (45 CFR Part 162.915 (c))

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification. (45 CFR Part 162.915 (d))

2) Concurrence for Test Modifications to HHS Transaction Standards

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

3) Adequate Testing

Provider is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Provider has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4) Deficiencies

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and

other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5) Code Set Retention

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

6) Data Transmission Log

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Intergovernmental Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

K. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Intergovernmental Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

L. Intravenous Drug Use (IVDU) Treatment

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

M. Tuberculosis Treatment

Provider shall ensure the following related to Tuberculosis (TB):

- 1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;
- 2) Reduce barriers to patients' accepting TB treatment; and,

3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to:
<http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

O. Tribal Communities and Organizations

Provider shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor’s geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the Provider’s county.

P. Participation of County Behavioral Health Director’s Association of California.

1) The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director’s Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.

2) The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director’s Association of California.

Q. Youth Treatment Guidelines

Provider shall follow the guidelines in Document IV, incorporated by this reference, “Youth Treatment Guidelines,” in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Intergovernmental Agreement is required for new guidelines to be incorporated into this Intergovernmental Agreement.

R. Perinatal Services Network Guidelines

Contractor must comply with the perinatal program requirements as outlined in the Perinatal Services Network Guidelines. The Perinatal Services Network Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Services Network Guidelines are established and adopted. The incorporation of any new Perinatal Services Network Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Services Network Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

S. Restrictions on Grantee Lobbying – Appropriations Act Section 503

- 1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.
- 2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

T. Byrd Anti-Lobbying Amendment (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

U. Nondiscrimination in Employment and Services

By signing this Intergovernmental Agreement, provider certifies that under the laws of the United States and the State of California, incorporated into this Intergovernmental Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

V. Federal Law Requirements:

- 1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
- 2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.
- 3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- 4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- 5) Age Discrimination in Employment Act (29 CFR Part 1625).
- 6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
- 7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

- 8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- 9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- 10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- 11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- 12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- 13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

W. State Law Requirements:

- 1) Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).
- 2) Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- 3) Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.
- 4) No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.
- 5) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Intergovernmental Agreement or terminate all, or any type, of funding provided hereunder.

X. Additional Contract Restrictions

1. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

Y. Information Access for Individuals with Limited English Proficiency

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials

explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

Z. Investigations and Confidentiality of Administrative Actions

1) Provider acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

W. This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner.

A1. Subcontract Provisions

Provider shall include all of the foregoing provisions in all of its subcontracts.

B1. Conditions for Federal Financial Participation

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;

b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or

c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:

i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or

ii. An entity that would provide those services through an excluded individual or entity.

Providers shall include the following requirements in their subcontracts with providers:

1. In addition to complying with the sub contractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.

2. Each subcontract shall:

- i. Fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.
- ii. Ensure that the Contractor evaluates the prospective subcontractor's ability to perform the activities to be delegated.
- iii. Require a written agreement between the Contractor and the subcontractor that specifies the activities and report responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.
- iv. Ensure that the Contractor monitor the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.
- v. Ensure that the Contractor identifies deficiencies or areas for improvement, the subcontractor shall take corrective actions and the Contractor shall ensure that the subcontractor implements these corrective actions.

3. The Contractor shall include the following provider requirements in all subcontracts with providers:

- i. **Culturally Competent Services:** Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.
- ii. **Medication Assisted Treatment:** Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.
- iii. **Evidence Based Practices (EBPs):** Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews.

The required EBPs include:

a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e. Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psychoeducational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

iV. Timely Access: (42 CFR 438.206(c) (1) (i)

(1) The Provider must comply with Contractor's standards for timely access to care and services, taking into account the urgency of the need for services:

(a) Provider must complete Timely Access Log for all initial requests of services.

(b) Provider must offer outpatient services within 10 business days of request date (if outpatient provider).

(c) Provider must offer Opioid Treatment Services (OTP) services within 3 business days of request date (if OTP provider).

(d) Provider must offer regular hours of operation.

(2) The Contractor will establish mechanisms to ensure compliance by provider and monitor regularly.

(3) If the Provider fails to comply, the Contractor will take corrective action.

C1. Beneficiary Problem Resolution Process

1. The Contractor shall establish and comply with a beneficiary problem resolution process.

2. Contractor shall inform subcontractors and providers at the time they enter into a subcontract about:

i. The beneficiary's right to a state fair hearing, how to obtain a hearing and the representation rules at the hearing.

ii. The beneficiary's right to file grievances and appeals and the requirements and timeframes for filing.

iii. The beneficiary's right to give written consent to allow a provider, acting on behalf of the beneficiary, to file an appeal. A provider may file a grievance or request a state fair hearing on behalf of a beneficiary, if the state permits the provider to act as the beneficiary's authorized representative in doing so.

iv. The beneficiary may file a grievance, either orally or in writing, and, as determined by DHCS, either with DHCS or with the Contractor.

v. The availability of assistance with filing grievances and appeals.

vi. The toll-free number to file oral grievances and appeals.

- vii. The beneficiary's right to request continuation of benefits during an appeal or state fair hearing filing although the beneficiary may be liable for the cost of any continued benefits if the action is upheld.
- viii. Any state determined provider's appeal rights to challenge the failure of the Contractor to cover a service.

3. The Contractor shall represent the Contractor's position in fair hearings, as defined in 42 CFR 438.408 dealing with beneficiaries' appeals of denials, modifications, deferrals or terminations of covered services. The Contractor shall carry out the final decisions of the fair hearing process with respect to issues within the scope of the Contractor's responsibilities under this Agreement. Nothing in this section is intended to prevent the Contractor from pursuing any options available for appealing a fair hearing decision.

i. Pursuant to 42 CFR 438.228, the Contractor shall develop problem resolution processes that enable beneficiary to request and receive review of a problem or concern he or she has about any issue related to the Contractor's performance of its duties, including the delivery of SUD treatment services.

4. The Contractor's beneficiary problem resolution processes shall include:

- i. A grievance process;
- ii. An appeal process; and,
- iii. An expedited appeal process.

Additional Provisions DMC-ODS

1. Additional Intergovernmental Agreement Restrictions

i. This Agreement is subject to any additional restrictions, limitations, conditions, or statutes enacted or amended by the federal or state governments, which may affect the provisions, terms, or funding of this Agreement in any manner.

2. Voluntary Termination of DMC-ODS Services

i. The Contractor may terminate this Agreement at any time, for any reason, by giving 60 days written notice to DHCS. The Contractor shall be paid for DMC-ODS services provided to beneficiaries up to the date of termination. Upon termination, the Contractor shall immediately begin providing DMC services to beneficiaries in accordance with the State Plan.

3. Nullification of DMC-ODS Services

i. The parties agree that failure of the Contractor, or its subcontractors, to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause.

ii. In the event of a breach, the DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.

**REVISION TO THE AGREEMENT OF:
JULY 1, 2017 THROUGH JUNE 30, 2022
BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO and
WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.**

REVISION TO PROGRAM BUDGETS NUMBER ONE: 2019-2020

WHEREAS, the City and County of San Francisco, through its Department of Public Health, Behavioral Health Services, entered into an Agreement with Westside Community Mental Health Center, Inc. to provide substance use disorder treatment and support services during July 1, 2017 through June 30, 2022, FSP Contract ID Number 1000008643 hereinafter referred to as the "Original Agreement"; and

WHEREAS, this Revision to Program Budgets Number One to the Original Agreement for Fiscal Year 2019-20 has been entered into this 1st day of July 2019.

NOW THEREFORE, the parties to the Original Agreement do hereby agree to renew the Agreement, reallocate the budget and add the Cost of Doing Business by revising Appendices A, B and F.

MODIFICATIONS TO THE AGREEMENT. The Agreement is hereby modified as follows:

- 1) Appendices A and A-1 dated 07/01/2019 are hereby added and incorporated by reference for Fiscal Year 2019-2020.
- 2) Appendices B and B-1 dated 07/01/2019 are hereby added and incorporated by reference for Fiscal Year 2019-2020.
- 3) Appendix F is hereby added to the agreement for Fiscal Year 2019-2020.

Except for these changes, the Original Agreement remains in full force and effect.

There is no change in Total Compensation of **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the Contract Term of **July 1, 2017 through June 30, 2022.**

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

CITY

CONTRACTOR

RECOMMENDED BY:



IRENE SUNG, MD Date
Interim Director, SFHN Behavioral Health Services


MARY ANN JONES, PH.D. Date
Chief Executive Officer

Appendix A Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
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| <ul style="list-style-type: none"> A. Contract Administrator B. Reports C. Evaluation D. Possession of Licenses/Permits E. Adequate Resources F. Admission Policy G. San Francisco Residents Only H. Grievance Procedure I. Infection Control, Health and Safety J. Aerosol Transmissible Disease Program, Health and Safety K. Acknowledgement of Funding L. Client Fees and Third Party Revenue M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | <ul style="list-style-type: none"> N. Patients' Rights O. Under-Utilization Reports P. Quality Improvement Q. Working Trial Balance with Year-End Cost Report R. Harm Reduction S. Compliance with Behavioral Health Services Policies and Procedures T. Fire Clearance U. Clinics to Remain Open V. Compliance with Grant Award Notices |
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- 2. Description of Services
- 3. Services Provided by Attorneys

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.

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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

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

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

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

J. 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.

K. 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."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by **CLIENTS or STAFF shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

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 Westside Methadone Maintenance Program

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

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City Fiscal Year: 2019-2020
Contract ID #: 1000008643

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1. Identifiers:

Program Name: Westside Methadone Maintenance Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000
Email Address: mjones@westside-health.org

Executive Director/Program Manager: Mary Ann Jones, Ph.D.
Telephone: 415-431-9000
Email address: mjones@westside-health.org

Program Codes: 38874

2. Nature of Document:

Check one **New** **Amendment** **Renewal** **Revision to Program Budgets (RPB)**

3. Goal Statement:

The goal of the Westside Methadone Maintenance Treatment Program is to provide Methadone treatment for opiate addiction to reduce the impact of opiate abuse and addiction on adults who are emotionally, physically and socially impaired due to the use of opiates.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone maintenance treatment. WMTP provides addiction counseling using a harm reduction approach and a comprehensive social service assessment and referral services.

A particular focus of Westside Methadone Treatment Program is the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS Opiate/Narcotic Treatment (OTP/NTP) Individual 6.14 FTE x 80 encounters per week x 52 weeks =	25,542	280
ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing 5.67 FTE x 245 encounters per week x 52 weeks =	72,206	245
ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing 5.67 FTE x 35 encounters per week x 13 weeks =	2,580	35

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ODS Opiate/Narcotic Treatment (OTP/NTP) Buprenorphine 5.67 FTE x 35 encounters per week x 39 weeks =	7,740	35
Total UOS Delivered	108,068	
Total Unduplicated Clients Served		280

6. Methodology:

Opioid (Narcotic) Treatment Program Services

Westside Methadone Maintenance will provide Buprenorphine and Methadone treatment through our Opioid Treatment Program. In addition to the general Opioid (Narcotic) Treatment Program (OTP) services requirements; the Contractor shall comply with the following specific opioid (narcotic) treatment program services requirements:

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.

2) Service Components:

a) **Intake** - Admission criteria for clients is regulated by Title 9, which specifies that the client be at least 18 years of age, and has proof of addiction at the time of admission. To qualify for methadone maintenance, a person must meet the following minimum criteria: documentation of a 2 year history of opiate addiction, or, documentation of 2 prior attempts at detoxification using methadone; currently be addicted to opiate(s); and, Provide a legal, picture identification and Medi-Cal card if currently eligible for Medi-Cal services. Clients complete initial intake paperwork with the intake counselor followed by a physical examination by the physician. Before admitting a prospective client to methadone maintenance or supervised withdrawal services, the program physician conducts a physical health assessment including a medical history and physical examination. This assessment includes: Physical dependence and addiction to opiate(s); Symptoms of addiction; Complications caused by addiction; Family history of chronic or acute medical conditions Tuberculosis screening; Syphilis screening; Opt Out HIV screening; Urine drug screening; and, additional diagnostic testing can be conducted by referral if needed. WMTP follows regulations in the California Code of Regulations, Title 9, regarding multiple registrations.

Once eligibility has been determined through the initial assessments, and the intake is complete, the client is assigned a permanent counselor. A comprehensive psychosocial assessment is completed for both maintenance and supervised withdrawal (detoxification) clients. Prior to developing a client's initial treatment plan; the assigned counselor will complete the Psychosocial Assessment with the client within the first 28 days of admission per Title 9. Following the completion of the psychosocial assessment form, the counselor writes an assessment summary in the client's chart that identifies priorities for the client's initial treatment plan.

b) **Individual and Group Counseling** – As a Joint Commission accredited Opioid Treatment Program, our practices follow the highest standard of programming based on the guidelines set by the American Society of Addiction Medicine (ASAM), the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). Care, treatment and services are provided through a coordination of clinicians. The program provides comprehensive treatment

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requiring observed dosing, random urine drug testing and participation in counseling. Consistent counseling and linkages with licensed clinical therapists support the lifestyle changes necessary to progress in recovery.

c) **Patient Education** – Clients are referred from the SFDPH Centralized Opiate Program Evaluation (COPE) unit, the Treatment Access Program, Project Homeless Connect, other providers, or self-referral. Criteria for admission are mandated by Title 9. Clients must be at least 18 years of age and must provide proof of addiction at the time of admission. Within the Westside System of Care we have psychiatric, HIV/AIDS and psychosocial support within our own wellness and recovery system. This approach facilitates patient engagement and improves outcomes while using resources more efficiently. Strategies include providing a place where individuals who are not in crisis to come and feel safe; crisis access for individuals requiring immediate services; outreach targeting individuals in great need (e.g., the homeless) who are not already seeking services or cannot access ordinary routing or crisis services, and local board and care hospitals to engage persons preparing for step-down care and access that is involuntary or mandated by the criminal justice system. Clients are also referred internally by other programs, from external sources such as other community providers, or by probation/parole and other criminal justice system agencies such as the Courts/Sheriff's Department. This approach incorporates SAMHSA's "No Wrong Door" policy by meeting clients where they are and providing individual assessment and to support clients at every stage of recovery and retain them until their treatment goals are achieved.

d) **Medication Services** - The Medical Director prescribes monitors, adjusts and manage methadone dosing. The clients' initial dose is determined and then titrated upwards in a "start-low, go-slow" manner. This is done as some research has suggested that there is an increased risk of methadone toxicity in the beginning of treatment. These cases were largely as a result of the initial dose being increased too quickly. After admission the doses are determined by the client's individual preference and opiate withdrawal symptoms. The ultimate stable dose of the client is determined by all of the following factors: illicit opiate use, client preference, and patient safety. In general most clients require around 80mg daily; however this number is different for every client. There is no scientific basis for artificial dose level ceilings as the physiology of every client is different. The ultimate goal at Westside is for the clients to become drug/alcohol free and to lead productive lives.

e) **Collateral Services** - While the medication is the cornerstone of therapy the value of psychosocial counseling and treatment cannot be understated. Studies have demonstrated that the best results are obtained when methadone is integrated with other medical, social, and psychiatric services. The counselor and the physician review these factors with each client to determine what services are appropriate for the client Maxine Hall Health Center, a city primary care clinic, shares the building with our program. This is very advantageous for our clients as it provides them with an easy avenue to obtain general medical care.

WMTP incorporates case-management as a client-centered intervention to improve the coordination and continuity of services for our clients that have complex needs. Case Management is incorporated into treatment through both individual case-management (ICM) and team-based case-management (TBCM).

WMTP utilizes a holistic approach to treatment, acknowledging that in order to successfully treat substance abuse, a variety of other issues such as housing, medical, legal, financial and vocational issues must be addressed. The intended outcome of the program is for participants to lead a lifestyle

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free of alcohol and drug use/abuse. WMTP provides intensive case management utilizing a psycho-educational process and skill building techniques in addition to group and individual counseling/case management sessions.

Utilizing case management as the cornerstone of treatment, counselors begin with the client "where the client is", responding to such tangible needs as food, shelter, clothing, transportation and medical care. This client-centered perspective is maintained as the client moves through treatment. Case management requires that the counselor apply his/her understanding of the natural course of addiction and recovery to foresee a problem, to understand the options available to manage it, and to take appropriate action. In some instances, the counselor may intervene directly; in others, the counselor will take action to ensure that another staff member on the treatment team intervenes as needed.

Staff members act as a treatment team, utilizing each discipline to provide quality care to clients. At monthly staff meetings counselors present clients that pose a challenge where the team approach to problem solving is advantageous. Also, counseling staff present clients who are or have met their treatment plan goals, emphasizing what approaches were most useful in assisting the client, so that all staff may learn and apply these successful approaches.

The treatment team monitors client progress in treatment by reviewing drug use, discussing with the client steps for remaining abstinent, and checking to see whether referrals are needed. Illicit substance use, indicated by either self-report or positive urine results, is also addressed in case management.

f) **Crisis Intervention Services-** Staff in the program conduct risk assessments that identifies specific characteristics of the clients served and environmental features that may increase or decrease the risk for suicide. Westside Methadone Program is also a part of Westside's overall integrated system of services which includes the Crisis Clinic to whom referrals can be made. The Crisis clinic is an integral part of the CBHS safety net in providing residents of San Francisco timely and responsive crisis and urgent care services. The program accepts clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic designed to prevent unnecessary hospitalization.

g) **Treatment Planning-** Our program emphasizes person-focused care, integrated and individualized approaches to OTP services and outcomes, increased patient-satisfaction, improved recruitment of staff, and enhanced community confidence and outcomes. WCS uses the ASAM Criteria of Care to guide how it approaches and implements Opioid Treatment Services. Our approach considers the whole person, designs treatment plans for each specific patient, uses individualized treatment times, acknowledges that "failure" is not a treatment prerequisite, but provides a spectrum of services or a continuum of care, and re-conceptualizes the definition of addiction and how it plays out in people and communities.

h) **Medical Psychotherapy** - one-on-one counseling conducted by the Medical Director with the beneficiary- The Medical Director and substance abuse counseling staff is available on-site every day for consultation and coordination. The Medical Director, substance abuse counselors, psychotherapists and nurses have direct contact with patients. The Medical Director leads the treatment team and has case conferences to ensure that treatment is coordinated and reinforced.

i) **Discharge Services** - Research has shown methadone medication to be effective for long-term treatment. Therefore clients are encouraged to remain in treatment to reinforce stabilization and

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prevent relapse. Clients wishing to leave the program against medical advice have a right to do so; staff is to explain the risks of such a decision and the program physician determines a methadone withdrawal schedule with client input. Both voluntary and administratively terminating clients receive a medically monitored withdrawal from methadone. Based on the client's medication taper/withdrawal, the last day of medication is known by the client with the staff able to provide the client with support throughout the withdrawal process. The program medical director/physician adjusts the medication dose as needed or requested by the client. Only by client request, will a "blind taper" be ordered by the physician, to support the client's choice in reducing their medication without knowing the specific daily amount.

Clients are not discharged until after a 2 week (14 days) period has passed. Once it has been determined that a client is to be discharged from the clinic the medical staff generate a final dosing sheet; the counseling staff will generate a discharge summary and a closing episode that signifies a complete record has been produced for the client.

A review of the client's progress in treatment by client and counselor provides a perspective on goals met by the client during methadone treatment and helps identify areas for referral or further care. The Discharge Summary form is completed by the counselor and placed in the client's chart.

Additional Medication Assisted Treatment (MAT)

Westside has elected to provide an additional MAT service as a Contractor specific service.

Therefore, we will comply with the following Contractor specific MAT requirements for the following treatment:

Buprenorphine MAT services will include:

- a) Integrated buprenorphine model into primary care and mental health clinics;
- b) Support for buprenorphine induction at Howard Street Program;
- c) Westside's Pharmacy will provide observed dosing and medication advice by specialized staff;
- d) Westside's pharmacy will provide medication for OBIC patients during stabilization as needed;
- and
- e) Westside staff will work collaboratively with other providers to ensure that Buprenorphine is integrated into residential care and residential detoxification.

7. Objectives and Measurements:

a. Standardized Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY19-20."

b. Individualized Objectives (not required of all programs)

N/A

8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S.

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Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside's CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. **Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement philosophies and strategies. Westside employs a systematic approach for improving the organization's performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization's leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency's mission and responsibility for the quality of client care.

- b. **Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.
- c. **Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-

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based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. **Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. **Timely completion and use of outcome data, including CalOMS/ASAM-** A variety of analytical tools are utilized to evaluate the total care provided. Data sources include, but are not limited to: medical records, special studies, external reference databases, incident reports, statistics and historical patterns of performance, peer review, monitoring results, consumer satisfaction questionnaires, safety statistics, infection control data, referral sources, and cost analysis.

