

**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 |
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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.

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

Appendix A-1
 FY: 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.

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).

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

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

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

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

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

“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.

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

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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 3: Salaries & Employee Benefits Detail

Program Name: Methadone Maintenance
 Program Code: 38874

Appendix Number: B-1
 Page Number: 2
 Fiscal Year: 2022-2023
 Funding Notification Date: 09/06/2022

Funding Term	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			
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries		
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):		
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries		
Director of Clinical Services	0.22	41,004	0.22	41,004												
Peer Safety Monitor	2.20	114,451	2.20	114,451												
Methadone Physician	0.10	27,040	0.10	27,040												
Program Director	0.05	6,240	0.05	6,240												
Operations Manager	0.12	12,325	0.12	12,325												
Program Coordinator	0.50	44,454	0.50	44,454												
Chief Compliance Officer	0.30	47,322	0.30	47,322												
Dispensing Nurse	2.69	195,656	2.69	195,656												
Health Info Svcs Clerk III	1.00	65,567	1.00	65,567												
Treatment Counselor	3.00	191,876	3.00	191,876												
Nursing Supervisor	0.90	79,472	0.90	79,472												
Medical Records Clerk	0.10	6,650	0.10	6,650												
Totals:	11.18	\$ 832,057.00	11.18	\$ 832,057	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -		
Employee Benefits:	28.00%	232,976.00	28.00%	232,976.00	0.00%		0.00%		0.00%		0.00%		0.00%			
TOTAL SALARIES & BENEFITS		\$ 1,065,033.00		\$ 1,065,033.00		\$ -		\$ -		\$ -		\$ -		\$ -		

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	-	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Westside Community Mental Health Center
 Contract ID Number 1000008643

Appendix Number: B
 Page Number: 4
 Fiscal Year: 2022-2023
 Funding Notification Date: 09/06/2022

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Financial Officer	0.11	\$17,794.00
Administrative Assistant (2)	0.22	\$14,713.00
Controller	0.11	\$13,059.00
HR Manager	0.11	\$11,171.00
Operations Manager	0.11	\$9,054.00
IT Manager	0.08	\$8,689.00
Fiscal Analyst/Payroll	0.11	\$8,390.00
IT Coordinator	0.11	\$7,922.00
Fiscal Analyst	0.11	\$7,922.00
Fiscal Analyst/A/P	0.11	\$7,690.00
Maintenance Coordinator	0.11	\$7,130.00
Fiscal Analyst/A/R	0.10	\$7,021.00
Chief Compliance Officer	0.03	\$4,126.00
Chief Executive Officer	0.02	\$3,705.00
Subtotal:	1.44	\$ 128,386.00
Employee Benefits:	28.0%	\$ 35,949.00
Total Salaries and Employee Benefits:		\$ 164,335.00

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
TEMPORARY HELP	\$8,336.00
CONSULTANTS	\$8,162.00
DATA PROCESSING	\$6,627.00
CONFERENCE & MEETINGS	\$5,441.00
AUDIT & TAX PREPARATION	\$4,135.00
STAFF TRAVEL	\$3,834.00
LEGAL	\$3,809.00
INSURANCE	\$3,559.00
SOFTWARE MAINTENANCE	\$3,156.00
ADVERTISING	\$2,938.00
RECOGNITION EXP	\$2,721.00
TELEPHONE	\$2,361.00
REPAIRS/MAINT BUILDING	\$2,339.00
UTILITIES	\$1,975.00
RENT/LEASE EQUIPMENT	\$1,671.00
DEPR BUILDING	\$1,587.00
STAFF TRAINING	\$1,534.00
SUPPLIES & POSTAGE	\$1,491.00
DUES & SUBSCRIPTIONS	\$930.00
RENT/LEASE VEHICLE	\$816.00
REPAIRS/MAINT EQUIPMENT	\$544.00
SECURITY SERVICE	\$435.00
LICENSE & TAXES	\$219.00
PRINTING & DUPLICATING	\$218.00
RENT/STORAGE	\$109.00
Total Operating Costs	\$ 68,947.00
Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 233,282.00

Total Indirect from DPH 1: \$ 233,282.00
 \$ -

**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	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):	7/1/21-6/30/22	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	-	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name <u>Westside Community Mental Health Center</u>	Appendix Number: <u>B</u>
Contract ID Number <u>1000008643</u>	Page Number: <u>4</u>
	Fiscal Year: <u>2021-2022</u>
	Funding Notification Date: <u>07/08/2021</u>

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Financial Officer	0.14	\$ 23,086.00
HR Manager	0.14	\$ 13,578.00
Fiscal Analyst/Payroll	0.14	\$ 10,269.00
Fiscal Analyst/A/P	0.14	\$ 9,176.00
Fiscal Analyst/A/R	0.12	\$ 8,607.00
Maintenance Coordinator	0.14	\$ 8,486.00
Chief Compliance Officer	0.05	\$ 8,138.00
IT Manager	0.08	\$ 8,023.00
Chief Executive Officer	0.04	\$ 7,397.00
Administrative Assistant	0.12	\$ 7,380.00
Fiscal Manager	0.07	\$ 6,800.00
Subtotal:	1.18	\$ 110,940.00
Employee Benefits:	28.0%	\$ 31,062.00
Total Salaries and Employee Benefits:		\$ 142,002.00