Westside uses a strength based approach to motivate clients. They are offered refreshments in our lobby and gift cards for medication compliance. Client no-show rates vary for many reasons including readiness for treatment, weather patterns, street drug availability, and economic factors. Research has shown that incentive programs can have an impact on treatment adherence and no-show rates. In July 2015 a protocol for the incentive program was developed. The decision was made to focus solely on dosing attendance for the initial phase of the incentive program. Client attendance was monitored on a monthly basis and clients were rewarded for their attendance at the beginning of the next month. No show data was collected each month and the effects of the

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program were analyzed against historical trends. A two tier system was outlined: Clients who missed none of their scheduled dosing days would receive a \$10.00 grocery voucher and clients who missed one to three scheduled dosing days would receive a \$5.00 grocery voucher. Clients would meet with their counselor for the first counseling session the following month. And receive feedback on their attendance record. Counselors could use this opportunity to reinforce improvements and remind clients about the incentive program. No show patterns were analyzed various ways to determine the success of the program and which groups of clients were benefitting from the incentive program on a quarterly basis. The incentive program demonstrated that there is a positive correlation between medication compliance and incentive based services.

9. Required Language:

BHS SUD Services: N/A

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 (15th) 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 (15th) 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 MHS (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 Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the period of **July 1, 2017 through June 30, 2022**.

CONTRACTOR understands that, of this maximum dollar obligation, **(\$834,221)** 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, 2017 through June 30, 2018	\$	1,777,895
July 1, 2018 through June 30, 2019	\$	1,573,776
July 1, 2019 through June 30, 2020	\$	1,613,120
July 1, 2020 through June 30, 2021	\$	1,535,391
July 1, 2021 through June 30, 2022	\$	1,535,391
Subtotal - July 1, 2017 through June 30, 2022	\$	8,035,573
12% Contingency	\$	834,221
TOTAL - July 1, 2017 through June 30, 2022	\$	8,869,794

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.

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 <u>00351</u>						Appendix Number <u>B</u>	
Legal Entity Name/Contractor Name <u>Westside Community Mental Health Center</u>						Page Number <u>5</u>	
Contract ID Number <u>1000008643</u>						Fiscal Year <u>2019-2020</u>	
						Funding Notification Date <u>05/31/2019</u>	
Appendix Number	B-1						
Provider Number	383887						
Program Name	Methadone Maintenance						
Program Code	38874						
Funding Term	7/1/19-6/30/20						
FUNDING USES							TOTAL
Salaries	\$ 837,395						\$ 837,395
Employee Benefits	\$ 234,470						\$ 234,470
Subtotal Salaries & Employee Benefits	\$ 1,071,865	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,071,865
Operating Expenses	\$ 330,848						\$ 330,848
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 1,402,713	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,402,713
Indirect Expenses	\$ 210,407						\$ 210,407
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,613,120	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,613,120
							Employee Benefits Rate 27.9%
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
SUD Fed - DMC FFP, CFDA 93.778	\$ 892,954						\$ 892,954
SUD State - DMC	\$ 480,822						\$ 480,822
SUD County - General Fund	\$ 239,344						\$ 239,344
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,613,120	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,613,120
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,613,120	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,613,120
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,613,120	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,613,120
Prepared By Danielle Oncken						Phone Number 415-431-9000 ext 1115	

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name	Westside Community Mental Health Center	Appendix Number	B
Contract ID Number	1000008643	Page Number	6
		Fiscal Year	2019-2020
		Funding Notification Date	05/31/2019

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.09	\$ 15,246.00
Chief Financial Officer	0.13	\$ 20,947.00
Chief Compliance Officer	0.09	\$ 11,937.00
HR Manager	0.13	\$ 11,710.00
IT Manager	0.13	\$ 10,710.00
Accounting Clerk/AP	0.13	\$ 7,762.00
Accounting Clerk/Payroll	0.13	\$ 7,693.00
Operation Manager	0.10	\$ 7,083.00
Accounting Clerk/AR	0.09	\$ 4,851.00
Director	0.01	\$ 1,197.00
	Subtotal:	1.03 \$ 99,136.00
	Employee Benefits:	27.0% \$ 26,767.00
	Total Salaries and Employee Benefits:	\$ 125,903.00

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
CONSULTANTS	\$ 13,877.00
TEMP HELP	\$ 13,591.00
CONFERENCE & MEET	\$ 12,504.00
REPAIRS/MAINT BLD	\$ 8,997.00
AUDIT & TAX	\$ 8,291.00
DATA PROCESSING	\$ 7,088.00
LEGAL	\$ 3,602.00
SOFTWARE MAINT	\$ 2,494.00
UTILITIES	\$ 2,134.00
INSURANCE	\$ 1,930.00
TELEPHONE	\$ 1,862.00
RENT/LEASE EQUIP	\$ 1,788.00
DEPR BUILDG	\$ 1,718.00
RENT/LEASE VEHIC	\$ 1,019.00
SUPPLIES	\$ 924.00
RECOGNITION EXP	\$ 815.00
ADVERTISING	\$ 537.00
DUES & SUBSCRIP	\$ 476.00
STAFF TRAVEL	\$ 353.00
LICENSE & TAXES	\$ 251.00
DEPR EQUIPT	\$ 164.00
STAFF TRAINING	\$ 68.00
RENT/STORAGE	\$ 21.00
Total Operating Costs	\$ 84,504.00
Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 210,407.00

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

DHCS Legal Entity Number <u>00351</u>				Appendix Number <u>B-1</u>	
Provider Name <u>Westside Community Mental Health Center</u>				Page Number <u>1</u>	
Provider Number <u>383887</u>				Fiscal Year <u>2019-2020</u>	
				Funding Notification Date <u>05/31/2019</u>	
Program Name	Methodone Maintenance	Methodone Maintenance	Methodone Maintenance		
Program Code	38874	38874	38874		
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-117		
Service Description	ODS NTP Methodone - Dosing	Methodone - Individual Counseling	ODS NTP MAT Buprenorphine		
Funding Term	7/1/19-6/30/20	7/1/19-6/30/20	7/1/19-6/30/20		
FUNDING USES					TOTAL
Salaries & Employee Benefits	689,638	276,327	105,900		1,071,865
Operating Expenses	212,868	85,292	32,688		330,848
Capital Expenses					-
Subtotal Direct Expenses	902,506	361,619	138,588	-	1,402,713
Indirect Expenses	135,376	54,243	20,788		210,407
TOTAL FUNDING USES	1,037,882	415,862	159,376	-	1,613,120
BHS MENTAL HEALTH FUNDING SOURCES					
					-
					-
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	574,527	230,203	88,224	892,954
SUD State - DMC	240646-10000-10001681-0003	309,361	123,956	47,505	480,822
SUD County - General Fund	240646-10000-10001681-0003	153,994	61,703	23,647	239,344
					-
TOTAL BHS SUD FUNDING SOURCES		1,037,882	415,862	159,376	1,613,120
OTHER DPH FUNDING SOURCES					
					-
					-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		1,037,882	415,862	159,376	1,613,120
NON-DPH FUNDING SOURCES					
					-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,037,882	415,862	159,376	1,613,120
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	350	350	350		
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	74,786	25,542	7,740		
Unit Type	Dose	10 Minutes	Dose	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 13.88	\$ 16.28	\$ 20.59	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 13.88	\$ 16.28	\$ 20.59	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 14.00	\$ 17.00	\$ 21.00		
Unduplicated Clients (UDC)	280	280	35		Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name Methadone Maintenance
 Program Code 38874

Appendix Number B-1
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 05/31/2019

Expense Categories & Line Items	TOTAL	240646-10000-10001681-0003					
Funding Term	7/1/19-6/30/20	7/1/19-6/30/20					
Rent	400.00	400.00					
Utilities(telephone, electricity, water, gas)	45,800.00	45,800.00					
Building Repair/Maintenance	30,500.00	30,500.00					
Occupancy Total:	76,700.00	76,700.00	-	-	-	-	-
Office Supplies	8,150.00	8,150.00					
Photocopying	-	-					
Program Supplies	-	-					
Computer Hardware/Software	5,000.00	5,000.00					
Materials & Supplies Total:	13,150.00	13,150.00	-	-	-	-	-
Training/Staff Development	6,000.00	6,000.00					
Insurance	15,750.00	15,750.00					
Professional License	-	-					
Permits	15,952.00	15,952.00					
Equipment Lease & Maintenance	22,300.00	22,300.00					
Equipment Depreciation & Amortization	1,196.00	1,196.00					
General Operating Total:	61,198.00	61,198.00	-	-	-	-	-
Local Travel	-	-					
Out-of-Town Travel	-	-					
Field Expenses	-	-					
Staff Travel Total:	-	-	-	-	-	-	-
Consultant/Subcontractor (provide detail):							
Vivo Health Staffing: Provider serves as staff physician and performs psychiatric assessment and treatment at a rate of \$135 per hour. \$135 x 940 hrs = \$126,900	126,900.00	126,900.00					
Consultant/Subcontractor Total:	126,900.00	126,900.00	-	-	-	-	-
Other (provide detail):							
Client Supplies/Services (As Recorded in G/L)	52,500.00	52,500.00					
Dues & Subscriptions	400.00	400.00					
Other Total:	52,900.00	52,900.00	-	-	-	-	-
TOTAL OPERATING EXPENSE	330,848.00	330,848.00	-	-	-	-	-

Appendix F

Invoice

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: S03 JL 19

Contractor : Westside Community Mental Health Center - Children

Contract ID # 1000008643

Address: 1153 Oak St., San Francisco, CA 94117



User Cd _____

Tel. No. 415-431-9000

Ct. PO No.: POHM TBD

Fax No.:

Fund Source: SUD Fed/ State/ County - GF

Funding Term: 07/01/2019 - 06/30/2020

Invoice Period : July 2019

PHP Division: Behavioral Health Services

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Methadone Maintenance PC# 38874 - 240646-100000-SFGOV-10001681-0003												
ODS-120 ODS NTP Methadone - Dosing	74,786	280			0.00	-	0%	0%	74,786	280	100%	100%
ODS-120 Methadone - Individual Counseling	25,542	280			0.00	-	0%	0%	25,542	280	100%	100%
ODS-1117 ODS NTP MAT Buprenorphine	7,740	35			0.00	-	0%		7,740	35	100%	100%

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 837,395.00		\$ -	0.00%	\$ 837,395.00
Fringe Benefits	\$ 234,470.00		\$ -	0.00%	\$ 234,470.00
Total Personnel Expenses	\$ 1,071,865.00	\$ -	\$ -	0.00%	\$ 1,071,865.00
Operating Expenses:					
Occupancy	\$ 76,700.00	\$ -	\$ -	0.00%	\$ 76,700.00
Materials and Supplies	\$ 13,150.00	\$ -	\$ -	0.00%	\$ 13,150.00
General Operating	\$ 61,198.00	\$ -	\$ -	0.00%	\$ 61,198.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 126,900.00	\$ -	\$ -	0.00%	\$ 126,900.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Client Supplies/Services	\$ 52,500.00	\$ -	\$ -	0.00%	\$ 52,500.00
Dues & Subscriptions	\$ 400.00	\$ -	\$ -	0.00%	\$ 400.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 330,848.00	\$ -	\$ -	0.00%	\$ 330,848.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,402,713.00	\$ -	\$ -	0.00%	\$ 1,402,713.00
Indirect Expenses	\$ 210,407.00	\$ -	\$ -	0.00%	\$ 210,407.00
TOTAL EXPENSES	\$ 1,613,120.00	\$ -	\$ -	0.00%	\$ 1,613,120.00
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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

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

OR email address at:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory _____ Date _____

**REVISION TO THE AGREEMENT OF:
JULY 1, 2017 THROUGH JUNE 30, 2022
BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO and
WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.**

REVISION TO PROGRAM BUDGETS NUMBER TWO: 2019-2020

WHEREAS, the City and County of San Francisco, through its Department of Public Health, Behavioral Health Services, entered into an Agreement with Westside Community Mental Health Center, Inc. to provide substance use disorder treatment and support services during July 1, 2017 through June 30, 2022, FSP Contract ID Number 1000008643 hereinafter referred to as the "Original Agreement"; and

WHEREAS, this Revision to Program Budgets Number Two to the Original Agreement for Fiscal Year 2019-20 has been entered into this 10th day of March 2020.

NOW THEREFORE, the parties to the Original Agreement do hereby agree to modify the Agreement to reflect the addition of one-time funding for costs associated with moving to temporary trailer and the increase of Cost of Doing Business (CODB) from 2.5% to 3% by revising Appendices B and F.

MODIFICATIONS TO THE AGREEMENT. The Agreement is hereby modified as follows:

- 1) Appendices B and B-1 dated 03/10/2020 are hereby added and incorporated by reference for Fiscal Year 2019-2020.
- 2) Appendix F is hereby added to the agreement for Fiscal Year 2019-2020.

Except for these changes, the Original Agreement remains in full force and effect.

There is no change in Total Compensation of **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the Contract Term of **July 1, 2017** through **June 30, 2022**.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

CITY

CONTRACTOR

RECOMMENDED BY:

 3/12/20
 MARLO SIMMONS Date
 Acting Director, SFHN Behavioral Health Services

 3/12/20
 MARY ANN JONES, PH.D. Date
 Chief Executive Officer

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 3.3, 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 (15th) 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 (15th) 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 MHSA (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 is listed below:

Appendix B-1 Westside Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the period of **July 1, 2017 through June 30, 2022**.

CONTRACTOR understands that, of this maximum dollar obligation, **(\$816,352)** 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, 2017 through June 30, 2018	\$	1,777,895
July 1, 2018 through June 30, 2019	\$	1,573,776
July 1, 2019 through June 30, 2020	\$	1,630,989
July 1, 2020 through June 30, 2021	\$	1,535,391
July 1, 2021 through June 30, 2022	\$	1,535,391
Subtotal - July 1, 2017 through June 30, 2022	\$	8,053,442
12% Contingency	\$	816,352
TOTAL - July 1, 2017 through June 30, 2022	\$	8,869,794

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.

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		Appendix Number: B				
Legal Entity Name/Contractor Name: Westside Community Mental Health Center		Page Number: 5				
Contract ID Number: 1000008643		Fiscal Year: 2019-2020				
		Funding Notification Date: 01/02/2020				
Appendix Number	B-1	B-#	B-#	B-#	B-#	B-#
Provider Number	383887					
Program Name	Methadone Maintenance					
Program Code	38874					
Funding Term	7/1/19-6/30/20					
FUNDING USES						TOTAL
Salaries	\$ 813,592					\$ 813,592
Employee Benefits	\$ 227,806					\$ 227,806
Subtotal Salaries & Employee Benefits	\$ 1,041,398	\$ -	\$ -	\$ -	\$ -	\$ 1,041,398
Operating Expenses	\$ 376,853					\$ 376,853
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 1,418,251	\$ -	\$ -	\$ -	\$ -	\$ 1,418,251
Indirect Expenses	\$ 212,738					\$ 212,738
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,630,989	\$ -	\$ -	\$ -	\$ -	\$ 1,630,989
					Employee Benefits Rate	27.9%
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES						
SUD Fed - DMC FFP, CFDA 93.778	\$ 892,954					\$ 892,954
SUD State - DMC	\$ 480,822					\$ 480,822
SUD County - General Fund	\$ 257,213					\$ 257,213
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,630,989	\$ -	\$ -	\$ -	\$ -	\$ 1,630,989
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,630,989	\$ -	\$ -	\$ -	\$ -	\$ 1,630,989
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,630,989	\$ -	\$ -	\$ -	\$ -	\$ 1,630,989
Prepared By Danielle Oncken				Phone Number 415-431-9000 ext 1115		

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Westside Community Mental Health Center
 Contract ID Number 1000008643

Appendix Number: B
 Page Number: 6
 Fiscal Year: 2019-2020
 Funding Notification Date: 01/02/2020

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Financial Officer	0.15	\$ 23,186.00
Chief Executive Officer	0.13	\$ 21,949.00
HR Manager	0.15	\$ 13,273.00
IT Manager	0.15	\$ 11,854.00
Chief Compliance Officer	0.07	\$ 9,808.00
Accounting Clerk/Payroll	0.13	\$ 8,991.00
Accounting Clerk/AP	0.15	\$ 8,591.00
Accounting Clerk/AR	0.14	\$ 7,947.00
Operations Manager	0.11	\$ 7,838.00
Director	0.00	\$ 386.00
Subtotal:	1.18	\$ 113,823.00
Employee Benefits:	27.0%	\$ 30,732.00
Total Salaries and Employee Benefits:		\$ 144,555.00

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
CONSULTANTS	\$ 13,656.00
AUDIT & TAX	\$ 9,786.00
CONFERENCE & MEET	\$ 8,517.00
DATA PROCESSING	\$ 6,689.00
REPAIRS/MAINT BLD	\$ 5,468.00
SOFTWARE MAINT	\$ 3,403.00
RECOGNITION EXP	\$ 3,096.00
STAFF TRAVEL	\$ 2,804.00
INSURANCE	\$ 2,074.00
DEPR BUILDG	\$ 1,828.00
UTILITIES	\$ 1,782.00
SUPPLIES & POSTAGE	\$ 1,636.00
TEMP HELP	\$ 1,461.00
RENT/LEASE EQUIP	\$ 1,460.00
RENT/LEASE VEHIC	\$ 818.00
LICENSE & TAXES	\$ 803.00
TELEPHONE	\$ 730.00
STAFF TRAINING	\$ 628.00
DUES & SUBSCRIP	\$ 511.00
ADVERTISING	\$ 409.00
LEGAL	\$ 351.00
RENT/STORAGE	\$ 248.00
PRINTING & DUPLICATING	\$ 15.00
DEPR VEHICLE	\$ 10.00
Total Operating Costs	\$ 68,183.00

Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 212,738.00
---	----------------------

Total Indirect from DPH 1: **\$ 212,738.00**

\$ -

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

DHCS Legal Entity Number: 00351		Appendix Number: B-1			
Provider Name: Westside Community Mental Health Center		Page Number: 1			
Provider Number: 383887		Fiscal Year: 2019-2020			
		Funding Notification Date: 01/02/2020			
Program Name	Methadone Maintenance	Methadone Maintenance	Methadone Maintenance		
Program Code	38874	38874	38874		
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120dbc		
Service Description	ODS NTP Methadone - Dosing	Methadone - Individual Counseling	ODS NTP Dosing - Buprenorphine Combo		
Funding Term (mm/dd/yy-mm/dd/yy)	7/1/19-6/30/20	7/1/19-6/30/20	7/1/19-6/30/20		
FUNDING USES					TOTAL
Salaries & Employee Benefits	670,035	268,473	102,890		1,041,398
Operating Expenses	242,468	97,152	37,233		376,853
Capital Expenses					-
Subtotal Direct Expenses	912,503	365,625	140,123	-	1,418,251
Indirect Expenses	136,876	54,844	21,018		212,738
TOTAL FUNDING USES	1,049,379	420,469	161,141	-	1,630,989
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	574,527	230,203	88,224	892,954
SUD State - DMC	240646-10000-10001681-0003	309,361	123,956	47,505	480,822
SUD County - General Fund	240646-10000-10001681-0003	165,491	66,310	25,412	257,213
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES		1,049,379	420,469	161,141	1,630,989
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		1,049,379	420,469	161,141	1,630,989
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)		1,049,379	420,469	161,141	1,630,989
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	350	350	350	
	Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
	DPH Units of Service	75,332	26,713	7,443	
	Unit Type	Dose	10 Minutes	Dose	0
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 13.93	\$ 15.74	\$ 21.65	\$ -
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 13.93	\$ 15.74	\$ 21.65	\$ -
	Published Rate (Medi-Cal Providers Only)	\$ 15.00	\$ 18.00	\$ 23.00	
	Unduplicated Clients (UDC)	280	280	35	Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name Methadone Maintenance
 Program Code 38874

Appendix Number: B-1
 Page Number: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 01/02/2020

Expense Categories & Line Items	TOTAL	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	7/1/19-6/30/20	7/1/19-6/30/20	(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	600.00	600.00					
Utilities(telephone, electricity, water, gas)	50,200.00	50,200.00					
Building Repair/Maintenance	30,395.00	30,395.00					
Temporary Trailer Moving Costs	10,000.00	10,000.00					
Occupancy Total:	91,195.00	91,195.00	-	\$ -	\$ -	\$ -	\$ -
Office Supplies	8,150.00	8,150.00					
Photocopying	-	-					
Program Supplies	-	-					
Computer Hardware/Software	5,000.00	5,000.00	-				
Materials & Supplies Total:	13,150.00	13,150.00	-	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	3,800.00	3,800.00	-				
Insurance	15,750.00	15,750.00	-				
Professional License	-	-	-				
Permits	33,380.00	33,380.00	-				
Equipment Lease & Maintenance	22,300.00	22,300.00	-				
Equipment Depreciation & Amortization	1,808.00	1,808.00	-				
General Operating Total:	77,038.00	77,038.00	-	\$ -	\$ -	\$ -	\$ -
Local Travel	200.00	200.00	-				
Out-of-Town Travel	-	-					
Field Expenses	-	-					
	200.00	200.00	-	\$ -	\$ -	\$ -	\$ -
Vivo Healthstaff, LLC provides the physician services of Dr. Gordon Raskin, MD from 7/1/2019 to 6/30/2020 at the rate of \$135 an hour for 940 hrs = \$126,900	126,900.00	\$ 126,900.00					
Temporary Help (Nurse @ \$56 x 195 hrs)	10,920.00	10,920.00					
Consultant/Subcontractor Total:	137,820.00	137,820.00	-	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Supplies/Services (As Recorded in G/L)	57,050.00	57,050.00					
Dues & Subscriptions	400.00	400.00					
	-	-					
Other Total:	57,450.00	57,450.00		\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	376,853.00	376,853.00	-	\$ -	\$ -	\$ -	\$ -

Appendix F

Invoice

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

Appendix F
PAGE A

Contract ID#
1000008643

INVOICE NUMBER: S03 JL 19

Contractor : Westside Community Mental Health Center - Children

Ct. Blanket No.: BPHM N/A

Address: 1153 Oak St., San Francisco, CA 94117



User Cd

Ct. PO No.: POHM SFGOV-0000330752

Tel. No. 415-431-9000
Fax No.:

Fund Source: SUD Fed/ State/ County - GF

Invoice Period : July 2019

Funding Term: 07/01/2019 - 06/30/2020

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

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-1 Methadone Maintenance PC# 38874 - 240646-100000-SFGOV-10001681-0003												
ODS-120d ODS NTP Methadone - Dosing	75,332	280			0.00	-	0%	0%	75,332	280	100%	100%
ODS-120i Methadone - Individual Counseling	26,713	280			0.00	-	0%	0%	26,713	280	100%	100%
ODS-120dbc ODS NTP Dosing Buprenorphine Combo	7,443	35			0.00	-	0%	0%	7,443	35	100%	100%

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 813,592.00	\$ -	\$ -	0.00%	\$ 813,592.00
Fringe Benefits	\$ 227,806.00	\$ -	\$ -	0.00%	\$ 227,806.00
Total Personnel Expenses	\$ 1,041,398.00	\$ -	\$ -	0.00%	\$ 1,041,398.00
Operating Expenses:					
Occupancy	\$ 91,195.00		\$ -	0.00%	\$ 91,195.00
Materials and Supplies	\$ 13,150.00		\$ -	0.00%	\$ 13,150.00
General Operating	\$ 77,038.00		\$ -	0.00%	\$ 77,038.00
Staff Travel	\$ 200.00		\$ -	0.00%	\$ 200.00
Consultant/Subcontractor	\$ 137,820.00		\$ -	0.00%	\$ 137,820.00
Other:	\$ -		\$ -	0.00%	\$ -
Client Supplies/Services (As Recorded in G/L)	\$ 57,050.00		\$ -	0.00%	\$ 57,050.00
Dues & Subscriptions	\$ 400.00		\$ -	0.00%	\$ 400.00
Total Operating Expenses	\$ 376,853.00	\$ -	\$ -	0.00%	\$ 376,853.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,418,251.00	\$ -	\$ -	0.00%	\$ 1,418,251.00
Indirect Expenses	\$ 212,738.00	\$ -	\$ -	0.00%	\$ 212,738.00
TOTAL EXPENSES	\$ 1,630,989.00	\$ -	\$ -	0.00%	\$ 1,630,989.00
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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

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**

Contract ID#
1000008643

Appendix F
PAGE B

Invoice Number
S03 JL 19
User Cd

CT PO No.

Contractor : Westside Community Mental Health Center - Children

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director of Clinical Services	0.25	\$ 43,264.00		\$ -	0.00%	\$ 43,264.00
Peer Safety Monitor	2.25	\$ 95,796.00		\$ -	0.00%	\$ 95,796.00
Methadone Physician	0.10	\$ 27,040.00		\$ -	0.00%	\$ 27,040.00
Program Director	0.05	\$ 8,810.00		\$ -	0.00%	\$ 8,810.00
Operations Manager	0.19	\$ 13,351.00		\$ -	0.00%	\$ 13,351.00
Program Coordinator	0.50	\$ 37,395.00		\$ -	0.00%	\$ 37,395.00
Chief Compliance Officer	0.25	\$ 34,624.00		\$ -	0.00%	\$ 34,624.00
Dispensing Nurse	3.04	\$ 171,948.00		\$ -	0.00%	\$ 171,948.00
Health Info Svcs Clerk III	1.00	\$ 51,890.00		\$ -	0.00%	\$ 51,890.00
Treatment Counselor	5.29	\$ 258,460.00		\$ -	0.00%	\$ 258,460.00
Nursing Supervisor	0.93	\$ 65,550.00		\$ -	0.00%	\$ 65,550.00
Medical Records Clerk	0.10	\$ 5,464.00		\$ -	0.00%	\$ 5,464.00
TOTAL SALARIES	13.95	\$ 813,592.00	\$ -	\$ -	0.00%	\$ 813,592.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement 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: _____

**REVISION TO THE AGREEMENT OF:
JULY 1, 2017 THROUGH JUNE 30, 2022
BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO and
WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.**

REVISION TO PROGRAM BUDGETS NUMBER TWO: 2020-2021

WHEREAS, the City and County of San Francisco, through its Department of Public Health, Behavioral Health Services, entered into an Agreement with Westside Community Mental Health Center, Inc. to provide substance use disorder treatment and support services during July 1, 2017 through June 30, 2022, Contract ID Number 1000008643 hereinafter referred to as the “Original Agreement”; and

WHEREAS, this Revision to Program Budgets Number Two to the Original Agreement for Fiscal Year 2020-21 has been entered into this 19th day of May 2021.

NOW THEREFORE, the parties to the Original Agreement do hereby agree to modify the Agreement to reflect a no-cost modification to reallocate funds between line item budgets within the approved budget category.

MODIFICATIONS TO THE AGREEMENT. The Agreement is hereby modified as follows:

- 1) Appendices B and B-1 dated 05/19/2021 are hereby added and incorporated by reference for Fiscal Year 2020-2021.
- 2) Appendix F is hereby added to the agreement for Fiscal Year 2020-2021

Except for these changes, the Original Agreement remains in full force and effect.

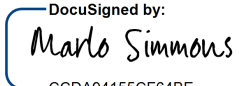
There is no change in Total Compensation of **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the Contract Term of **July 1, 2017** through **June 30, 2022**.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

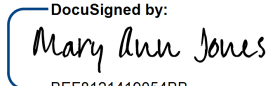
CITY

CONTRACTOR

RECOMMENDED BY:

DocuSigned by:

 /5/21/2021 | 8:52 AM PDT
CCDA941556F64BE...

 MARLO SIMMONS Date
 Acting Director, SFHN Behavioral Health Services

DocuSigned by:

 /5/20/2021 | 5:09 PM PDT
BEF8121419054BB...

 MARY ANN JONES, PH.D. Date
 Chief Executive Officer

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 3.3, 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 (15th) 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 (15th) 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 MHSA (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 and January 1 through June 30 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 is listed below:

Appendix B-1 Westside Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the period of **July 1, 2017 through June 30, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$767,722)** 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, 2017 through June 30, 2018	\$	1,777,895
July 1, 2018 through June 30, 2019	\$	1,573,776
July 1, 2019 through June 30, 2020	\$	1,630,989
July 1, 2020 through June 30, 2021	\$	1,620,989
One-Time Allocation of 3% CODB in FY2020-21- Payment By Direct Voucher (DV)	\$	48,630
July 1, 2021 through June 30, 2022	\$	1,449,793
Subtotal - July 1, 2017 through June 30, 2022	\$	8,102,072
12% Contingency	\$	767,722
TOTAL - July 1, 2017 through June 30, 2022	\$	8,869,794

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.

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		Appendix Number: B					
Legal Entity Name/Contractor Name: Westside Community Mental Health Center		Page Number: 5					
Contract ID Number: 1000008643		Fiscal Year: 2020-2021					
		Funding Notification Date: 10/16/2020					
Appendix Number	B-1	B#	B#	B#	B#	B#	
Provider Number	383887						
Program Name	Methadone Maintenance						
Program Code	38874						
Funding Term	7/1/20-6/30/21						
FUNDING USES							TOTAL
Salaries	\$ 805,140						\$ 805,140
Employee Benefits	\$ 217,389						\$ 217,389
Subtotal Salaries & Employee Benefits	\$ 1,022,529	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,022,529
Operating Expenses	\$ 387,027						\$ 387,027
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 1,409,556	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,409,556
Indirect Expenses	\$ 211,433						\$ 211,433
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,620,989	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,620,989
							Employee Benefits Rate
BHS MENTAL HEALTH FUNDING SOURCES							27.0%
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
SUD Fed - DMC FFP, CFDA 93.778	\$ 892,954						\$ 892,954
SUD State - DMC	\$ 480,822						\$ 480,822
SUD County - General Fund	\$ 247,213						\$ 247,213
							\$ -
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,620,989	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,620,989
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,620,989	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,620,989
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,620,989	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,620,989
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: Westside Community Mental Health Center				Page Number: 1	
Provider Number: 383887				Fiscal Year: 2020-2021	
				Funding Notification Date: 10/16/2020	
Program Name	38874	38874	38874		
Program Code	38874	38874	38874		
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120dbc		
Service Description	ODS NTP Methadone - Dosing	Methadone - Individual Counseling	ODS NTP Dosing - Buprenorphine Combo		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
FUNDING USES					TOTAL
Salaries & Employee Benefits	651,166	268,473	102,890		1,022,529
Operating Expenses	252,642	97,152	37,233		387,027
Capital Expenses					-
Subtotal Direct Expenses	903,808	365,625	140,123	-	1,409,556
Indirect Expenses	135,571	54,844	21,018		211,433
TOTAL FUNDING USES	1,039,379	420,469	161,141	-	1,620,989
BHS MENTAL HEALTH FUNDING SOURCE	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	574,527	230,203	88,224	892,954
SUD State - DMC	240646-10000-10001681-0003	309,361	123,956	47,505	480,822
SUD County - General Fund	240646-10000-10001681-0003	155,491	66,310	25,412	247,213
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES		1,039,379	420,469	161,141	1,620,989
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		1,039,379	420,469	161,141	1,620,989
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)		1,039,379	420,469	161,141	1,620,989
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		350	350	350	
Payment Method					
DPH Units of Service		73,196	25,253	5,228	
Unit Type		Dose	10 Minutes	Dose	0 0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 14.20	\$ 16.65	\$ 30.82	\$ - \$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 14.20	\$ 16.65	\$ 30.82	\$ - \$ -
Published Rate (Medi-Cal Providers Only)		\$ 16.00	\$ 18.00	\$ 35.00	
Unduplicated Clients (UDC)		245	280	35	Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name Methadone Maintenance
 Program Code 38874

Appendix Number: B-1
 Page Number: 3
 Fiscal Year: 2020-2021
 Funding Notification Date: 10/16/2020

Expense Categories & Line Items	TOTAL	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	7/1/20-6/30/21	7/1/20-6/30/21	(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	600.00	600.00					
Utilities(telephone, electricity, water, gas)	50,400.00	50,400.00					
Building Repair/Maintenance	32,600.00	32,600.00					
Occupancy Total:	83,600.00	83,600.00	-	\$ -	\$ -	\$ -	\$ -
Office Supplies	12,350.00	12,350.00					
Photocopying	-	-					
Program Supplies	-	-					
Computer Hardware/Software	10,070.00	10,070.00	-				
Materials & Supplies Total:	22,420.00	22,420.00	-	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	2,500.00	2,500.00	-				
Insurance	14,600.00	14,600.00	-				
Professional License	-	-	-				
Permits	19,000.00	19,000.00	-				
Equipment Lease & Maintenance	31,900.00	31,900.00	-				
Equipment Depreciation & Amortization	1,767.00	1,767.00	-				
General Operating Total:	69,767.00	69,767.00	-	\$ -	\$ -	\$ -	\$ -
Local Travel	200.00	200.00	-				
Out-of-Town Travel	-						
Field Expenses	-						
	200.00	200.00	-	\$ -	\$ -	\$ -	\$ -
Vivo Healthstaff, LLC provides the physician services of Dr. Gordon Raskin, MD from 7/1/2020 to 6/30/2021 at the rate of \$135 an hour for 1,050 hrs = \$141,750	141,750.00	\$ 141,750.00					
Consultant/Subcontractor Total:	141,750.00	141,750.00	-	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Supplies/Services (As Recorded in G/L)	61,610.00	61,610.00					
Dues & Subscriptions	550.00	550.00					
Temporary Help	7,130.00	7,130.00					
Other Total:	69,290.00	69,290.00		\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	387,027.00	387,027.00	-	\$ -	\$ -	\$ -	\$ -

Appendix F

Invoice

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

Appendix F
PAGE A

Contract ID#
100008643

INVOICE NUMBER: S03 JL 20

Contractor : Westside Community Mental Health Center - Children

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

Address: 1153 Oak St., San Francisco, CA 94117



Ct. PO No.: POHM SFGOV-0000454205

Tel. No. 415-431-9000
Fax No.:

Fund Source: SUD Fed/ State/ County - GF

Invoice Period : July 2020

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

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

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-1 Methadone Maintenance PC# 38874 - 240646-10000-SFGOV-10001681-0003												
ODS-120d ODS NTP Methadone - Dosing	73,196	245			0.00	-	0%	0%	73,196	245	100%	100%
ODS-120i Methadone - Individual Counseling	25,253	280			0.00	-	0%	0%	25,253	280	100%	100%
ODS-120dbc ODS NTP Dosing Buprenorphine Combo	5,228	35			0.00	-	0%	0%	5,228	35	100%	100%

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 805,140.00	\$ -	\$ -	0.00%	\$ 805,140.00
Fringe Benefits	\$ 217,389.00	\$ -	\$ -	0.00%	\$ 217,389.00
Total Personnel Expenses	\$ 1,022,529.00	\$ -	\$ -	0.00%	\$ 1,022,529.00
Operating Expenses:					
Occupancy	\$ 83,600.00	\$ -	\$ -	0.00%	\$ 83,600.00
Materials and Supplies	\$ 22,420.00	\$ -	\$ -	0.00%	\$ 22,420.00
General Operating	\$ 69,767.00	\$ -	\$ -	0.00%	\$ 69,767.00
Staff Travel	\$ 200.00	\$ -	\$ -	0.00%	\$ 200.00
Consultant/Subcontractor	\$ 141,750.00	\$ -	\$ -	0.00%	\$ 141,750.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Client Supplies/Services (As Recorded in G/L)	\$ 61,610.00	\$ -	\$ -	0.00%	\$ 61,610.00
Dues & Subscriptions	\$ 550.00	\$ -	\$ -	0.00%	\$ 550.00
Temporary Help	\$ 7,130.00				
Total Operating Expenses	\$ 387,027.00	\$ -	\$ -	0.00%	\$ 387,027.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,409,556.00	\$ -	\$ -	0.00%	\$ 1,409,556.00
Indirect Expenses	\$ 211,433.00	\$ -	\$ -	0.00%	\$ 211,433.00
TOTAL EXPENSES	\$ 1,620,989.00	\$ -	\$ -	0.00%	\$ 1,620,989.00
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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

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**

Contract ID#
100008643

Appendix F
PAGE B

Invoice Number
S03 JL 20

User Cd

CT PO No.

Contractor : Westside Community Mental Health Center - Children

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director of Clinical Services	0.19	\$ 32,292.00		\$ -	0.00%	\$ 32,292.00
Peer Safety Monitor	2.15	\$ 100,501.00		\$ -	0.00%	\$ 100,501.00
Methadone Physician	0.10	\$ 27,040.00		\$ -	0.00%	\$ 27,040.00
Program Director	0.10	\$ 9,640.00		\$ -	0.00%	\$ 9,640.00
Operations Manager	0.19	\$ 16,211.00		\$ -	0.00%	\$ 16,211.00
Program Coordinator	0.50	\$ 37,395.00		\$ -	0.00%	\$ 37,395.00
Chief Compliance Officer	0.25	\$ 34,624.00		\$ -	0.00%	\$ 34,624.00
Dispensing Nurse	2.97	\$ 189,767.00		\$ -	0.00%	\$ 189,767.00
Health Info Svcs Clerk III	1.00	\$ 53,019.00		\$ -	0.00%	\$ 53,019.00
Treatment Counselor	4.24	\$ 230,148.00		\$ -	0.00%	\$ 230,148.00
Nursing Supervisor	0.93	\$ 69,039.00		\$ -	0.00%	\$ 69,039.00
Medical Records Clerk	0.10	\$ 5,464.00		\$ -	0.00%	\$ 5,464.00
TOTAL SALARIES	12.72	\$ 805,140.00	\$ -	\$ -	0.00%	\$ 805,140.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement 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: _____

**REVISION TO THE AGREEMENT OF:
JULY 1, 2017 THROUGH JUNE 30, 2022
BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO and
WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.**

REVISION TO PROGRAM BUDGETS NUMBER THREE: 2020-2021

WHEREAS, the City and County of San Francisco, through its Department of Public Health, Behavioral Health Services, entered into an Agreement with Westside Community Mental Health Center, Inc. to provide substance use disorder treatment and support services during July 1, 2017 through June 30, 2022, Contract ID Number 1000008643 hereinafter referred to as the “Original Agreement”; and

WHEREAS, this Revision to Program Budgets Number Three to the Original Agreement for Fiscal Year 2020-21 has been entered into this 30th day of June 2021.

NOW THEREFORE, the parties to the Original Agreement do hereby agree to modify the Agreement to reflect actual expenses for completed purchase orders in fiscal years 17/18 and 18/19 in order to allow encumbrance of the full MYE amount in FY2021-22. This is a no-cost modification.

MODIFICATIONS TO THE AGREEMENT. The Agreement is hereby modified as follows:

- 1) Appendices B dated 06/30/2021 is hereby added and incorporated by reference for Fiscal Year 2020-2021.

Except for this change, the Original Agreement remains in full force and effect.

There is no change in Total Compensation of **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the Contract Term of **July 1, 2017** through **June 30, 2022**.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

CITY

CONTRACTOR

RECOMMENDED BY:

DocuSigned by:
Hillary Kunins
2DAAE14FF8AC4A7...
_____, 7/14/2021 | 7:44 AM PDT
Hillary Kunins Date
Director, Behavioral Health Services and MHSF

DocuSigned by:
Mary Ann Jones
BFF8121419054BB
_____, 7/13/2021 | 6:24 PM PDT
MARY ANN JONES, PH.D. Date
Chief Executive Officer

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 3.3, 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 (15th) 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 (15th) 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 MHSA (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 and January 1 through June 30 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 is listed below:

Appendix B-1 Westside Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the period of **July 1, 2017 through June 30, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$767,722)** 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, 2017 through June 30, 2018	\$	480,685
July 1, 2018 through June 30, 2019	\$	1,573,776
July 1, 2019 through June 30, 2020	\$	1,630,989
July 1, 2020 through June 30, 2021	\$	1,620,989
One-Time Allocation of 3% CODB in FY2020-21- Payment By Direct Voucher (DV)	\$	48,630
July 1, 2021 through June 30, 2022	\$	2,747,003
Subtotal - July 1, 2017 through June 30, 2022	\$	8,102,072
12% Contingency	\$	767,722
TOTAL - July 1, 2017 through June 30, 2022	\$	8,869,794

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.

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.

**REVISION TO THE AGREEMENT OF:
JULY 1, 2017 THROUGH JUNE 30, 2022
BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO and
WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.**

REVISION TO PROGRAM BUDGETS NUMBER ONE: 2020-2021

WHEREAS, the City and County of San Francisco, through its Department of Public Health, Behavioral Health Services, entered into an Agreement with Westside Community Mental Health Center, Inc. to provide substance use disorder treatment and support services during July 1, 2017 through June 30, 2022, Contract ID Number 1000008643 hereinafter referred to as the “Original Agreement”; and

WHEREAS, this Revision to Program Budgets Number One to the Original Agreement for Fiscal Year 2020-21 has been entered into this 15th day of April 2021.