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
CONSULTANTS	\$ 9,520.00
TEMP HELP	\$ 8,840.00
CONFERENCE & MEETINGS	\$ 7,018.00
LEGAL	\$ 6,800.00
DATA PROCESSING	\$ 5,046.00
AUDIT & TAX	\$ 4,760.00
SOFTWARE MAINT	\$ 4,665.00
INSURANCE	\$ 4,542.00
RECOGNITION EXP	\$ 4,379.00
REPAIRS/MAINT BLD	\$ 3,495.00
ADVERTISING	\$ 3,305.00
RENT/LEASE EQUIP	\$ 3,183.00
STAFF TRAVEL	\$ 2,380.00
UTILITIES	\$ 2,353.00
SUPPLIES & POSTAGE	\$ 2,285.00
DEPR BLDG	\$ 2,054.00
TELEPHONE	\$ 2,054.00
DUES & SUBSCRIP	\$ 1,986.00
MISCELLANEOUS EXPENSE	\$ 1,357.00
RENT/LEASE VEHIC	\$ 1,020.00
STAFF TRAINING	\$ 544.00
SECURITY SERVICE	\$ 490.00
LICENSE & TAXES	\$ 177.00
RENT/STORAGE	\$ 41.00
PRINTING & DUPLICATING	\$ 14.00
Total Operating Costs	\$ 82,308.00
Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 224,310.00

Total Indirect from DPH 1: \$ 224,310.00

\$ -

**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.

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Appendix A-1
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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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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

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

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

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
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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 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 3: Salaries & Employee Benefits Detail

Program Name: Methadone Maintenance
 Program Code: 38874

Appendix Number: B-1
 Page Number: 2
 Fiscal Year: 2022-2023
 Funding Notification Date: 04/04/2022

Funding Term	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	
	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):	
	Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE
Director of Clinical Services	0.20	36,061	0.20	36,061										
Peer Safety Monitor	2.20	109,084	2.20	109,084										
Methadone Physician	0.10	27,851	0.10	27,851										
Program Director	0.05	5,092	0.05	5,092										
Operations Manager	0.20	18,103	0.20	18,103										
Program Coordinator	0.50	41,883	0.50	41,883										
Chief Compliance Officer	0.30	44,294	0.30	44,294										
Dispensing Nurse	2.69	176,238	2.69	176,238										
Health Info Svcs Clerk III	1.00	60,662	1.00	60,662										
Treatment Counselor	4.00	292,384	4.00	292,384										
Nursing Supervisor	0.90	74,852	0.90	74,852										
Medical Records Clerk	0.10	6,156	0.10	6,156										
Totals:	12.24	\$ 892,662.00	12.24	\$ 892,662	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	27.18%	242,666.00	27.18%	242,666.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,135,328.00		\$ 1,135,328.00		\$ -		\$ -		\$ -		\$ -		\$ -

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 B - DPH 6: Contract-Wide Indirect Detail

Contractor Name <u>Westside Community Mental Health Center</u>	Appendix Number: <u>B</u>
Contract ID Number <u>1000008643</u>	Page Number: <u>4</u>
	Fiscal Year: <u>2022-2023</u>
	Funding Notification Date: <u>04/04/2022</u>

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Financial Officer	0.14	\$ 24,471.16
HR Manager	0.14	\$ 13,576.94
Fiscal Analyst/Payroll	0.14	\$ 10,267.94
Fiscal Analyst/A/P	0.14	\$ 9,726.56
Fiscal Analyst/A/R	0.12	\$ 8,605.94
Maintenance Coordinator	0.14	\$ 8,995.16
Chief Compliance Officer	0.05	\$ 8,626.28
IT Manager	0.08	\$ 8,504.38
Chief Executive Officer	0.04	\$ 7,395.94
Administrative Assistant	0.12	\$ 7,822.80
Fiscal Manager	0.07	\$ 7,208.00
Subtotal:	1.18	\$ 115,201.00
Employee Benefits:	27.0%	\$ 31,062.00
Total Salaries and Employee Benefits:		\$ 146,263.00