NOW THEREFORE, the parties to the Original Agreement do hereby agree to renew the Agreement, incorporate the one-time funding allocation of the 3% Cost of Doing Business (CODB), reflect the modified Repayment Schedule of the Initial Payment Recovery in FY2020-21, and update the Appendix J.

MODIFICATIONS TO THE AGREEMENT. The Agreement is hereby modified as follows:

- 1) Appendices A and A-1 dated 04/15/2021 are hereby added and incorporated by reference for Fiscal Year 2020-2021.
- 2) Appendices B and B-1 dated 04/15/2021 are hereby added and incorporated by reference for Fiscal Year 2020-2021.
- 3) Appendix F is hereby added to the agreement for Fiscal Year 2020-2021.
- 4) Appendix J is hereby updated, added and incorporated by reference for Fiscal Year 2020-2021.

Except for these changes, the Original Agreement remains in full force and effect.

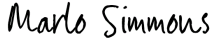
There is no change in Total Compensation of **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the Contract Term of **July 1, 2017** through **June 30, 2022**.


IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

CITY

CONTRACTOR

RECOMMENDED BY:

DocuSigned by:

 _____ / 4/26/2021 | 9:37 AM PDT
GCDA94155CF64BE
 MARLO SIMMONS Date
 Acting Director, SFHN Behavioral Health Services

DocuSigned by:

 _____ / 4/16/2021 | 7:09 PM PDT
BFF6121419054BB
 MARY ANN JONES, PH.D. Date
 Chief Executive Officer

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Contract Administrator B. Reports C. Evaluation D. Possession of Licenses/Permits E. Adequate Resources F. Admission Policy G. San Francisco Residents Only H. Grievance Procedure I. Infection Control, Health and Safety J. Aerosol Transmissible Disease Program, Health and Safety K. Acknowledgement of Funding L. Client Fees and Third Party Revenue M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | <ul style="list-style-type: none"> N. Patients’ Rights O. Under-Utilization Reports P. Quality Improvement Q. Working Trial Balance with Year-End Cost Report R. Harm Reduction S. Compliance with Behavioral Health Services Policies and Procedures T. Fire Clearance U. Clinics to Remain Open V. Compliance with Grant Award Notices |
|--|---|

- 2. Description of Services**
- 3. Services Provided by Attorneys**

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.

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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

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

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

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

J. 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.

K. 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."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by CLIENTS or STAFF **shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

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 Westside Methadone Maintenance Program

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

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1. Identifiers:

Program Name: Westside Methadone Maintenance Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000
Email Address: mjones@westside-health.org

Executive Director/Program Manager: Mary Ann Jones, Ph.D.
Telephone: 415-431-9000
Email address: mjones@westside-health.org

Program Codes: 38874

2. Nature of Document:

Check one **New** **Amendment** **Renewal** **Revision to Program Budgets (RPB)**

3. Goal Statement:

The goal of the Westside Methadone Maintenance Treatment Program is to provide Methadone treatment for opiate addiction to reduce the impact of opiate abuse and addiction on adults who are emotionally, physically and socially impaired due to the use of opiates.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone maintenance treatment. WMTP provides addiction counseling using a harm reduction approach and a comprehensive social service assessment and referral services.

A particular focus of Westside Methadone Treatment Program is the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

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

Westside SUD programs provides the following modalities and interventions:

ODS Opiate/Narcotic Treatment (OTP/NTP) Individual

ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing

ODS Opiate/Narcotic Treatment (OTP/NTP) Buprenorphine

6. Methodology:**Opioid (Narcotic) Treatment Program Services**

Westside Methadone Maintenance will provide Buprenorphine and Methadone treatment through our Opioid Treatment Program. In addition to the general Opioid (Narcotic) Treatment Program

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(OTP) services requirements; the Contractor shall comply with the following specific opioid (narcotic) treatment program services requirements:

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.

2) Service Components:

a) **Intake** - Admission criteria for clients is regulated by Title 9, which specifies that the client be at least 18 years of age, and has proof of addiction at the time of admission. To qualify for methadone maintenance, a person must meet the following minimum criteria: documentation of a 2 year history of opiate addiction, or, documentation of 2 prior attempts at detoxification using methadone; currently be addicted to opiate(s); and, Provide a legal, picture identification and Medi-Cal card if currently eligible for Medi-Cal services. Clients complete initial intake paperwork with the intake counselor followed by a physical examination by the physician. Before admitting a prospective client to methadone maintenance or supervised withdrawal services, the program physician conducts a physical health assessment including a medical history and physical examination. This assessment includes: Physical dependence and addiction to opiate(s); Symptoms of addiction; Complications caused by addiction; Family history of chronic or acute medical conditions Tuberculosis screening; Syphilis screening; Opt Out HIV screening; Urine drug screening; and, additional diagnostic testing can be conducted by referral if needed. WMTP follows regulations in the California Code of Regulations, Title 9, regarding multiple registrations.

Once eligibility has been determined through the initial assessments, and the intake is complete, the client is assigned a permanent counselor. A comprehensive psychosocial assessment is completed for both maintenance and supervised withdrawal (detoxification) clients. Prior to developing a client's initial treatment plan; the assigned counselor will complete the Psychosocial Assessment with the client within the first 28 days of admission per Title 9. Following the completion of the psychosocial assessment form, the counselor writes an assessment summary in the client's chart that identifies priorities for the client's initial treatment plan.

b) **Individual and Group Counseling** – As a Joint Commission accredited Opioid Treatment Program, our practices follow the highest standard of programming based on the guidelines set by the American Society of Addiction Medicine (ASAM), the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). Care, treatment and services are provided through a coordination of clinicians. The program provides comprehensive treatment requiring observed dosing, random urine drug testing and participation in counseling. Consistent counseling and linkages with licensed clinical therapists support the lifestyle changes necessary to progress in recovery.

c) **Patient Education** – Clients are referred from the SFDPH Centralized Opiate Program Evaluation (COPE) unit, the Treatment Access Program, Project Homeless Connect, other providers, or self-referral. Criteria for admission are mandated by Title 9. Clients must be at least 18 years of age and must provide proof of addiction at the time of admission. Within the Westside System of Care we have psychiatric, HIV/AIDS and psychosocial support within our own wellness and recovery system. This approach facilitates patient engagement and improves outcomes while using resources more efficiently. Strategies include providing a place where individuals who are not in crisis to come and feel safe; crisis access for individuals requiring immediate services; outreach targeting individuals in great need (e.g., the homeless) who are not already seeking services or cannot access

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ordinary routing or crisis services, and local board and care hospitals to engage persons preparing for step-down care and access that is involuntary or mandated by the criminal justice system. Clients are also referred internally by other programs, from external sources such as other community providers, or by probation/parole and other criminal justice system agencies such as the Courts/Sheriff's Department. This approach incorporates SAMHSA's "No Wrong Door" policy by meeting clients where they are and providing individual assessment and to support clients at every stage of recovery and retain them until their treatment goals are achieved.

d) **Medication Services** - The Medical Director prescribes monitors, adjusts and manage methadone dosing. The clients' initial dose is determined and then titrated upwards in a "start-low, go-slow" manner. This is done as some research has suggested that there is an increased risk of methadone toxicity in the beginning of treatment. These cases were largely as a result of the initial dose being increased too quickly. After admission the doses are determined by the client's individual preference and opiate withdrawal symptoms. The ultimate stable dose of the client is determined by all of the following factors: illicit opiate use, client preference, and patient safety. In general most clients require around 80mg daily; however this number is different for every client. There is no scientific basis for artificial dose level ceilings as the physiology of every client is different. The ultimate goal at Westside is for the clients to become drug/alcohol free and to lead productive lives.

e) **Collateral Services** - While the medication is the cornerstone of therapy the value of psychosocial counseling and treatment cannot be understated. Studies have demonstrated that the best results are obtained when methadone is integrated with other medical, social, and psychiatric services. The counselor and the physician review these factors with each client to determine what services are appropriate for the client Maxine Hall Health Center, a city primary care clinic, shares the building with our program. This is very advantageous for our clients as it provides them with an easy avenue to obtain general medical care.

WMTP incorporates case-management as a client-centered intervention to improve the coordination and continuity of services for our clients that have complex needs. Case Management is incorporated into treatment through both individual case-management (ICM) and team-based case-management (TBCM).

WMTP utilizes a holistic approach to treatment, acknowledging that in order to successfully treat substance abuse, a variety of other issues such as housing, medical, legal, financial and vocational issues must be addressed. The intended outcome of the program is for participants to lead a lifestyle free of alcohol and drug use/abuse. WMTP provides intensive case management utilizing a psycho-educational process and skill building techniques in addition to group and individual counseling/case management sessions.

Utilizing case management as the cornerstone of treatment, counselors begin with the client "where the client is", responding to such tangible needs as food, shelter, clothing, transportation and medical care. This client-centered perspective is maintained as the client moves through treatment. Case management requires that the counselor apply his/her understanding of the natural course of addiction and recovery to foresee a problem, to understand the options available to manage it, and to take appropriate action. In some instances, the counselor may intervene directly; in others, the counselor will take action to ensure that another staff member on the treatment team intervenes as needed.

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Staff members act as a treatment team, utilizing each discipline to provide quality care to clients. At monthly staff meetings counselors present clients that pose a challenge where the team approach to problem solving is advantageous. Also, counseling staff present clients who are or have met their treatment plan goals, emphasizing what approaches were most useful in assisting the client, so that all staff may learn and apply these successful approaches.

The treatment team monitors client progress in treatment by reviewing drug use, discussing with the client steps for remaining abstinent, and checking to see whether referrals are needed. Illicit substance use, indicated by either self-report or positive urine results, is also addressed in case management.

f) **Crisis Intervention Services-** Staff in the program conduct risk assessments that identifies specific characteristics of the clients served and environmental features that may increase or decrease the risk for suicide. Westside Methadone Program is also a part of Westside's overall integrated system of services which includes the Crisis Clinic to whom referrals can be made. The Crisis clinic is an integral part of the CBHS safety net in providing residents of San Francisco timely and responsive crisis and urgent care services. The program accepts clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic designed to prevent unnecessary hospitalization.

g) **Treatment Planning-** Our program emphasizes person-focused care, integrated and individualized approaches to OTP services and outcomes, increased patient-satisfaction, improved recruitment of staff, and enhanced community confidence and outcomes. WCS uses the ASAM Criteria of Care to guide how it approaches and implements Opioid Treatment Services. Our approach considers the whole person, designs treatment plans for each specific patient, uses individualized treatment times, acknowledges that "failure" is not a treatment prerequisite, but provides a spectrum of services or a continuum of care, and re-conceptualizes the definition of addiction and how it plays out in people and communities.

h) **Medical Psychotherapy** - one-on-one counseling conducted by the Medical Director with the beneficiary- The Medical Director and substance abuse counseling staff is available on-site every day for consultation and coordination. The Medical Director, substance abuse counselors, psychotherapists and nurses have direct contact with patients. The Medical Director leads the treatment team and has case conferences to ensure that treatment is coordinated and reinforced.

i) **Discharge Services** - Research has shown methadone medication to be effective for long-term treatment. Therefore clients are encouraged to remain in treatment to reinforce stabilization and prevent relapse. Clients wishing to leave the program against medical advice have a right to do so; staff is to explain the risks of such a decision and the program physician determines a methadone withdrawal schedule with client input. Both voluntary and administratively terminating clients receive a medically monitored withdrawal from methadone. Based on the client's medication taper/withdrawal, the last day of medication is known by the client with the staff able to provide the client with support throughout the withdrawal process. The program medical director/physician adjusts the medication dose as needed or requested by the client. Only by client request, will a "blind taper" be ordered by the physician, to support the client's choice in reducing their medication without knowing the specific daily amount.

Clients are not discharged until after a 2 week (14 days) period has passed. Once it has been determined that a client is to be discharged from the clinic the medical staff generate a final dosing

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sheet; the counseling staff will generate a discharge summary and a closing episode that signifies a complete record has been produced for the client.

A review of the client's progress in treatment by client and counselor provides a perspective on goals met by the client during methadone treatment and helps identify areas for referral or further care. The Discharge Summary form is completed by the counselor and placed in the client's chart.

Additional Medication Assisted Treatment (MAT)

Westside has elected to provide an additional MAT service as a Contractor specific service. Therefore, we will comply with the following Contractor specific MAT requirements for the following treatment:

Buprenorphine MAT services will include:

- a) Integrated buprenorphine model into primary care and mental health clinics;
 - b) Support for buprenorphine induction at Howard Street Program;
 - c) Westside's Pharmacy will provide observed dosing and medication advice by specialized staff;
 - d) Westside's pharmacy will provide medication for OBIC patients during stabilization as needed;
- and
- e) Westside staff will work collaboratively with other providers to ensure that Buprenorphine is integrated into residential care and residential detoxification.

7. Objectives and Measurements:

a. Standardized Objectives

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY20-21.”

b. Individualized Objectives (not required of all programs)

N/A

8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside's CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. **Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the

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acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement philosophies and strategies. Westside employs a systematic approach for improving the organization's performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization's leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency's mission and responsibility for the quality of client care.

- b. Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.
- c. Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

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We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. **Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. **Timely completion and use of outcome data, including CalOMS/ASAM-** A variety of analytical tools are utilized to evaluate the total care provided. Data sources include, but are not limited to: medical records, special studies, external reference databases, incident reports, statistics and historical patterns of performance, peer review, monitoring results, consumer satisfaction questionnaires, safety statistics, infection control data, referral sources, and cost analysis.

Westside uses a strength based approach to motivate clients. They are offered refreshments in our lobby and gift cards for medication compliance. Client no-show rates vary for many reasons including readiness for treatment, weather patterns, street drug availability, and economic factors. Research has shown that incentive programs can have an impact on treatment adherence and no-show rates. In July 2015 a protocol for the incentive program was developed. The decision was made to focus solely on dosing attendance for the initial phase of the incentive program. Client attendance was monitored on a monthly basis and clients were rewarded for their attendance at the beginning of the next month. No show data was collected each month and the effects of the program were analyzed against historical trends. A two tier system was outlined: Clients who missed none of their scheduled dosing days would receive a \$10.00 grocery voucher and clients who missed one to three scheduled dosing days would receive a \$5.00 grocery voucher. Clients would meet with their counselor for the first counseling session the following month. And receive feedback on their attendance record. Counselors could use this opportunity to reinforce improvements and remind clients about the incentive program. No show patterns were analyzed various ways to determine the success of the program and which groups of clients were benefitting from the incentive program on a quarterly basis. The incentive program demonstrated that there is a positive correlation between medication compliance and incentive based services.

9. Required Language:

BHS SUD Services: N/A

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 3.3, 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 (15th) 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 (15th) 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 MHSA (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 and January 1 through June 30 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 is listed below:

Appendix B-1 Westside Methadone Maintenance Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the period of **July 1, 2017 through June 30, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$767,722)** 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, 2017 through June 30, 2018	\$	1,777,895
July 1, 2018 through June 30, 2019	\$	1,573,776
July 1, 2019 through June 30, 2020	\$	1,630,989
July 1, 2020 through June 30, 2021	\$	1,620,989
One-Time Allocation of 3% CODB in FY2020-21- Payment By Direct Voucher (DV)	\$	48,630
July 1, 2021 through June 30, 2022	\$	1,449,793
Subtotal - July 1, 2017 through June 30, 2022	\$	8,102,072
12% Contingency	\$	767,722
TOTAL - July 1, 2017 through June 30, 2022	\$	8,869,794

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.

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		Appendix Number: B					
Legal Entity Name/Contractor Name: Westside Community Mental Health Center		Page Number: 5					
Contract ID Number: 1000008643		Fiscal Year: 2020-2021					
		Funding Notification Date: 10/16/2020					
Appendix Number	B-1						
Provider Number	383887						
Program Name	Methadone Maintenance						
Program Code	38874						
Funding Term	7/1/20-6/30/21						
FUNDING USES							TOTAL
Salaries	\$ 805,140						\$ 805,140
Employee Benefits	\$ 217,389						\$ 217,389
Subtotal Salaries & Employee Benefits	\$ 1,022,529	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,022,529
Operating Expenses	\$ 387,027						\$ 387,027
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 1,409,556	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,409,556
Indirect Expenses	\$ 211,433						\$ 211,433
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,620,989	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,620,989
							Employee Benefits Rate 27.0%
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
SUD Fed - DMC FFP, CFDA 93.778	\$ 892,954						\$ 892,954
SUD State - DMC	\$ 480,822						\$ 480,822
SUD County - General Fund	\$ 247,213						\$ 247,213
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,620,989	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,620,989
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,620,989	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,620,989
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,620,989	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,620,989
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 Mental Health Center</u>			Page Number: 1			
Provider Number: <u>383887</u>			Fiscal Year: 2020-2021			
			Funding Notification Date: 10/16/2020			
Program Name	38874	38874	38874			
Program Code	38874	38874	38874			
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120dbc			
Service Description	ODS NTP Methadone - Dosing	ODS NTP Methadone - Individual Counseling	ODS NTP Dosing - Buprenorphine Combo			
Funding Term	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21			
FUNDING USES						TOTAL
Salaries & Employee Benefits	651,166	268,473	102,890			1,022,529
Operating Expenses	252,642	97,152	37,233			387,027
Capital Expenses						-
Subtotal Direct Expenses	903,808	365,625	140,123	-	-	1,409,556
Indirect Expenses	135,571	54,844	21,018			211,433
TOTAL FUNDING USES	1,039,379	420,469	161,141	-	-	1,620,989
BHS MENTAL HEALTH FUNDING SOURCES						
						-
						-
						-
						-
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	574,527	230,203	88,224		892,954
SUD State - DMC	240646-10000-10001681-0003	309,361	123,956	47,505		480,822
SUD County - General Fund	240646-10000-10001681-0003	155,491	66,310	25,412		247,213
						-
TOTAL BHS SUD FUNDING SOURCES		1,039,379	420,469	161,141	-	1,620,989
OTHER DPH FUNDING SOURCES						
						-
						-
						-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	1,039,379	420,469	161,141	-	-	1,620,989
NON-DPH FUNDING SOURCES						
						-
						-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,039,379	420,469	161,141	-	-	1,620,989
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						
		350	350	350		
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)			
DPH Units of Service	73,196	25,253	5,228			
Unit Type	Dose	10 Minutes	Dose	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 14.20	\$ 16.65	\$ 30.82	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 14.20	\$ 16.65	\$ 30.82	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 16.00	\$ 18.00	\$ 35.00			
Unduplicated Clients (UDC)	245	280	35			Total UDC 280

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Methadone Maintenance
 Program Code: 38874

Appendix Number: B-1
 Page Number: 3
 Fiscal Year: 2020-2021
 Funding Notification Date: 10/16/2020

Expense Categories & Line Items	TOTAL	240646-10000-10001681-0003						
Funding Term	7/1/20-6/30/21	7/1/20-6/30/21						
Rent	600.00	600.00						
Utilities(telephone, electricity, water, gas)	50,400.00	50,400.00						
Building Repair/Maintenance	31,900.00	31,900.00						
Occupancy Total:	82,900.00	82,900.00	-	\$	-	\$	-	\$ -
Office Supplies	12,350.00	12,350.00						
Photocopying	-	-						
Program Supplies	-	-						
Computer Hardware/Software	18,200.00	18,200.00	-					
Materials & Supplies Total:	30,550.00	30,550.00	-	\$	-	\$	-	\$ -
Training/Staff Development	2,500.00	2,500.00	-					
Insurance	14,600.00	14,600.00	-					
Professional License	-	-	-					
Permits	19,000.00	19,000.00	-					
Equipment Lease & Maintenance	31,900.00	31,900.00	-					
Equipment Depreciation & Amortization	1,767.00	1,767.00	-					
General Operating Total:	69,767.00	69,767.00	-	\$	-	\$	-	\$ -
Local Travel	200.00	200.00	-					
Out-of-Town Travel	-							
Field Expenses	-							
	200.00	200.00	-	\$	-	\$	-	\$ -
Vivo Healthstaff, LLC provides the physician services of Dr. Gordon Raskin, MD from 7/1/2020 to 6/30/2021 at the rate of \$135 an hour for 1,050 hrs = \$141,750	141,750.00	\$ 141,750.00						
Consultant/Subcontractor Total:	141,750.00	141,750.00	-	\$	-	\$	-	\$ -
Other (provide detail):								
Client Supplies/Services (As Recorded in G/L)	61,610.00	61,610.00						
Dues & Subscriptions	250.00	250.00						
	-							
Other Total:	61,860.00	61,860.00		\$	-	\$	-	\$ -
TOTAL OPERATING EXPENSE	387,027.00	387,027.00	-	\$	-	\$	-	\$ -

Appendix F

Invoice

Appendix J

SUBSTANCE USE DISORDER SERVICES
such as
Drug Medi-Cal,
Federal Substance Abuse Block Grant (SABG),
Organized Delivery System (DMC-ODS)
Primary Prevention or
State Funded Services

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Block Grants (SABG) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SABG recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SABG for reimbursable covered services rendered by certified DMC providers.

Reference Documents

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Block Grant Requirements

<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations

<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)
<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)
http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines
http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations
<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)
http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)
http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf

Document 2G Drug Medi-Cal Billing Manual
http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide
http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15
http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:

I. Subcontractor Documentation

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

Records

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
5. Provider's shall require that all subcontractors comply with the requirements of this Section A.
6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.
7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

II Patient Record Retention

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

III. Control Requirements

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, commencing with Section 11760;
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;
- c) Government Code Section 16367.8;
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;
- f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;
- h) Title 42, CFR, Sections 8.1 through 8.6;

- i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,
- j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

K) Medi-Cal Eligibility Verification

<http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

- 2) The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Intergovernmental Agreement.
- 3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SABG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.
- 4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:
 - a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law(Chapter 40, Statutes of 2011 and Chapter 13, Statues of 2011, First ExtraordinarySession), providers that provide Women and Children’s Residential TreatmentServices shall comply with the program requirements (Section 2.5, RequiredSupplemental/Recovery Support Services) of the Substance Abuse and Mental HealthServices Administration’s Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at <http://www.samhsa.gov/grants/grantannouncements/ti-14-005>.

IV Provider’s Agents and Subcontractors

a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor’s knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

- i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or

ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

V Breaches and Security Incidents

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

a. Initial Notice to the Department

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of provider.

Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS “Privacy Incident Report” form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website (www.dhcs.ca.gov, then select “Privacy” in the left column and then “Business Partner” near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx> Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

- i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

b. Investigation and Investigation Report.

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated “Privacy Incident Report” containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

c. Complete Report.

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the “Privacy Incident Report” form and

shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the "Privacy Incident Report" form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

d. Responsibility for Reporting of Breaches

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

e. Responsibility for Notification of Affected Individuals

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach. The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

f. Department Contact Information

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

VI Additional Provisions for Substance Abuse Block Grant (SABG)

A. Additional Intergovernmental Agreement Restrictions

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

B. Nullification of DMC Treatment Program SUD services (if applicable)

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement.

In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

C. Hatch Act

Provider agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

D. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Provider agrees that information produced through these funds, and which pertains to drug and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol- related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Intergovernmental Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

E. Noncompliance with Reporting Requirements

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

F. Debarment and Suspension

Contractor shall not subcontract with any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42

CFR Part 1001.

G. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Intergovernmental Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

H. Restriction on Distribution of Sterile Needles

No Substance Abuse Block Grant (SABG) funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

I. Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

1) Trading Partner Requirements

a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))

b) No Additions. Provider hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications. (45 CFR Part 162.915 (c))

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification. (45 CFR Part 162.915 (d))

2) Concurrence for Test Modifications to HHS Transaction Standards

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

3) Adequate Testing

Provider is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Provider has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4) Deficiencies

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5) Code Set Retention

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

6) Data Transmission Log

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Intergovernmental Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

K. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Intergovernmental Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

L. Intravenous Drug Use (IVDU) Treatment

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

M. Tuberculosis Treatment

Provider shall ensure the following related to Tuberculosis (TB):

- 1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;
- 2) Reduce barriers to patients' accepting TB treatment; and,
- 3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to:
<http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

O. Tribal Communities and Organizations

Provider shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the Provider's county.

P. Participation of County Behavioral Health Director's Association of California.

- 1) The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.
- 2) The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

Q. Youth Treatment Guidelines

Provider shall follow the guidelines in Document IV, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal

amendment of this Intergovernmental Agreement is required for new guidelines to be incorporated into this Intergovernmental Agreement.

R. Perinatal Services Network Guidelines

Contractor must comply with the perinatal program requirements as outlined in the Perinatal Services Network Guidelines. The Perinatal Services Network Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Services Network Guidelines are established and adopted. The incorporation of any new Perinatal Services Network Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Services Network Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

S. Restrictions on Grantee Lobbying – Appropriations Act Section 503

1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.

2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

T. Byrd Anti-Lobbying Amendment (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

U. Nondiscrimination in Employment and Services

By signing this Intergovernmental Agreement, provider certifies that under the laws of the United States and the State of California, incorporated into this Intergovernmental Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

V. Federal Law Requirements:

1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.

- 2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.
- 3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- 4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- 5) Age Discrimination in Employment Act (29 CFR Part 1625).
- 6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
- 7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
- 8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- 9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- 10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- 11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- 12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- 13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

W. State Law Requirements:

- 1) Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).
- 2) Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- 3) Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.
- 4) No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

5) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Intergovernmental Agreement or terminate all, or any type, of funding provided hereunder.

X. Additional Contract Restrictions

1. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

Y. Information Access for Individuals with Limited English Proficiency

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials plaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

Z. Investigations and Confidentiality of Administrative Actions

1) Provider acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

W. This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner.

A1. Subcontract Provisions

Provider shall include all of the foregoing provisions in all of its subcontracts.

B1. Conditions for Federal Financial Participation

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;

b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or

c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:

i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or

ii. An entity that would provide those services through an excluded individual or entity.

Providers shall include the following requirements in their subcontracts with providers:

1. In addition to complying with the sub contractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.

2. Each subcontract shall:

i. Fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.

ii. Ensure that the Contractor evaluates the prospective subcontractor's ability to perform the activities to be delegated.

iii. Require a written agreement between the Contractor and the subcontractor that specifies the activities and report responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.

iv. Ensure that the Contractor monitor the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

v. Ensure that the Contractor identifies deficiencies or areas for improvement, the subcontractor shall take corrective actions and the Contractor shall ensure that the subcontractor implements these corrective actions.

3. The Contractor shall include the following provider requirements in all subcontracts with providers:

i. Culturally Competent Services: Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.

ii. Medication Assisted Treatment: Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews.

The required EBPs include:

a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e. Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psychoeducational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

iV. Timely Access: (42 CFR 438.206(c) (1) (i)

(1) The Provider must comply with Contractor's standards for timely access to care and services, taking into account the urgency of the need for services:

(a) Provider must complete Timely Access Log for all initial requests of services.

(b) Provider must offer outpatient services within 10 business days of request date (if outpatient provider).

(c) Provider must offer Opioid Treatment Services (OTP) services within 3 business days of request date (if OTP provider).

(d) Provider must offer regular hours of operation.

(2) The Contractor will establish mechanisms to ensure compliance by provider and monitor regularly.

(3) If the Provider fails to comply, the Contractor will take corrective action.

C1. Beneficiary Problem Resolution Process

1. The Contractor shall establish and comply with a beneficiary problem resolution process.
2. Contractor shall inform subcontractors and providers at the time they enter into a subcontract about:
 - i. The beneficiary's right to a state fair hearing, how to obtain a hearing and the representation rules at the hearing.
 - ii. The beneficiary's right to file grievances and appeals and the requirements and timeframes for filing.
 - iii. The beneficiary's right to give written consent to allow a provider, acting on behalf of the beneficiary, to file an appeal. A provider may file a grievance or request a state fair hearing on behalf of a beneficiary, if the state permits the provider to act as the beneficiary's authorized representative in doing so.
 - iv. The beneficiary may file a grievance, either orally or in writing, and, as determined by DHCS, either with DHCS or with the Contractor.
 - v. The availability of assistance with filing grievances and appeals.
 - vi. The toll-free number to file oral grievances and appeals.
 - vii. The beneficiary's right to request continuation of benefits during an appeal or state fair hearing filing although the beneficiary may be liable for the cost of any continued benefits if the action is upheld.
 - viii. Any state determined provider's appeal rights to challenge the failure of the Contractor to cover a service.
3. The Contractor shall represent the Contractor's position in fair hearings, as defined in 42 CFR 438.408 dealing with beneficiaries' appeals of denials, modifications, deferrals or terminations of covered services. The Contractor shall carry out the final decisions of the fair hearing process with respect to issues within the scope of the Contractor's responsibilities under this Agreement. Nothing in this section is intended to prevent the Contractor from pursuing any options available for appealing a fair hearing decision.
 - i. Pursuant to 42 CFR 438.228, the Contractor shall develop problem resolution processes that enable beneficiary to request and receive review of a problem or concern he or she has about any issue related to the Contractor's performance of its duties, including the delivery of SUD treatment services.
4. The Contractor's beneficiary problem resolution processes shall include:
 - i. A grievance process;
 - ii. An appeal process; and,
 - iii. An expedited appeal process.

Additional Provisions DMC-ODS

1. Additional Intergovernmental Agreement Restrictions

i. This Agreement is subject to any additional restrictions, limitations, conditions, or statutes enacted or amended by the federal or state governments, which may affect the provisions, terms, or funding of this Agreement in any manner.

2. Voluntary Termination of DMC-ODS Services

i. The Contractor may terminate this Agreement at any time, for any reason, by giving 60 days written notice to DHCS. The Contractor shall be paid for DMC-ODS services provided to beneficiaries up to the date of termination. Upon termination, the Contractor shall immediately begin providing DMC services to beneficiaries in accordance with the State Plan.

3. Notification of DMC-ODS Services

i. The parties agree that failure of the Contractor, or its subcontractors, to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause.

ii. In the event of a breach, the DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.

4. Subcontract Termination - Intergovernmental Agreement Exhibit A, Attachment I, III, JJ, 1

- I. The Contractor shall notify the Department of the termination of any subcontractor with a certified provider, and the basis for termination of the subcontractor, within two business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.
- II. BHS shall notify the DHCS of the termination of any subcontractor with a certified provider, and the basis for termination of the subcontractor, within two business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.
- III. BHS shall notify the DHCS-PED by email at DHCSDMCRecert@dhcs.ca.gov within two business days of learning that a contractor's license, registration, certification, or approval to operate an SUD program or provide a covered service is revoked, suspended, modified, or not renewed by entities other than DHCS. The Contractor shall submit the notification by secure email.

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

Agreement between the City and County of San Francisco and

**Westside Community Mental Health Center, Inc.
Contract ID: 1000008643**

This Agreement is made this 1st day of July, 2017, in the City and County of San Francisco, State of California, by and between Westside Community Mental Health Center, Inc. 1153 Oak Street, San Francisco, CA 94117 (“Contractor”) and City.

Recitals

WHEREAS, the Department of Public Health (“Department”) wishes to provide mental health and substance abuse services; and,

WHEREAS, services in this Agreement were procured as required by San Francisco Administrative Code Chapter 21.1 through RFP 26-2016, a Request for Proposal (“RFP”) issued on September 27 2016, in which City selected Contractor as the highest qualified scorer pursuant to the RFP; and as per Administrative Code Section 21.42 through Sole Source granted on June 6, 2017; and

WHEREAS, there is no Local Business Entity (“LBE”) subcontracting participation requirement for this Agreement; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 48652-16/17 on June 19, 2017;

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

1.1 "Agreement" means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements which are specifically incorporated into this Agreement by reference as provided herein.

1.2 "City" or "the City" means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director’s designated agent, hereinafter referred to as “Purchasing” and Department of Public Health.”

1.3 "CMD" means the Contract Monitoring Division of the City.

1.4 "Contractor" or "Consultant" means Westside Community Mental Health Center, Inc. 1153 Oak Street, San Francisco, CA 94117

1.5 "Deliverables" means Contractor's work product resulting from the Services that are provided by Contractor to City during the course of Contractor's performance of the Agreement, including without limitation, the work product described in the "Scope of Services" attached as Appendix A.

1.6 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.

1.7 "Mandatory City Requirements" means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws, that impose specific duties and obligations upon Contractor.

1.8 "Party" and "Parties" mean the City and Contractor either collectively or individually.

1.9 "Services" means the work performed by Contractor under this Agreement as specifically described in the "Scope of Services" attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2017; or (ii) the Effective Date and expire on June 30, 2022, unless earlier terminated as otherwise provided herein.

Article 3 Financial Matters

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

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

3.2 **Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in

such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 **Compensation.**

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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)**. 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.

3.3.2 **Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

3.3.3 **Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

3.3.4 **Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 **Reserved. (LBE Payment and Utilization Tracking System)**

3.3.6 **Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 Federal and/or State Funded Contracts.

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.

3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the

DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

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

3.5 **Submitting False Claims.** The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

3.6 **Reserved. (Payment of Prevailing Wages)**

Article 4 Services and Resources

4.1 **Services Contractor Agrees to Perform.** Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 **Qualified Personnel.** Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 **Subcontracting.**

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 Contractor will not employ subcontractors.

4.4 **Independent Contractor; Payment of Employment Taxes and Other Expenses.**

4.4.1 **Independent Contractor.** For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 **Payment of Employment Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees

from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

4.5 **Assignment.** The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

4.6 **Warranty.** Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

4.7 **Reserved. Liquidated Damages.**

Article 5 Insurance and Indemnity

5.1 Insurance.

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

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

(b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage.

(c) 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.

(d) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit."

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

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

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

5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

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

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

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

5.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

5.1.8 The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.9 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

5.2 Indemnification. Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or

administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

Article 6 Liability of the Parties

6.1 Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT

6.2 Liability for Use of Equipment. City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.

6.3 Liability for Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions.

Article 7 Payment of Taxes

7.1 Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

7.2 Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement

entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a “change in ownership” for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

Article 8 Termination and Default

8.1 Termination for Convenience

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

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

(a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.

(b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.

(c) At City’s direction, assigning to City any or all of Contractor’s right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.

(f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.

8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

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

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default (“Event of Default”) under this Agreement:

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

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

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

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

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

8.4 **Rights and Duties upon Termination or Expiration.**

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

Article 9 Rights In Deliverables

9.1 **Ownership of Results.** Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its

subcontractors for the purposes of this agreement, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

9.2 **Works for Hire.** If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 10 Additional Requirements Incorporated by Reference

10.1 **Laws Incorporated by Reference.** The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/

10.2 **Conflict of Interest.** By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

10.3 **Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.4 **Reserved.**

10.5 **Nondiscrimination Requirements**

10.5.1 **Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 **Nondiscrimination in the Provision of Employee Benefits.** San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the

term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.

10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 Minimum Compensation Ordinance. Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

10.8 Health Care Accountability Ordinance. Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

10.9 First Source Hiring Program. Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

10.10 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701) [or California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq., if state funds involved].

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City

elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

10.12 **Reserved. (Slavery Era Disclosure)**

10.13 **Working with Minors.** In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

10.14 **Consideration of Criminal History in Hiring and Employment Decisions**

10.14.1 Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code ("Chapter 12T"), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

10.14.2 The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

10.15 **Public Access to Nonprofit Records and Meetings.** If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

10.16 **Food Service Waste Reduction Requirements.** Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

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

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

10.19 **Reserved. (Preservative Treated Wood Products)**

Article 11 General Provisions

11.1 **Notices to the Parties.** Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, Room 420B San Francisco, California 94103	FAX: (415) 252-3088 e-mail: annalie.eusebio@sfdph.org
And:	Mario Hernandez, Program Manager Contract Development and Technical Assistance 1380 Howard Street, 5 th Floor San Francisco, CA 94103	FAX: (415) 255-3503 e-mail: mario.hernandez@sfdph.org
To CONTRACTOR:	Mary Ann Jones, Ph.D., CEO Westside Community MH Center, Inc. 1153 Oak Street San Francisco, CA 94117	FAX: (415) 431-1420 e-mail: mjones@westside-health.org

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 **Compliance with Americans with Disabilities Act.** Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not

limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 **Reserved.**

11.4 **Sunshine Ordinance.** Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

11.5 **Modification of this Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

11.6 **Dispute Resolution Procedure.**

11.6.1 **Negotiation; Alternative Dispute Resolution.** The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

11.6.2 **Government Code Claim Requirement.** No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

11.6.3 **Health and Human Service Contract Dispute Resolution Procedure.** The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

11.7 **Agreement Made in California; Venue.** The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all

litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

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

11.9 **Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

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

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

11.12 **Cooperative Drafting.** This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

11.13 **Order of Precedence.** Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, any RFPs, and any Contractor's proposals. RFPs and Contractor's proposals are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

Article 12 Department Specific Terms

12.1 Third Party Beneficiaries.

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

12.2 **Exclusion Lists and Employee Verification.** Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists will be retained for seven years.

12.3 Certification Regarding Lobbying.

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

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.4 Materials Review.

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

12.4 Emergency Response.

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service site. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or confidential information.

13.2 Reserved. (Payment Card Industry ("PCI") Requirements.)

13.3 Business Associate Agreement.

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

The parties acknowledge that CONTRACTOR will:

1. Do **at least one** or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE

FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (04-12-2018)
 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. **NOT do any of the activities listed above in subsection 1;**

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

Appendix E and attestations are not required.

This option requires review and approval from the Office of Compliance and Privacy Affairs.

13.4 **Protected Health Information.** Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

Article 14 MacBride And Signature

14.1 **MacBride Principles -Northern Ireland.** The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

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

CITY

CONTRACTOR

Recommended by:

Westside Community Mental Health Center, Inc.

Barbara A. Garcia, MPA 6/8/18
Date
Director of Health
Department of Public Health

Mary Jones, Ph.D. 5/24/18
Date
Chief Executive Officer
1153 Oak Street
San Francisco, CA 94117

Supplier ID: 0000008254

Approved as to Form:

Dennis J. Herrera
City Attorney

By: [Signature] 6/5/18
Date
Deputy City Attorney
Connie Simpson

Approved:

[Signature]
Date
Jaci Fong
Director of the Office of Contract Administration, and
Purchaser

- A: Scope of Services
- B: Calculation of Charges
- C: Reserved (Insurance Waiver)
- D: Reserved (formerly "Additional Terms")
- E: SFDPH Business Associate Agreement (BAA) & Attestations
- F: Invoice
- G: Dispute Resolution Procedure for Health and Human Services Nonprofit Contractors
- H: Privacy Policy Compliance Standards
- I: The Declaration of Compliance
- J: Substance Use Disorder Services

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Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|---|---|
| A. Contract Administrator | N. Patients' Rights |
| B. Reports | O. Under-Utilization Reports |
| C. Evaluation | P. Quality Improvement |
| D. Possession of Licenses/Permits | Q. Working Trial Balance with Year-End Cost Report |
| E. Adequate Resources | R. Harm Reduction |
| F. Admission Policy | S. Compliance with Behavioral Health Services Policies and Procedures |
| G. San Francisco Residents Only | T. Fire Clearance |
| H. Grievance Procedure | U. Clinics to Remain Open |
| I. Infection Control, Health and Safety | V. Compliance with Grant Award Notices |
| J. Aerosol Transmissible Disease Program, Health and Safety | |
| K. Acknowledgement of Funding | 2. Description of Services |
| L. Client Fees and Third Party Revenue | 3. Services Provided by Attorneys |
| M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | |

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Erik Dubon, Project Manager, Contract Administrator for the City, or his / her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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

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

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

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

J. 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.

K. 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."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by **CLIENTS or STAFF shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

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 Methadone Maintenance Program

Appendix A-2 Infectious Disease Program

Appendix A-3 Methadone Maintenance Program – Correction to Discrepancies in FY 12/13 Deliverables UOS (Unreimbursed)

Appendix A-4 Methadone Maintenance Program – Correction to Discrepancies in FY 13/14 Deliverables UOS (Unreimbursed)

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

1. Identifiers:

Program Name: Westside Methadone Maintenance Program
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000 ext.1111
Email Address: mjones@westside-health.org
Program Code(s): 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Internal Contract Revision**

3. Goal Statement:

The goal of the Westside Methadone Maintenance Treatment Program is to provide Methadone treatment for opiate addiction to reduce the impact of opiate abuse and addiction on adults who are emotionally, physically and socially impaired due to the use of opiates.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone maintenance treatment. WMTP provides addiction counseling using a harm reduction approach and a comprehensive social service assessment and referral services.

A particular focus of Westside Methadone Treatment Program is the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS Opiate/Narcotic Treatment (OTP/NTP) Individual 9 FTE x 103 encounters per week x 52 weeks =	48,204	338
ODS Opiate/Narcotic Treatment (OTP/NTP) Dosing 3.77 FTE x 265 encounters per week x 52 weeks =	51,930	338
ODS Opiate/Narcotic Treatment (OTP/NTP) Buprenorphine 3.77 FTE x 30 encounters per week x 52 weeks =	5,881	30
Total Unduplicated Clients		338

6. Methodology:

A program may provide Direct Client Service (e.g. Outpatient Services, case management, residential treatment, prevention activities) or Indirect Services (programs that do not provide direct client services), or both.