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
CONSULTANTS	\$ 10,091.20
TEMP HELP	\$ 9,105.20
CONFERENCE & MEETINGS	\$ 7,016.97
LEGAL	\$ 7,004.00
DATA PROCESSING	\$ 5,197.38
AUDIT & TAX	\$ 4,902.80
SOFTWARE MAINT	\$ 4,804.95
INSURANCE	\$ 4,678.26
RECOGNITION EXP	\$ 4,510.37
REPAIRS/MAINT BLD	\$ 3,599.85
ADVERTISING	\$ 3,404.15
RENT/LEASE EQUIP	\$ 3,278.49
STAFF TRAVEL	\$ 2,451.40
UTILITIES	\$ 2,423.59
SUPPLIES & POSTAGE	\$ 2,353.55
DEPR BUILDG	\$ 2,054.00
TELEPHONE	\$ 2,115.62
DUES & SUBSCRIP	\$ 1,984.97
MISCELLANEOUS EXPENSE	\$ 1,481.71
RENT/LEASE VEHIC	\$ 1,020.00
STAFF TRAINING	\$ 560.32
SECURITY SERVICE	\$ 504.70
LICENSE & TAXES	\$ 175.97
RENT/STORAGE	\$ 42.23
PRINTING & DUPLICATING	\$ 14.00
Total Operating Costs	\$ 84,776.00
Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 231,039.00

Total Indirect from DPH 1: \$ 231,039.00
\$ -

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
2DAAE14FF8AC4A7
HILLARY KUNINS Date
Director of Behavioral Health Services

DocuSigned by:
Mary Ann Jones / 10/28/2022 | 12:36 PM PDT
BF8721419054BB
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

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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	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 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 3: Salaries & Employee Benefits Detail

Program Name: Methadone Maintenance
 Program Code: 38874

Appendix Number: B-1
 Page Number: 2
 Fiscal Year: 2022-2023
 Funding Notification Date: 09/06/2022

Funding Term	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	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
7/1/22-6/30/23														
7/1/22-6/30/23														
Director of Clinical Services	0.22	41,004	0.22	41,004										
Peer Safety Monitor	2.20	114,451	2.20	114,451										
Methadone Physician	0.10	27,040	0.10	27,040										
Program Director	0.05	6,240	0.05	6,240										
Operations Manager	0.12	12,325	0.12	12,325										
Program Coordinator	0.50	44,454	0.50	44,454										
Chief Compliance Officer	0.30	47,322	0.30	47,322										
Dispensing Nurse	2.69	195,656	2.69	195,656										
Health Info Svcs Clerk III	1.00	65,567	1.00	65,567										
Treatment Counselor	3.00	191,876	3.00	191,876										
Nursing Supervisor	0.90	79,472	0.90	79,472										
Medical Records Clerk	0.10	6,650	0.10	6,650										
Totals:	11.18	\$ 832,057.00	11.18	\$ 832,057	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	28.00%	232,976.00	28.00%	232,976.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,065,033.00		\$ 1,065,033.00		\$ -		\$ -		\$ -		\$ -		\$ -

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	-	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Westside Community Mental Health Center
 Contract ID Number 1000008643

Appendix Number: B
 Page Number: 4
 Fiscal Year: 2022-2023
 Funding Notification Date: 09/06/2022

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Financial Officer	0.11	\$17,794.00
Administrative Assistant (2)	0.22	\$14,713.00
Controller	0.11	\$13,059.00
HR Manager	0.11	\$11,171.00
Operations Manager	0.11	\$9,054.00
IT Manager	0.08	\$8,689.00
Fiscal Analyst/Payroll	0.11	\$8,390.00
IT Coordinator	0.11	\$7,922.00
Fiscal Analyst	0.11	\$7,922.00
Fiscal Analyst/A/P	0.11	\$7,690.00
Maintenance Coordinator	0.11	\$7,130.00
Fiscal Analyst/A/R	0.10	\$7,021.00
Chief Compliance Officer	0.03	\$4,126.00
Chief Executive Officer	0.02	\$3,705.00
Subtotal:	1.44	\$ 128,386.00
Employee Benefits:	28.0%	\$ 35,949.00
Total Salaries and Employee Benefits:		\$ 164,335.00

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
TEMPORARY HELP	\$8,336.00
CONSULTANTS	\$8,162.00
DATA PROCESSING	\$6,627.00
CONFERENCE & MEETINGS	\$5,441.00
AUDIT & TAX PREPARATION	\$4,135.00
STAFF TRAVEL	\$3,834.00
LEGAL	\$3,809.00
INSURANCE	\$3,559.00
SOFTWARE MAINTENANCE	\$3,156.00
ADVERTISING	\$2,938.00
RECOGNITION EXP	\$2,721.00
TELEPHONE	\$2,361.00
REPAIRS/MAINT BUILDING	\$2,339.00
UTILITIES	\$1,975.00
RENT/LEASE EQUIPMENT	\$1,671.00
DEPR BUILDING	\$1,587.00
STAFF TRAINING	\$1,534.00
SUPPLIES & POSTAGE	\$1,491.00
DUES & SUBSCRIPTIONS	\$930.00
RENT/LEASE VEHICLE	\$816.00
REPAIRS/MAINT EQUIPMENT	\$544.00
SECURITY SERVICE	\$435.00
LICENSE & TAXES	\$219.00
PRINTING & DUPLICATING	\$218.00
RENT/STORAGE	\$109.00
Total Operating Costs	\$ 68,947.00
Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 233,282.00

Total Indirect from DPH 1: \$ 233,282.00
 \$ -

**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: _____
 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

_____ Date

Authorized Signatory

**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: _____