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided by addressing each section below that applies to your program modalities

Opioid (Narcotic) Treatment Program Services

In addition to the general Opioid (Narcotic) Treatment Program (OTP) services requirements, the Contractor shall comply with the following specific opioid (narcotic) treatment program services requirements:

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.

2) Service Components:

a) **Intake** - Admission criteria for clients is regulated by Title 9, which specifies that the client be at least 18 years of age, and have proof of addiction at the time of admission. To qualify for methadone maintenance, a person must meet the following minimum criteria: documentation of a 2 year history of opiate addiction, or, documentation of 2 prior attempts at detoxification using methadone; currently be addicted to opiate(s); and, Provide a legal, picture identification and Medi-Cal card if currently eligible for Medi-Cal services. Clients complete initial intake paperwork with the intake counselor followed by a physical examination by the physician. Before admitting a prospective client to methadone maintenance or supervised withdrawal services, the program physician conducts a physical health assessment including a medical history and physical examination. This assessment includes: Physical dependence and addiction to opiate(s); Symptoms of addiction; Complications caused by addiction; Family history of chronic or acute medical conditions Tuberculosis screening; Syphilis screening; Opt Out HIV screening; Urine drug screening; and, additional diagnostic testing can be conducted by referral if needed. WMTP follows regulations in the California Code of Regulations, Title 9, regarding multiple registrations.

Once eligibility has been determined through the initial assessments, and the intake is complete, the client is assigned a permanent counselor. A comprehensive psychosocial assessment is completed for both maintenance and supervised withdrawal (detoxification) clients. Prior to developing a client's initial treatment plan; the assigned counselor will complete the Psychosocial Assessment with the client within the first 28 days of admission per Title 9. Following the completion of the psychosocial assessment form, the counselor writes an assessment summary in the client's chart that identifies priorities for the client's initial treatment plan.

b) **Individual and Group Counseling** – As a Joint Commission accredited Opioid Treatment Program, our practices follow the highest standard of programming based on the guidelines set by the American Society of Addiction Medicine (ASAM), the Centers for Medicare and

Medicaid Services and the Substance Abuse and Mental Health Services Administration (SAMHSA). Care, treatment and services are provided through a coordination of clinicians. The program provides comprehensive treatment requiring observed dosing, random urine drug testing and participation in counseling. Consistent counseling and linkages with licensed clinical therapists support the lifestyle changes necessary to progress in recovery.

c) **Patient Education** – Clients are referred from the SFDPH Centralized Opiate Program Evaluation (COPE) unit, the Treatment Access Program, Project Homeless Connect, other providers, or self-referral. Criteria for admission are mandated by Title 9. Clients must be at least 18 years of age and must provide proof of addiction at the time of admission. Within the Westside System of Care we have psychiatric, HIV/AIDS and psychosocial support within our own wellness and recovery system. This approach facilitates patient engagement and improves outcomes while using resources more efficiently. Strategies include providing a place where individuals who are not in crisis to come and feel safe; crisis access for individuals requiring immediate services; outreach targeting individuals in great need (e.g., the homeless) who are not already seeking services or cannot access ordinary routing or crisis services, and local board and care hospitals to engage persons preparing for step-down care and access that is involuntary or mandated by the criminal justice system. Clients are also referred internally by other programs, from external sources such as other community providers, or by probation/parole and other criminal justice system agencies such as the Courts/Sheriff's Department. This approach incorporates SAMHSA's "No Wrong Door" policy by meeting clients where they are and providing individual assessment and to support clients at every stage of recovery and retain them until their treatment goals are achieved.

d) **Medication Services** - The Medical Director prescribes, monitors, adjusts and manage methadone dosing. The clients' initial dose is determined and then titrated upwards in a "start-low, go-slow" manner. This is done as some research has suggested that there is an increased risk of methadone toxicity in the beginning of treatment. These cases were largely as a result of the initial dose being increased too quickly. After admission the doses are determined by the client's individual preference and opiate withdrawal symptoms. The ultimate stable dose of the client is determined by all of the following factors: illicit opiate use, client preference, and patient safety. In general most clients require around 80mg daily; however this number is different for every client. There is no scientific basis for artificial dose level ceilings as the physiology of every client is different. The ultimate goal at Westside is for the clients to become drug/alcohol free and to lead productive lives.

e) **Collateral Services** - While the medication is the cornerstone of therapy the value of psychosocial counseling and treatment cannot be understated. Studies have demonstrated that the best results are obtained when methadone is integrated with other medical, social, and psychiatric services. The counselor and the physician review these factors with each client to determine what services are appropriate for the client Maxine Hall Health Center, a city primary care clinic, shares the building with our program. This is very advantageous for our clients as it provides them with an easy avenue to obtain general medical care.

WMTP incorporates case-management as a client-centered intervention to improve the coordination and continuity of services for our clients that have complex needs. Case Management is incorporated into treatment through both individual case-management (ICM) and team-based case-management (TBCM).

WMTP utilizes a holistic approach to treatment, acknowledging that in order to successfully treat substance abuse, a variety of other issues such as housing, medical, legal, financial and vocational issues must be addressed. The intended outcome of the program is for participants to lead a lifestyle free of alcohol and drug use/abuse. WMTP provides intensive case management utilizing a psycho-educational process and skill building techniques in addition to group and individual counseling/case management sessions.

Utilizing case management as the cornerstone of treatment, counselors begin with the client "where the client is", responding to such tangible needs as food, shelter, clothing, transportation and medical care. This client-centered perspective is maintained as the client moves through treatment. Case management requires that the counselor apply his/her understanding of the natural course of addiction and recovery to foresee a problem, to understand the options available to manage it, and to take appropriate action. In some instances, the counselor may intervene directly; in others, the counselor will take action to ensure that another staff member on the treatment team intervenes as needed.

Staff members act as a treatment team, utilizing each discipline to provide quality care to clients. At monthly staff meetings counselors present clients that pose a challenge where the team approach to problem solving is advantageous. Also, counseling staff present clients who are or have met their treatment plan goals, emphasizing what approaches were most useful in assisting the client, so that all staff may learn and apply these successful approaches.

The treatment team monitors client progress in treatment by reviewing drug use, discussing with the client steps for remaining abstinent, and checking to see whether referrals are needed. Illicit substance use, indicated by either self-report or positive urine results, is also addressed in case management.

f) **Crisis Intervention Services-** Staff in the program conduct risk assessments that identifies specific characteristics of the clients served and environmental features that may increase or decrease the risk for suicide. Westside Methadone Program is also a part of Westside's overall integrated system of services which includes the Crisis Clinic to whom referrals can be made. The Crisis clinic is an integral part of the CBHS safety net in providing residents of San Francisco timely and responsive crisis and urgent care services. The program accepts clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic designed to prevent unnecessary hospitalization.

g) **Treatment Planning-** Our program emphasizes person-focused care, integrated and individualized approaches to OTP services and outcomes, increased patient-satisfaction, improved recruitment of staff, and enhanced community confidence and outcomes. WCS uses the ASAM Criteria of Care to guide how it approaches and implements Opioid Treatment Services. Our approach considers the whole person, designs treatment plans for each specific patient, uses individualized treatment times, acknowledges that "failure" is not a treatment prerequisite, but provides a spectrum of services or a continuum of care, and re-conceptualizes the definition of addiction and how it plays out in people and communities.

h) **Medical Psychotherapy** - one-on-one counseling conducted by the Medical Director with the beneficiary- The Medical Director and substance abuse counseling staff is available on-site every day for consultation and coordination. The Medical Director, substance abuse counselors, psychotherapists and nurses have direct contact with patients. The Medical Director

leads the treatment team and has case conferences to ensure that treatment is coordinated and reinforced.

i) **Discharge Services** - Research has shown methadone medication to be effective for long-term treatment. Therefore clients are encouraged to remain in treatment to reinforce stabilization and prevent relapse. Clients wishing to leave the program against medical advice have a right to do so; staff is to explain the risks of such a decision and the program physician determines a methadone withdrawal schedule with client input. Both voluntary and administratively terminating clients receive a medically monitored withdrawal from methadone. Based on the client's medication taper/withdrawal, the last day of medication is known by the client with the staff able to provide the client with support throughout the withdrawal process. The program medical director/physician adjusts the medication dose as needed or requested by the client. Only by client request, will a "blind taper" be ordered by the physician, to support the client's choice in reducing their medication without knowing the specific daily amount.

Clients are not discharged until after a 2 week (14 days) period has passed. Once it has been determined that a client is to be discharged from the clinic the medical staff generate a final dosing sheet; the counseling staff will generate a discharge summary and a closing episode that signifies a complete record has been produced for the client.

A review of the client's progress in treatment by client and counselor provides a perspective on goals met by the client during methadone treatment and helps identify areas for referral or further care. The Discharge Summary form is completed by the counselor and placed in the client's chart.

Additional Medication Assisted Treatment (MAT)

Westside has elected to provide an additional MAT service as a Contractor specific service. Therefore, we will comply with the following Contractor specific MAT requirements for the following treatment:

Buprenorphine MAT services will include:

- a) Integrated buprenorphine model into primary care and mental health clinics;
- b) Support for buprenorphine induction at Howard Street Program;
- c) Westside's Pharmacy will provide observed dosing and medication advice by specialized staff;
- d) Westside's pharmacy will provide medication for OBIC patients during stabilization as needed; and
- e) Westside staff will work collaboratively with other providers to ensure that Buprenorphine is integrated into residential care and residential detoxification.

7. Objectives and Measurements:

a. Standardized Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY17-18."

b. Individualized Objectives (not required of all programs)

N/A

8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the Culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside's CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

- a. **Achievement of contract performance objectives and productivity-** The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement philosophies and strategies. Westside employs a systematic approach for improving the organization's performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization's leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency's mission and responsibility for the quality of client care.

- b. **Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and

debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

- c. **Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. **Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. **Timely completion and use of outcome data, including CalOMS/ASAM-** A variety of analytical tools are utilized to evaluate the total care provided. Data sources include, but are not limited to: medical records, special studies, external reference databases, incident

reports, statistics and historical patterns of performance, peer review, monitoring results, consumer satisfaction questionnaires, safety statistics, infection control data, referral sources, and cost analysis.

Westside uses a strength based approach to motivate clients. They are offered refreshments in our lobby and gift cards for medication compliance. Client no-show rates vary for many reasons including readiness for treatment, weather patterns, street drug availability, and economic factors. Research has shown that incentive programs can have an impact on treatment adherence and no-show rates. In July 2015 a protocol for the incentive program was developed. The decision was made to focus solely on dosing attendance for the initial phase of the incentive program. Client attendance was monitored on a monthly basis and clients were rewarded for their attendance at the beginning of the next month. No show data was collected each month and the effects of the program were analyzed against historical trends. A two tier system was outlined: Clients who missed none of their scheduled dosing days would receive a \$10.00 grocery voucher and clients who missed one to three scheduled dosing days would receive a \$5.00 grocery voucher. Clients would meet with their counselor for the first counseling session the following month. And receive feedback on their attendance record. Counselors could use this opportunity to reinforce improvements and remind clients about the incentive program. No show patterns were analyzed various ways to determine the success of the program and which groups of clients were benefitting from the incentive program on a quarterly basis. The incentive program demonstrated that there is a positive correlation between medication compliance and incentive based services.

9. Required Language:

BHS SUD Services: N/A

1. Identifiers:

Program Name: Westside Infectious Disease Program

Program Address: 1301 Pierce Street

City, State, Zip Code: San Francisco, CA 94115

Telephone/FAX: 415-563-8200/ 415-563-5985

Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street

City, State, Zip Code: San Francisco, CA 94117

Person completing this Narrative: Mary Ann Jones, PhD, CEO

Telephone: 415-431-9000 ext.1111

Email Address: mjones@westside-health.org

Program Code(s): 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Internal Contract Revision**

3. Goal Statement:

The goal of the program is to reduce the risk of HIV transmission by encouraging HIV counseling, testing, and, if needed, linkage to treatment services. This is an ancillary HIV early intervention cooperative project which expands upon existing substance abuse services.

4. Target Population:

The target population consists of the African-American population residing in the Western Addition, Tenderloin, South of Market area, homeless, living in streets, living in shelters, and other surrounding neighborhoods.

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

One unit of ancillary service is defined as one contact between a member of the target population and a staff person for the purpose of HIV testing as a part of regular medical monitoring in Westside's Methadone Treatment Program. The Methadone Counselors provide counseling as a component of the treatment planning process.

826 Units of Service will be provided to **300 unduplicated clients** consisting of Infectious Disease and HIV counseling, education, outreach, and therapeutic measures for HIV positive clients.

6. Methodology:

The program offers HIV testing services to clients engaged in substance abuse treatment, prevention services or accessing services at Maxine Hall Clinic. Through Opt-Out testing, the program is able to provide routine HIV testing for everyone -meaning that HIV tests will be done routinely unless a patient explicitly refuses to take an HIV test. Opt-Out testing eliminates the requirements for pretest counseling, *informed consent*, and post-test counseling.

Westside Community Mental Health Center provides a variety of mental health, substance abuse, and HIV/AIDS services, and programs that are easy to access for clients working with the program. In addition, strong ties with organizations that provide a broad range of services are a core strategy in our program. Clients are referred to appropriate services for housing, legal assistance, benefits counseling and medical services as needed. For clients who test HIV positive, Westside has relationships with specific organizations to link these clients directly to health services.

All clients receive counseling related to HIV by their methadone counselors. HIV positive clients will be linked to medical sites offering specialized treatment modalities for individuals with HIV disease and programs offering CARE services. HIV negative clients will be referred to agencies that will support their risk reduction efforts.

7. Objectives and Measurements:

a. Standardized Objectives

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY17-18.”

b. Individualized Objectives (not required of all programs)

N/A

8. Continuous Quality Improvement (CQI):

Westside has been committed to improving cultural and linguistic competency in the business functions that support outcome-based planning and accountability. Westside adheres to the Culturally and Linguistically Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services, as a guide for developing a Cultural Competent Quality Improvement Plan to support CQI in our service delivery system.

Westside’s CQI structure is designed to provide a consistent process for improving the care provided, improve satisfaction of our clients, compare performance against benchmarks, reduce inefficiencies, effect change harmoniously, and conserve resources. Quality Assurance and Improvement activity crosses all departments and services in order to respond to the needs of the client, staff, and community. Included in this system is the management of information which includes client specific, aggregate, and comparative data. In order to conserve resources, Quality Assurance and Quality Improvement focus on high risk, high volume, problem prone, and regulatory required issues. Both outcomes and processes are included in the overall approach.

a. Achievement of contract performance objectives and productivity- The committee provides direction for planning, strategy development, monitoring, educating and promoting the acquisition and application of the knowledge necessary for improvement of quality. This includes guidance to any special teams or task forces chosen to address specific opportunity for improvement through the use of Continuous Quality Improvement philosophies and strategies. Westside employs a systematic approach for improving the organization’s performance by improving existing processes. Westside utilizes the Plan Do Check Act approach to problem solving. This system is used as a guide for many of our performance improvement activities.

Outcomes measured are different for each program, but in general include: decrease in symptoms, improvement in functional status, quality of life satisfaction, welfare and safety outcomes (suicide, suicide attempts, criminal justice involvement, victimization, homelessness). Compliance measures are tied in to performance evaluation with oversight by the QI committee and Leadership.

Westside Community Services strives to fulfill its mission to the clients, staff, and community. The organization's leaders, managers, clinical support staff, clinical staff, medical staff, and nursing staff are committed to plan, design, and measure, assess, and improve performance and processes as part of the approach to fulfill the mission. Through Quality Improvement activities in conjunction with regular communications with the CEO, the governing body is provided with information it needs in fulfilling the Agency's mission and responsibility for the quality of client care.

- b. Quality of documentation, including a description of the frequency and scope of internal chart audits-** The Committee meets monthly unless it is identified that an additional meeting is necessary. The proponents of our QI activities include: Weekly program staff meetings, clinical case conferences within the program, difficult case conferences and consultation, group supervision, regular discussions/updates in evidence-based practices, staff trainings and continuing education, critical incident review and debriefing, PURQC- utilization review, monthly peer review, regular chart reviews, quarterly audits conducted by the committee, and use of practice guidelines. Managers/Coordinators regularly report to CCO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.
- c. Cultural competency of staff and services-** Cultural competence of the communities it serves is central to Westside's treatment philosophy. Through cultural knowledge and awareness, Westside is able to develop and deliver effective treatment that is tailored to meet the needs of the individual and his/her family. The therapeutic strategies employed in treatment are strengths-based and focus on harm reduction as a positive path towards recovery. Clients are involved in every aspect of their treatment, which is based on their own self-identified needs and goals, allowing them to define their own success. Westside embraces family-focused treatment and values the power of the family unit as a source of strength during treatment. The Westside staff works to empower clients and their families to work together towards their goals of recovery and helps to create a community support network to make successful treatment possible. At Westside we believe cultural diversity and competence is a process that occurs along a continuum and we are always striving to develop and deliver services that meet the need of our clients. Delivering culturally aware and competent services is an ongoing topic woven into clinical conversation and the therapeutic environment by discussing cultural issues in administrative supervision, adding multicultural art to the environment and ongoing recruitment of employees that reflect the multicultural diversity found in the community we serve.

We continue to assess the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we continue to monitor and update our strategic plan for the next five years

we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

Westside's philosophy is to provide training opportunities for employees to assure competent services. Employees are encouraged and/or required to attend relevant conferences, workshops, seminars and classes. Continuous trainings are held weekly, monthly, annually either within or outside of Westside where staff has the opportunity to increase their knowledge and skill set. Allowing for a more effective client-provider relationship in which staff is able to have a better understanding of the client's expectations and improve communication among each other. The staff have a clearer understanding on why the client does not follow instructions: for example, why the client takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the client, makes important decisions about the client's health care (because in the client's culture, major decisions are made by the family as a group).

- d. Satisfaction with services-** Client participation in performance improvement is facilitated through the use of surveys and focus groups. In most programs, consumer surveys and or focus groups are conducted semi-annually.
- e. Timely completion and use of outcome data, including CalOMS/ASAM-** N/A

9. Required Language:

BHS SUD Services:

- a.** N/A

Contractor: Westside Community Mental Health Center, Inc.
City Fiscal Year: 2017-2018
Contract ID #: 1000008643

Appendix A-3
07/01/2017

1. Identifiers:

Program Name: Westside Methadone Maintenance Program – Correction to Discrepancies in FY 12/13 Deliverables UOS

Program Address: 1301 Pierce Street

City, State, Zip Code: San Francisco, CA 94115

Telephone/FAX: 415-563-8200/ 415-563-5985

Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street

City, State, Zip Code: San Francisco, CA 94117

Person completing this Narrative: Mary Ann Jones, PhD, CEO

Telephone: 415-431-9000 ext.1111

Email Address: mjones@westside-health.org

Program Code(s): 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Internal Contract Revision**

3. Goal Statement:

The goal of this Appendix A-3 is to correct discrepancies found in the deliverables UOS of Westside Methadone Maintenance Program contract during the FY 2012-2013.

4. Target Population: Same as Appendix A-1

5. Modality(s) / Intervention(s): N/A

6. Methodology: Same as Appendix A-1

7. Objectives and Measurements: Same as Appendix A-1

8. Continuous Quality Improvement (CQI): Same as Appendix A-1

9. Required Language: N/A

Contractor: Westside Community Mental Health Center, Inc.
City Fiscal Year: 2017-2018
Contract ID #: 1000008643

Appendix A-4
07/01/2017

1. Identifiers:

Program Name: Westside Methadone Maintenance Program – Correction to Discrepancies in FY 13/14 Deliverables UOS
Program Address: 1301 Pierce Street
City, State, Zip Code: San Francisco, CA 94115
Telephone/FAX: 415-563-8200/ 415-563-5985
Website Address: www.westside-health.org

Contractor Address: 1153 Oak Street
City, State, Zip Code: San Francisco, CA 94117
Person completing this Narrative: Mary Ann Jones, PhD, CEO
Telephone: 415-431-9000 ext.1111
Email Address: mjones@westside-health.org
Program Code(s): 38874

2. Nature of Document:

Check one **Original** **Contract Amendment** **Internal Contract Revision**

3. Goal Statement:

The goal of this Appendix A-3 is to correct discrepancies found in the deliverables UOS of Westside Methadone Maintenance Program contract during the FY 2013-2014.

4. Target Population: Same as Appendix A-1

5. Modality(s) / Intervention(s): N/A

6. Methodology: Same as Appendix A-1

7. Objectives and Measurements: Same as Appendix A-1

8. Continuous Quality Improvement (CQI): Same as Appendix A-1

9. Required Language: N/A

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 (15th) 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 (15th) 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 portion 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	Methadone Maintenance Program
Appendix B-2	Infectious Disease Program
Appendix B-3	Methadone Maintenance Program – Correction to Discrepancies in FY 12/13 Deliverables UOS (Unreimbursed)
Appendix B-4	Methadone Maintenance Program – Correction to Discrepancies in FY 13/14 Deliverables UOS (Unreimbursed)

B. Compensation

Compensation shall be made in monthly payments on or before the 30th 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 **Eight Million Eight Hundred Sixty Nine Thousand Seven Hundred Ninety Four Dollars (\$8,869,794)** for the period of **July 1, 2017 through June 30, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$950,335)** 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, 2017 through June 30, 2018	\$	1,777,895
July 1, 2018 through June 30, 2019	\$	1,535,391
July 1, 2019 through June 30, 2020	\$	1,535,391
July 1, 2020 through June 30, 2021	\$	1,535,391
July 1, 2021 through June 30, 2022	\$	1,535,391
Subtotal - July 1, 2017 through June 30, 2022	\$	7,919,459
12% Contingency	\$	950,335
TOTAL - July 1, 2017 through June 30, 2022	\$	8,869,794

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.

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 #: 1	
Contractor Name: Westside Community Mental Health Center					Fiscal Year: 2017-2018	
Contract ID #: 1000008643					Funding Notification Date: 08/02/17	
Contract Appendix Number	B-1	B-2	B-3	B-4		
Provider Number	383887	383815	383887	383887		
Program Name(s)	Methadone Maintenance	Infectious Disease Testing for Drug users	Unreimbursed FY 12-13 Methadone Maintenance	Unreimbursed FY 13-14 Methadone Maintenance		
Program Code(s)	38874	N/A	38874	38874		
Funding Term	07/01/17 - 06/30/18	07/01/17 - 06/30/18	07/01/17 - 06/30/18	07/01/17 - 06/30/18		TOTAL
FUNDING USES						
Salaries	820,184	37,734				857,918
Employee Benefits	229,652	10,566				240,218
Subtotal Salaries & Employee Benefits	1,049,836	48,300				1,098,136
Operating Expenses	325,513	17,364	28,593	140,367		511,837
Capital Expenses	-	-				-
Subtotal Direct Expenses	1,375,349	65,664	28,593	140,367		1,609,973
Indirect Expenses	165,042	7,880				172,922
Indirect %	12.0%	12.0%				10.7%
TOTAL FUNDING USES	1,540,391	73,544	28,593	140,367		1,782,895
					Employee Fringe Benefits %	28.00%
BHS MENTAL HEALTH FUNDING SOURCES						
						-
						-
						-
						-
						-
						-
						-
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-				-
BHS SUBSTANCE ABUSE FUNDING SOURCES						
SA FED - DMC FFP, CFDA #93.778	868,004					868,004
SA STATE - DMC	467,387					467,387
SA COUNTY - General Fund	200,000	-				200,000
SA COUNTY - General Fund (HMHSOTHERSGF)			28,593	140,367		168,960
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	1,535,391	-	28,593	140,367		1,704,351
OTHER DPH FUNDING SOURCES						
						-
CHEP HPS General Fund		73,544				73,544
						-
						-
TOTAL OTHER DPH FUNDING SOURCES	-	73,544	-	-	-	73,544
TOTAL DPH FUNDING SOURCES	1,535,391	73,544	28,593	140,367	-	1,777,895
NON-DPH FUNDING SOURCES						
NON DPH Patient/Client Fees	5,000					5,000
TOTAL NON-DPH FUNDING SOURCES	5,000	-	-	-	-	5,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,540,391	73,544	28,593	140,367	-	1,782,895
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 Name (MH)/Contractor Name (SA): Westside Community Mental Health Center					Appendix #:	B-1
Provider Name: Westside Community Services					Page #:	1
Provider Number: 383887					Fiscal Year:	2017-2018
					Funding Notification Date:	08/02/17
Program Name	Methodone Maintenance	Methodone Maintenance	Methodone Maintenance	Methodone Maintenance		
Program Code	38874	38874	38874	38874		
Mode/SFC (MH) or Modality (SA)	ODS-120	ODS-120	ODS-117	ODS-120		
Service Description	ODS NTP Methadone - all services	ODS NTP Methadone - all services	ODS NTP MAT Buprenorphine	ODS NTP Methadone - all services		
Funding Term	07/01/17- 6/30/2018	07/01/17- 6/30/2018	07/01/17- 6/30/2018	07/01/17- 6/30/2018		
FUNDING USES						TOTAL
Salaries & Employee Benefits	504,978	460,707	80,901	3,250		1,049,836
Operating Expenses	156,474	142,756	25,069	1,214		325,513
Capital Expenses						-
Subtotal Direct Expenses	661,452	603,463	105,970	4,464	-	1,375,349
Indirect Expenses	79,374	72,416	12,716	536		165,042
TOTAL FUNDING USES	740,826	675,879	118,686	5,000	-	1,540,391
BHS MENTAL HEALTH FUNDING SOURCES						
						-
						-
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES						-
BHS SUBSTANCE ABUSE FUNDING SOURCES	Accounting Code					
SA FED - DMC FFP, CFDA #93.778	HMHSCCRES227	418,812	382,095	67,097		868,004
SA STATE - DMC	HMHSCCRES227	225,514	205,744	36,129		467,387
SA COUNTY - General Fund	HMHSCCRES227	96,500	88,040	15,460		200,000
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		740,826	675,879	118,686	-	1,535,391
OTHER DPH FUNDING SOURCES						
						-
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		740,826	675,879	118,686	-	1,535,391
NON-DPH FUNDING SOURCES						
NON DPH Patient/Client Fees				5,000		-
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	5,000	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		740,826	675,879	118,686	5,000	1,540,391
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program		350	350			
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	48,204	51,549	5,881	381		
Unit Type	Dosing: Daily Individual and Group: 10 Minutes	Dosing: Daily Individual and Group: 10 Minutes	Dosing: Daily	Dosing: Daily Individual and Group: 10 Minutes		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 15.37	\$ 13.11	\$ 20.18	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 15.37	\$ 13.11	\$ 20.18	\$ 13.11	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 16.00	\$ 13.50	\$ 21.00	\$ 13.50		
Unduplicated Clients (UDC)	280	280	30	28		Total UDC 338

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Methadone Maintenance
 Program Code: 38874

Appendix #: B-1
 Page #: 3
 Fiscal Year: 2017-2018
 Funding Notification Date: 08/02/17

Expense Categories & Line Items	TOTAL	HMHSCCRES227	Non-DPH Patient/Client Fees				
Term:	07/01/17-6/30/18	07/01/17-6/30/18	07/01/17-6/30/18				
Rent	816	813	3				
Utilities(telephone, electricity, water, gas)	20,646	20,569	77				
Building Repair/Maintenance	5,590	5,569	21				
Occupancy Total:	27,052	26,951	101	-	-	-	-
Office Supplies	8,846	8,813	33				
Photocopying	156	155	1				
Program Supplies	-	-	-				
Computer Hardware/Software	10,714	10,674	40				
Materials & Supplies Total:	19,716	19,642	74	-	-	-	-
Training/Staff Development	8,031	8,001	30				
Insurance	15,021	14,965	56				
Professional License	-						
Permits	19,978	19,903	75				
Equipment Lease & Maintenance	14,804	14,749	55				
General Operating Total:	57,834	57,618	216	-	-	-	-
Local Travel	5,373	5,353	20				
Out-of-Town Travel	-						
Field Expenses	-						
Staff Travel Total:	5,373	5,353	20	-	-	-	-
Cal psychiatric Svces:Provider agrees to perform psychiatric assessment and treatment.at a rate of on call \$50*120hrs=\$6000	6,000	5,978	22				
	-						
Consultant/Subcontractor Total:	6,000	5,978	22	-	-	-	-
Other (provide detail):	-	-	-				
Client Supplies/Services (As Recorded in G/L)	131,567	131,076	491				
Security Services	67,025	66,775	250				
Temporary Help	5,000	4,981	19				
Depreciation & Amortization	4,618	4,601	17				
Dues & Subscriptions	892	889	3				
Advertising	436	434	2				
Other Total:	209,538	208,757	781	-	-	-	-
TOTAL OPERATING EXPENSE	325,513	324,299	1,214	-	-	-	-

Appendix B - DPH 7: BHS BUDGET JUSTIFICATION

Contractor Name Westside Community Mental Service
Program Name: Methadone Maintenance

Appendix #: B-1
 Page #: 4
 Fiscal Year: 2017-2018

1a) SALARIES

Staff Position 1: Director of Clinical services				
Brief description of job duties: Provide clinical leadership, consultation and support of all clinical services..This is an integral part of leadership of a multi-disciplinary team that provides client centered culturally competent care				
Minimum qualifications: LPHA with 10 years of clinical and executive leadership experience				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$171,910	0.19	12	1	\$ 32,663
Staff Position 2: Maintenance/Courier				
Brief description of job duties: Maintain the day to day operations and to assume responsibility for maintaining the physical asset of Westside's program property under the direction of the Operations Coordinator				
Minimum qualifications: Constant need to be on feet, lifting, carrying supplies, perform physical activities.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$46,633	0.12	12	1	\$ 5,596
Staff Position 3: Methadone Physician				
Brief description of job duties: To assure medical responsibility for all program patients per protocol and in compliance with the Calif code of regulations for Narcotic Treatment programs.				
Minimum qualifications: License Physical state of Calif experience in Substance Abuse or and Mental health treatment				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$258,560	0.75	12	1	\$ 193,920
Staff Position 3: Program Director				
Brief description of job duties: Provide adm. And clinical oversight for day to day program operations. Direct client services				
Minimum qualifications: Licensed in Calif as a clinical psychologist, clinical DW or marriage and famili therapist.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$171,920	0.05	12	1	\$ 8,596
Staff Position 3: Operation Manager				
Brief description of job duties: Maintains accountability for falicities management of the Adm office and program sites. purchasing and operational risk management.				
Minimum qualifications: The ability to work collaboratively with other personnel and/or service providers or professionals				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$65,263	0.19	12	1	\$ 12,400
Staff Position 3: Program Coordinator				
Brief description of job duties: Supervision of staff, management administration and oversight of the Methadone Treatment Program				
Minimum qualifications: BA degree preferred with 2 years supervisory experience in Substance Abuse Agency				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,373	1.00	12	1	\$ 56,373
Staff Position 3: Chief Compliance Officer				
Brief description of job duties: Oversees coporate and clinical compliance with local, state and federal rules & regulations				
Minimum qualifications: Master Degree and 5 years experience in senior leadership				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$128,597	0.25	12	1	\$ 32,149

Appendix B - DPH 7: BHS BUDGET JUSTIFICATION

Contractor Name Westside Community Mental Service
 Program Name: Methadone Maintenance

Appendix #: B-1
 Page #: 4
 Fiscal Year: 2017-2018

3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more)

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: \$ -

TOTAL DIRECT COSTS: \$ 1,375,349.00

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Salaries of Administration, management & support to programs	
Proportional 13.84% \$577,689	\$ 79,952
Fringe benefits at 26%	\$ 21,185
This includes FICA, SUI, Health & Life Insurances and Workers Compensation insurance	
Operating Cost includes a proportionate share of administrative Cost for professional fees, supplies, purchased services and miscellaneous expenses 13.84% \$461,742	\$ 63,905

Indirect Rate: **12.0%**
TOTAL INDIRECT COSTS: \$ 165,042.00

TOTAL EXPENSES: \$ 1,540,391

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

Contractor Name: Westside Community Mental Health Center
 Provider Name: Westside Community Services
 Provider Number: 383815

Appendix #: B-2
 Page #: 1
 Fiscal Year: 2017-2018
 Funding Notification Date: 08/02/17

Program Name	Infectious Disease Testing for Drug users	Infectious Disease Testing for Drug users	Infectious Disease Testing for Drug users	Infectious Disease Testing for Drug users		
Program Code	N/A	N/A	N/A	N/A		
Mode/SFC (MH) or Modality (SA)	Anc-72	Anc-72	Anc-74	Anc-75		
Service Description	SA-Ancillary Svcs HIV Counseling Service	SA-Ancillary Svcs HIV Counseling Service	SA-Ancillary Svcs HIV Infectious Disease	SA-Ancillary Svcs HIV Therapeutic Measures for HIV Positives		
Funding Term	07/01/17 -6/30/18	07/01/17 -6/30/18	07/01/17 -6/30/18	07/01/17 -6/30/18		TOTAL
FUNDING USES						
Salaries & Employee Benefits	13,189	8,323	7,093	19,695		48,300
Operating Expenses	4,741	2,992	2,550	7,081		17,364
Capital Expenses						-
Subtotal Direct Expenses	17,930	11,315	9,643	26,776	-	65,664
Indirect Expenses	2,152	1,358	1,157	3,213		7,880
TOTAL FUNDING USES	20,082	12,673	10,800	29,989	-	73,544
BHS MENTAL HEALTH FUNDING SOURCES						
						-
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES						
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES						
	Accounting Code					-
CHEP HPS General Fund	HCHIVPREVNGF	20,082	12,673	10,800	29,989	73,544
TOTAL OTHER DPH FUNDING SOURCES		20,082	12,673	10,800	29,989	-
TOTAL DPH FUNDING SOURCES		20,082	12,673	10,800	29,989	-
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		20,082	12,673	10,800	29,989	-
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	231	146	124	344		
Unit Type	# served	# served	# served	# served		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	87.08	87.08	87.08	87.08		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	87.08	87.08	87.08	87.08		
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)	338	338	338	338		Total UDC 338

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Infectious Disease Testing for Drug Users
 Program Code: N/A

Appendix #: B-2
 Page #: 3
 Fiscal Year: 2017-2018
 Funding Notification Date: 08/02/17

Expense Categories & Line Items	TOTAL	HCHIVPREVNGF				
Term:	07/01/17 -6/30/2018	07/01/17 -6/30/2018				
Rent	984	984				
Utilities(telephone, electricity, water, gas)	652	652				
Building Repair/Maintenance	1,252	1,252				
Occupancy Total:	2,888	2,888				
Office Supplies	1,132	1,132				
Photocopying	92	92				
Program Supplies	-					
Computer Hardware/Software	868	868				
Materials & Supplies Total:	2,092	2,092				
Training/Staff Development	894	894				
Insurance	960	960				
Professional License	-					
Permits	752	752				
Equipment Lease & Maintenance	548	548				
General Operating Total:	3,154	3,154				
Local Travel	176	176				
Out-of-Town Travel						
Field Expenses						
Staff Travel Total:	176	176				
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and						
Consultant/Subcontractor Total:						
Other (Misc):	-	-				
Client Supplies/Services (As Recorded in G/L)	6,110	6,110				
Security Services	2,704	2,704				
Depreciation & Amortization	216	216				
Dues & Subscriptions	24	24				
Advertising	-					
Other Total:	9,054	9,054				
TOTAL OPERATING EXPENSE	17,364	17,364				

Appendix B - DPH 7: BHS BUDGET JUSTIFICATION

Contractor Name Westside Community Mental Health Center
Program Name: Infectious Disease Testing for Drug users

Appendix #: B-2
 Page #: 4
 Fiscal Year: 2017-2018

1a) SALARIES

Staff Position 1: Director of HIC & CTL				
responsibility for the overall management of a group of programs including HIV services and				
Brief description of job duties: counseling, Testing and Linkages				
Minimum qualifications: 5 years experience in a supervisory /administrative position				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$79,285	0.20	12	1	\$ 15,857
Staff Position 2: Dispensing Nurses				
Maintain all dosing functions with Federal and State guidelines as articulated in the program				
Brief description of job duties: protocol and Title 9 requirements.				
Minimum qualifications: posses a curent valid license as a LVN or Psychiatric Technician.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$50,877	0.43	12	1	\$ 21,877
Total FTE: 0.63		Total Salaries:		37,734

(Components provided below are samples only. The budgeted components should match the contractor's ledger accounts.)

Component	Cost
Social Security	\$ 3,037.00
Retirement	\$ 574.00
Medical	\$ 5,001.00
Dental	\$ 608.00
Unemployment Insurance	\$ 329.00
Disability Insurance	\$ 208.00
Paid Time Off	\$ -
Other (specify): Worker's Comp	\$ 809.00
Total Fringe Benefit:	\$ 10,566
Fringe Benefit %:	28.0%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 48,300.00

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent	Storage rental	82.00 a month	\$ 984.00
Utilities	Telephone, PG&E, water, Internet	54.33 a month	\$ 652.00
Building Repair/Maintenance	Janitorial services & supplies & small repairs	104.33 a month	\$ 1,252.00
Total Occupancy:			\$ 2,888.00

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office supplies	Pens, Paper, print cartridges	94.33 a month	\$ 1,132.00
Photocopying	Cost of Business cards, copy and printing services	7.65 a month	\$ 92.00
Computer Hardware/Software	Netalytics annual maint & support, Barracuda back up server software & Maint, Zipcorp service	72.33 a month	\$ 868.00
	maintenance & Logmein, Inc rescue renewal		
Total Materials & Supplies:			\$ 2,092.00

Appendix B - DPH 7: BHS BUDGET JUSTIFICATION

Contractor Name Westside Community Mental Health Center
 Program Name: Infectious Disease Testing for Drug users

Appendix #: B-2
 Page #: 4
 Fiscal Year: 2017-2018

General Operating:

Expense Item	Brief Description	Rate	Cost
Training staff Development	covers cost of trainers and materials	74.50 a month	\$ 894.00
Insurance	Professional insurance liability	80.00 a month	\$ 960.00
Permits	Narcotic treatment program licence fee	62.66 a month	\$ 752.00
Equipment Lease & Maintenance	rental of copy machine, telephone	45.66 a month	\$ 548.00
Total General Operating:			\$ 3,154.00

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Parking & mileage to and from meeting	San francisco		14.66 a month	\$ 176.00
Total Staff Travel:			\$ 176.00	

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Total Consultants/Subcontractors:			\$ -

Other:

Expense Item	Brief Description	Rate	Cost
Client supplies services	cost of lab expenses, incentive gift cards	509.17 a month	\$ 6,110.00
Security Services	Monthly security guard	225.33 a month	\$ 2,704.00
Depreciation & Amortization	share of equipment depreciation cost	18.00 a month	\$ 216.00
Dues & subscriptions	Dpt of justice/live scan reimbursement	2.00 a month	\$ 24.00
Advertising			
Total Other:			\$ 9,054.00

TOTAL OPERATING EXPENSES: \$ 17,364.00

3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more)

Capital Expenditure Item	Brief Description	Cost
TOTAL CAPITAL EXPENDITURES:		\$ -

TOTAL CAPITAL EXPENDITURES: \$ -

TOTAL DIRECT COSTS: \$ 65,664.00

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Salaries of Administration, management & support to programs	
Proportional 0.66% \$577,689	\$ 3,827
Fringe benefits at 26%	\$ 995
This includes FICA, SUI, Health & Life Insurances and Workers Compensation insurance	
Operating Cost includes a proportionate share of administrative Cost for professional fees, supplies, purchased services and miscellaneous expenses 0.66% \$461,742	\$ 3,058

Indirect Rate: 12.0%
TOTAL INDIRECT COSTS: \$ 7,880.00

TOTAL EXPENSES: \$ 73,544.00

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

Contractor Name: Westside Community Mental Health Center
 Provider Name: Westside Community Services
 Provider Number: 383887

Appendix #: B-3
 Page #: 1
 Fiscal Year: 2017-2018
 Funding Notification Date: 08/02/17

		Unreimbursed FY					
		12-13 Methadone					
Program Name		Maintenance					
Program Code		38874					
Mode/SFC (MH) or Modality (SA)							
Service Description							
Funding Term		07/01/17 -6/30/18					TOTAL
FUNDING USES							
Salaries & Employee Benefits							-
Operating Expenses		28,593					28,593
Capital Expenses							-
Subtotal Direct Expenses		28,593				-	28,593
Indirect Expenses							-
TOTAL FUNDING USES		28,593				-	28,593
BHS MENTAL HEALTH FUNDING SOURCES							
							-
							-
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
		Accounting Code					
SA COUNTY - General Fund		HMHSOTHERSGF	28,593				28,593
			-				-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		28,593	-	-	-	-	28,593
OTHER DPH FUNDING SOURCES							
							-
							-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		28,593	-	-	-	-	28,593
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		28,593	-	-	-	-	28,593
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
		Cost Reimbursement (CR)					
Payment Method							
DPH Units of Service		1					
Unit Type		0	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		28,593.00	-	-	-		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		28,593.00	-	-	-		
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)							

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Unreimbursed FY 12-13 Methadone Maintenance
 Program Code: 38874

Appendix #: B-3
 Page #: 3
 Fiscal Year: 2017-2018
 Funding Notification Date: 08/02/17

Expense Categories & Line Items	TOTAL	HMHSOTHERSGF					
Term:	07/01/17 -6/30/2018	07/01/17 -6/30/2018					
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							
Consultant/Subcontractor Total:							
Other (Misc):							
Unreimbursed FY 12-13 Methadone Maintena	28,593	28,593					
	-	-					
	-	-					
	-	-					
Other Total:	28,593	28,593					
TOTAL OPERATING EXPENSE	28,593	28,593					

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

Contractor Name: Westside Community Mental Health Center
 Provider Name: Westside Community Services
 Provider Number: 383887

Appendix #: B-4
 Page #: 1
 Fiscal Year: 2017-2018
 Funding Notification Date: 08/02/17

	Unreimbursed FY 13-14 Methadone Maintenance						
Program Name							
Program Code	38874						
Mode/SFC (MH) or Modality (SA)							
Service Description							
Funding Term	07/01/17 -6/30/18						TOTAL
FUNDING USES							
Salaries & Employee Benefits							-
Operating Expenses	140,367						140,367
Capital Expenses							-
Subtotal Direct Expenses	140,367					-	140,367
Indirect Expenses							-
TOTAL FUNDING USES	140,367					-	140,367
BHS MENTAL HEALTH FUNDING SOURCES							
							-
							-
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	Accounting Code						
SA COUNTY - General Fund	HMHSOTHERSGF	140,367					140,367
		-					-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		140,367	-	-	-	-	140,367
OTHER DPH FUNDING SOURCES							
							-
							-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		140,367	-	-	-	-	140,367
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		140,367	-	-	-	-	140,367
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
	Payment Method	Cost Reimbursement (CR)					
	DPH Units of Service	1					
	Unit Type	0					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		140,367.00	-	-	-		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		140,367.00	-	-	-		
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)							

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Unreimbursed FY 13-14 Methadone Maintenance
 Program Code: 38874

Appendix #: B-4
 Page #: 3
 Fiscal Year: 2017-2018
 Funding Notification Date: 08/02/17

Expense Categories & Line Items	TOTAL	HMHSOTHERSGF					
Term:	07/01/17 -6/30/2018	07/01/17 -6/30/2018					
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							
Consultant/Subcontractor Total:							
Other (Misc):							
Unreimbursed FY 13-14 Methadone Maintena	140,367	140,367					
	-	-					
	-	-					
	-	-					
Other Total:	140,367	140,367					
TOTAL OPERATING EXPENSE	140,367	140,367					

Appendix B -DPH 6: Contract-Wide Indirect Detail

Contractor Name: Westside Community Mental Health Center Page #: 1
 Contract CMS #: 7924 Fiscal Year: 2017-2018
 Funding Notification Date: 8/2/17

1. SALARIES & BENEFITS

Position Title	FTE	Amount
Chief Executive Director	0.21	\$ 7,612.00
HR Manager	0.21	\$ 10,648.00
Maintenance Courier	0.21	\$ 669.00
Chief Financial Officer	0.21	\$ 23,587.00
Controller/Fiscal Manager	0.21	\$ 6,503.00
Accounting Clerk/AP	0.21	\$ 7,082.00
Accounting Clerk/Payroll	0.21	\$ 7,017.00
Accounting Clerk/AR	0.21	\$ 3,823.00
Receptionist	0.21	\$ 450.00
Health Info Svcs Clerk III	0.21	\$ 2,045.00
Operation Manager	0.21	\$ 1,528.00
IT Chief	0.21	\$ 11,049.00
IT Manager	0.21	\$ 1,766.00
Subtotal:	2.77	\$ 83,779.00
Employee Fringe Benefits:	26.5%	\$ 22,180.00
Total Salaries and Benefits:		\$ 105,959.00

2. OPERATING COSTS

Expense line item:	Amount
Consultant	\$ 10,869.00
Legal Services	\$ 1,849.00
Audit fee	\$ 6,415.00
Office supplies	\$ 2,073.00
Security Service	\$ 371.00
Data processing	\$ 5,648.00
Software Maintenance	\$ 2,379.00
Temp Help	\$ 9,010.00
Staff Training	\$ 112.00
Rental/Lease Equipment	\$ 1,446.00
Rental/Lease vehicle	\$ 805.00
Repairs /Maintenance Building	\$ 5,104.00
Utilities	\$ 4,363.00
Insurance	\$ 1,761.00
Depr Building	\$ 1,354.00
Dep Equipment	\$ 87.00
Depr Vehicle	\$ 515.00
Recognition exp	\$ 42.00
Advertising	\$ 42.00
Printing & Duplicating	\$ 10.00
Conference & Meeeting	\$ 3,977.00
Dues & Subscription	\$ 334.00
License & Taxes	\$ 64.00
Staff Travel	\$ 1,075.00
Misc	\$ 7,258.00
Total Operating Costs	\$ 66,963.00
Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 172,922.00

**Appendix C
Insurance Waiver**

Reserved

Appendix D
(formerly “Additional Terms”)

Reserved

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and Contractor, the Business Associate (“BA”) (the “Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA,

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the “Secretary”) for purposes of determining BA’s compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

l. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of “minimum necessary” is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes “minimum necessary” to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

o. Breach Pattern or Practice by Business Associate’s Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent’s obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent’s obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act,

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:	Westside Community Mental Health Center Inc.	Contractor City Vendor ID	0000008254
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PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*	
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?							
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?							
	If yes:	Name & Title:	Phone #		Email:			
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]							
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]							
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?							
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?							

II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...						Yes	No*	
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?							
H	Have evidence in each patient's / client's chart or electronic file that a <u>Privacy Notice</u> that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)							
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?							
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?							
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?							

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	
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IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:	Westside Community Mental Health Center Inc.	Contractor City Vendor ID	0000008254
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DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...				Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]				
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?				
	Date of last Data Security Risk Assessment/Audit:				
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:				
C	Have a formal Data Security Awareness Program?				
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?				
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?				
	If yes:	Name & Title:	Phone #	Email:	
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]				
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]				
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?				
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?				

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date
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III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date
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Appendix F

Invoice

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

Appendix F
 PAGE A

Control Number

Contractor: **Westside Community Mental Health Center - Children**

BHS

Address: 1153 Oak St., San Francisco, CA 94117

Fax No.: (415) 431-1813

Funding Term: 07/01/2017 - 06/30/2018

PHP Division: Behavioral Health Services

INVOICE NUMBER: PR1 JL 17

Ct.Blanket No.: BPHM _____ User Cd _____

Ct. PO No.: POHM TBD

Fund Source: CHEP HPS General Fund

Invoice Period : July 2017

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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*Unduplicated Counts for AIDS Uses 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-2 Infectious Disease Testing for Drug Users - HCHIVPREVNGF												
ANC-72 SA-Ancillary Svcs HIV Counseling Services	231				\$ 87.08	\$ -	0.000		0.00%		231.000	\$ 20,115.48
ANC-72 SA-Ancillary Svcs HIV Counseling Services	146				\$ 87.08	\$ -	0.000		0.00%		146.000	12,713.68
ANC-74 SA-Ancillary Svcs HIV Infectious Disease	124				\$ 87.08	\$ -	0.000		0.00%		124.000	10,797.92
ANC-74 SA-Ancillary Svcs HIV Therapeutic Measures for HIV Positives	344				\$ 87.08	\$ -	0.000		0.00%		344.000	29,955.52
TOTAL	845		0.000				0.000		0.00%		845.000	\$ 73,582.60
Budget Amount					\$ 73,544.00							
							Expenses To Date		% of Budget		Remaining Budget	
							#REF!		#REF!		#REF!	

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

NOTES:

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

Signature: _____

Date: _____

Title: _____

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

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Control Number

Contractor: Westside Community Mental Health Center Inc.

Address: 1153 Oak Street, San Francisco, CA 94117

Tel No.: (415) 431-9000
Fax No.: (415)



Funding Term: 07/01/2017 - 06/30/2018

PHP Division: Behavioral Health Services

INVOICE NUMBER: S05 JL 17

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: SA County - General Fund

Invoice Period: July 2017

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Unreimbursed FY 12-13 Methadone Maintenance PC# 38874 - HMHSOTHERSGF												
							#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Material and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: FY 12-13 Unreimbursed Methadone	\$ 28,593.00	\$ -	\$ -	0.00%	\$ 28,593.00
Maintenance	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 28,593.00	\$ -	\$ -	0.00%	\$ 28,593.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 28,593.00	\$ -	\$ -	0.00%	\$ 28,593.00
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL EXPENSES	\$ 28,593.00	\$ -	\$ -	0.00%	\$ 28,593.00
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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Westside Community Mental Health Center Inc.

Address: 1153 Oak Street, San Francisco, CA 94117

Tel No.: (415) 431-9000
Fax No.: (415)



Funding Term: 07/01/2017 - 06/30/2018

PHP Division: Behavioral Health Services

INVOICE NUMBER: S06 JL 17

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: SA County - General Fund

Invoice Period: July 2017

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Unreimbursed FY 12-13 Methadone Maintenance PC# 38874 - HMHSOTHERSGF					-	-	#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Material and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: FY 12-13 Unreimbursed Methadone	\$ 140,367.00	\$ -	\$ -	0.00%	\$ 140,367.00
Maintenance	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 140,367.00	\$ -	\$ -	0.00%	\$ 140,367.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 140,367.00	\$ -	\$ -	0.00%	\$ 140,367.00
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL EXPENSES	\$ 140,367.00	\$ -	\$ -	0.00%	\$ 140,367.00
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: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

Appendix G
Dispute Resolution Procedure
For Health and Human Services Nonprofit Contractors
9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions for concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix I

THE DECLARATION OF COMPLIANCE

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.

Appendix J

SUBSTANCE USE DISORDER SERVICES such as Drug Medi-Cal, Federal Substance Abuse Prevention And Treatment (SAPT) Block Grant, Primary Prevention or State Funded Services

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Prevention and Treatment Block Grants (SAPT Block Grant) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SAPT Block Grant recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SAPT Block Grant for reimbursable covered services rendered by certified DMC providers.

Reference Documents

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Prevention and Treatment Block Grant Requirements
<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations
<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)
<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)
http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines
http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations
<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)
http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)
http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf

Document 2G Drug Medi-Cal Billing Manual
http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide
http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15
http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:

I. Subcontractor Documentation

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

Records

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
5. Provider's shall require that all subcontractors comply with the requirements of this Section A.
6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.
7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

II Patient Record Retention

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

III. Control Requirements

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, commencing with Section 11760;
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;
- c) Government Code Section 16367.8;
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;
- f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;
- h) Title 42, CFR, Sections 8.1 through 8.6;

i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,

j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

K) [Medi-Cal Eligibility Verification](http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx)
<http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

2) The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Intergovernmental Agreement.

3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SAPTBG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.

4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:

a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law(Chapter 40, Statutes of 2011 and Chapter 13, Statutes of 2011, First Extraordinary Session), providers that provide Women and Children's Residential Treatment Services shall comply with the program requirements (Section 2.5, Required Supplemental/Recovery Support Services) of the Substance Abuse and Mental Health Services Administration's Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at <http://www.samhsa.gov/grants/grantannouncements/ti-14-005>.

IV Provider's Agents and Subcontractors

a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor's knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or

ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

V Breaches and Security Incidents

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

a. Initial Notice to the Department

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of provider. Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS "Privacy Incident Report" form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website (www.dhcs.ca.gov, then select "Privacy" in the left column and then "Business Partner" near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx> Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

- i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

b. Investigation and Investigation Report.

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated "Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

c. Complete Report.

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the "Privacy Incident Report" form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred

under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the "Privacy Incident Report" form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

d. Responsibility for Reporting of Breaches

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

e. Responsibility for Notification of Affected Individuals

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach. The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

f. Department Contact Information

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

VI Additional Provisions

A. Additional Intergovernmental Agreement Restrictions

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

B. Nullification of DMC Treatment Program SUD services (if applicable)

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement. In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

C. Hatch Act

Provider agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

D. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Provider agrees that information produced through these funds, and which pertains to drug and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol- related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Intergovernmental Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

E. Noncompliance with Reporting Requirements

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

F. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Intergovernmental Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

G. Restriction on Distribution of Sterile Needles

No Substance Abuse Prevention and Treatment (SAPT) Block Grant funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

H. Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

1) Trading Partner Requirements

a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))

b) No Additions. Provider hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications. (45 CFR Part 162.915 (c))

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification. (45 CFR Part 162.915 (d))

2) Concurrence for Test Modifications to HHS Transaction Standards

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

3) Adequate Testing

Provider is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Provider has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4) Deficiencies

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5) Code Set Retention

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

6) Data Transmission Log

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Intergovernmental Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

K. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Intergovernmental Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

L. Intravenous Drug Use (IVDU) Treatment

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

M. Tuberculosis Treatment

Provider shall ensure the following related to Tuberculosis (TB):

- 1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;
- 2) Reduce barriers to patients' accepting TB treatment; and,
- 3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. **Trafficking Victims Protection Act of 2000**

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to: <http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

O. **Tribal Communities and Organizations**

Provider shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the Provider's county.

P. **Participation of County Alcohol and Drug Program Administrators Association of California and California Behavioral Health Director's Association of California.**

1) Pursuant to HSC Section 11801(g), the Provider's County AOD Program Administrator shall participate and represent the County in meetings of the County Alcohol and Drug Program Administrators Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for SUD abuse services. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

2) Pursuant to HSC Section 11811.5(c), the Provider's County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

Q. **Youth Treatment Guidelines**

Provider shall follow the guidelines in Document IV, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Intergovernmental Agreement is required for new guidelines to be incorporated into this Intergovernmental Agreement.

R. **Restrictions on Grantee Lobbying – Appropriations Act Section 503**

1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.

2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

S. Nondiscrimination in Employment and Services

By signing this Intergovernmental Agreement, provider certifies that under the laws of the United States and the State of California, incorporated into this Intergovernmental Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

T. Federal Law Requirements:

1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.

2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.

3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.

4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.

5) Age Discrimination in Employment Act (29 CFR Part 1625).

6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.

7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.

9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.

10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.

11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.

12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.

13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

U. State Law Requirements:

1) Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).

2) Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.

3) Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.

4) No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

5) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Intergovernmental Agreement or terminate all, or any type, of funding provided hereunder.

V. Investigations and Confidentiality of Administrative Actions

1) Provider acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

W. This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner.

X. Subcontract Provisions

Provider shall include all of the foregoing provisions in all of its subcontracts.

Y. Conditions for Federal Financial Participation

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;

b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or

c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:

i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or

ii. An entity that would provide those services through an excluded individual or entity.

Providers shall include the following requirements in their subcontracts with providers:

1) Culturally Competent Services: Providers are responsible to provide culturally competent services. Providers must ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services must be available for beneficiaries, as needed.

2) Medication Assisted Treatment: Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

3) Evidenced Based Practices: Providers will implement at least two of the following evidenced based treatment practices (EBPs) based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The State will monitor the implementation of EBP's during reviews. The required EBP include:

a) Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b) Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c) Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d) Trauma-Informed Treatment: Services must take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e) Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed

to have a direct application to beneficiaries' lives; to instill self- awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recover.

Certificate of Insurance (Con't)

OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
A	Professional Liability			PHPK1675789	07/01/2017	07/01/2018	\$1,000,000 Each Incident Limit
	Claims Made			Retro Date 07/01/1996			\$3,000,000 Aggregate
<hr/>							
A	Abuse and Molestation			PHPK1675789	07/01/2017	07/01/2018	\$1,000,000 Each Occurrence
							\$2,000,000 Aggregate
							Retro Date: 07/01/1996



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s):</p> <p style="text-align: center;">City & County of SF Department of Public Health</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 07/01/2017	Countersigned By: <i>Jeanne Brando</i>
Named Insured: Westside Community Services	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

City & County of SF Department of Public Health
Office of Contract Management & Compliance
ATTN: Annalie Eusebio, Contract Analyst
1380 Howard Street, Room 442
San Francisco, CA 94103

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.



**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA
BLANKET BASIS**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this endorsement shall be 2% of the total manual premium otherwise due on such remuneration. The minimum premium for this endorsement is \$350.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

BLANKET WAIVER

Person/Organization	Blanket Waiver – Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
Job Description	Waiver Premium
All CA Operations	-

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04/01/2018

Policy No. WEWC908246

Endorsement No.

Insured

Premium \$

Insurance Company Cypress Insurance Company

Countersigned by _____





San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 230353

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Kelly Hiramoto	415-255-3492
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	kelly.hiramoto@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Westside Community Mental Health Center	TELEPHONE NUMBER 415-431-9000
STREET ADDRESS (including City, State and Zip Code) 1153 Oak Street, San Francisco, CA 94117	EMAIL mjones@westside.health.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230353
DESCRIPTION OF AMOUNT OF CONTRACT Not to exceed \$15,580,935		
NATURE OF THE CONTRACT (Please describe) To provide methadone maintenance and support services		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Ducreay	Marcellus	Board of Directors
2	Rowe	Donna	Board of Directors
3	Patin	Rachele	Board of Directors
4	Smith	Ebony	Board of Directors
5	Nash	Carolyn	Board of Directors
6	Jones	Mary Ann	CEO
7	Oncken	Daniell	CFO
8	Booker	Shalece	COO
9	Vivo Health Staff		Subcontractor
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
---	---------------------------

San Francisco Department of Public Health Division of Behavioral Health Services

Westside Methadone

SFBOS Homelessness and Behavioral Health Select Committee
April 28, 2023

Maximilian Rocha, LCSW
Director of Systems of Care
Behavioral Health Services
San Francisco Department of Public Health



San Francisco Health Network
Behavioral Health Services

Westside Methadone Services

- Under the proposed contract, **Westside Methadone** would continue to provide methadone treatment to reduce the impact of opiate abuse and addiction.
 - Also provides buprenorphine
 - Contracted to serve 280 individuals per year (~10% of all methadone clients in San Francisco), providing methadone every day of the year.
 - Serves adults, with a focus on Black/African American adults residing in Western Addition and SOMA, and those who are homeless, living in shelters and surrounding neighborhoods.



Westside Methadone Within DPH-BHS SUD System of Care

- This contract is under the SFDPH-BHS system of care for substance use disorder (SUD).
- Methadone and other medications for addiction treatment (MAT) of opioid use disorder are a part of our outpatient SUD services, known as opioid treatment programs (OTP).
- MAT is the most effective way to reduce the health consequences of opioid use disorder, including overdose, HIV and hepatitis C infection, mortality, and increase wellness and recovery.
- Westside OTP in particular, serves an area of the city that is severely impacted by opioid use disorder, and expands opioid treatment options to the western part of the City.
- Clients may walk-in or be referred to OTP treatment. Services are available for same day admission, assessment and induction on medication (methadone or buprenorphine) at all OTP clinics Monday-Friday. The Bayview Hunter's Point clinic offers Saturday intakes.

Continuum of SUD Treatment Services in San Francisco

Psychosocial treatments

- Individual and group counseling
- Contingency management
- Cognitive behavioral therapy

Medication treatments or interventions

- Opioid use disorder
- Alcohol use disorder
- Managed alcohol
- Withdrawal management
- Overdose education and naloxone distribution

Assessment, linkage, and service navigation

Transitional housing supports

Prevention services

Proposed Contract Amendment

- DPH agrees with BLA recommendations
- DPH requests approval of the proposed resolution



Thank You



San Francisco Health Network
Behavioral Health Services



City and County of San Francisco
London N. Breed, Mayor

San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

March 31, 2023

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

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and Westside Community Mental Health Center, Inc., in the amount of \$15,580,935.

This is a Behavioral Health Services contract. My understanding is that it will be referred to the new Homelessness and Behavioral Health Select Committee. Please let me know if this is not correct. This contract agreement requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed Resolution
- Proposed Amendment 2
- Original Agreement and Amendment 1
- Form SFEC-126

For questions on this matter, please contact me at (415) 255-3492, kelly.hiramoto@sfdph.org.

Thank you for your time and consideration.

Sincerely,

Kelly Hiramoto

Kelly Hiramoto
Acting Supervisor
Office of Contracts Management and Compliance
DPH Business Office

cc: Dr. Grant Colfax, Director of Health
Greg Wagner, Chief Operating Officer
Michelle Ruggels, Director, DPH Business Office

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

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

kellyhiramoto@SFDPH.org – office 415-255-3492 – fax 415 252-3088

1380 Howard Street, Room 419B, San Francisco, CA 94103
