

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

Amendment Number One

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 in San Francisco, California, by and between **Westside Community Mental Health Center** ("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, the Department of Public Health, Community Behavioral Health Services ("Department") wishes to provide mental health and substance abuse services; and,

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to renew the contract and add Appendices A and B for 2015-16, increase compensation and update standard contractual clauses; and

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

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

- a. Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010, Contract Numbers BPHM11000038 and DPHM11000291 between Contractor and City as amended by this First Amendment.
- b. Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.
- c. Contract Monitoring Division. Contract Monitoring Division.** Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

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

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

2. Term of the Agreement.

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

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

2. Term of the Agreement.

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

b. Section 5 of the Agreement currently reads as follows:

5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Forty Three Million Six Hundred Eighty Three Thousand, One Hundred Sixty Dollars (\$43,683,160)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No 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 Department of Public Health 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.

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:

5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for works set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Fifty Six Million Four Hundred Twenty Four Thousand Four Hundred Eighty Six (\$56,424,486)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No 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 Department of Public Health 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.

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

c. Section 8 is hereby amended in its entirety to read as follows:

8. Submitting False Claims; Monetary Penalties. Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at

[http://www.amlegal.com/nxt/gateway.dll/California/administrative/administrativecode?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:sanfrancisco_ca\\$sync=1](http://www.amlegal.com/nxt/gateway.dll/California/administrative/administrativecode?f=templates$fn=default.htm$3.0$vid=amlegal:sanfrancisco_ca$sync=1). A contractor,

subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

d. Section 14 is hereby amended in its entirety to read as follows:

14. Independent Contractor; Payment of Taxes and Other Expenses.

a. Independent Contractor. Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

b. Payment of Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor

agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorney's fees, arising from this section.

e. **Section 15 is hereby amended in its entirety to read as follows:**

15. Insurance.

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in the Section entitled "Notices to the Parties."

d. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

e. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated

coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

f. Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

g. The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

h. If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

i. Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C. Insurance.

f. Section 20 is hereby amended in its entirety to read as follows:

20. Default; Remedies.

a. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

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|---|--|
| 8. Submitting False Claims; Monetary Penalties. | 37. Drug-free workplace policy, |
| 10. Taxes | 53. Compliance with laws |
| 15. Insurance | 55. Supervision of minors |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment | And, item 1 of Appendix D attached to this Agreement |

63. Protected Health Information

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.

4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage

of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

g. **Section 32 is hereby amended in its entirety to read as follows:**

32. Consideration of Criminal History in Hiring and Employment Decisions.

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at www.sfgov.org/olse/fco. A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received base an Adverse Action on an applicant's or potential applicant for employment, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction

that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32(d), above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

h. Section 33 is hereby amended in its entirety to read as follows:

33. Local Business Enterprise Utilization; Liquidated Damages

a. The LBE Ordinance. Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

b. Compliance and Enforcement

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of

the City's Contracts Monitoring Division or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of CMD") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of CMD will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17. By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the CMD shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City. Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of CMD or the Controller upon request.

i. **Section 34 is hereby amended in its entirety to read as follows:**

34. Nondiscrimination; Penalties

a. Contractor Shall Not Discriminate. In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

b. Subcontracts. Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

d. Condition to Contract. As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form CMD-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Contracts Monitoring Division (formerly 'Human Rights Commission').

e. Incorporation of Administrative Code Provisions by Reference. The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part

of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

j. Section 42 is hereby amended in its entirety to read as follows:

42. Limitations on Contributions

Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or a board on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

k. Section 43 is hereby amended in its entirety to read as follows:

43. Requiring Minimum Compensation for Covered Employees.

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is

Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

1. Section 44 is hereby amended in its entirety to read as follows:

44. Requiring Health Benefits for Covered Employees

Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission..

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

m. **Section 49 is hereby amended in its entirety to read as follows:**

49. Administrative Remedy for Agreement Interpretation.

a. Negotiation; Alternative Dispute Resolution. The parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement by negotiation. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. If agreed by both parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. Neither party will be entitled to legal fees or costs for matters resolved under this section.

b. Government Code Claims. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the Government Code Claim requirements set forth in Administrative Code Chapter 10 and Government Code Section 900, et seq.

n. **Section 55 is hereby amended in its entirety to read as follows:**

55. Supervision of Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is

providing services to the City involving the supervision or discipline of minors, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for positions involving the supervision of minors. In the event of a conflict between this section and Section 32, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

o. Section 58 is hereby amended in its entirety to read as follows:

Section 58. Not Used

p. Section 59 is hereby amended in its entirety to read as follows:

59. Food Service Waste Reduction Requirements

Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

q. Section 63 is hereby amended in its entirety to read as follows:

63. Protected Health Information

Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

r. Section 64 is hereby added to the Agreement and reads as follows:

64. Additional Terms

Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

- s. **Appendix A dated 07/01/14 (i.e. July 1, 2014) is hereby replaced in its entirety with Appendix A dated 07/01/15 (i.e. July 1, 2015).**
- t. **Appendices A-1 to A-9 dated 07/01/15 (i.e. July 1, 2015) are hereby added for 2015-16.**
- u. **Appendix B dated 07/01/14 (i.e. July 1, 2014) is hereby replaced in its entirety with Appendix B dated 07/01/15 (i.e. July 1, 2015).**
- v. **Appendices B-1 to B-9 dated 07/01/14 (i.e. July 1, 2014) are hereby added for 2015-16.**
- w. **Appendix D, Additional Terms to the Original Agreement dated 07/01/10 (i.e. July 1, 2010 is hereby deleted in its entirety and replaced with Appendix D dated 07/01/15 (i.e. July 1, 2015).**
- x. **Appendix E, Business Associate Addendum to the Original Agreement dated 07/01/10 (i.e. July 1, 2010 is hereby deleted in its entirety and replaced with Appendix E dated 05/19/15 (i.e. May 19, 2015).**
- y. **Appendix F page A dated 07/01/15 (i.e. July 1, 2015) is hereby added for 2015-16.**

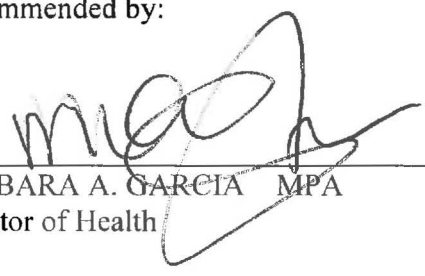
3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the effective date of the agreement.

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

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

CITY

Recommended by:



BARBARA A. GARCIA MPA
Director of Health

Approved as to Form:

DENNIS J. HERRERA
City Attorney

By:  8/15/15

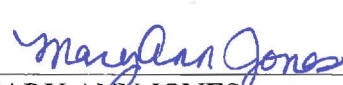
KATHY MURPHY
Deputy City Attorney

Approved:

JACI FONG
Director of the Office of Contract
Administration, and Purchaser

CONTRACTOR

**WESTSIDE COMMUNITY MENTAL
HEALTH CENTER**



MARY ANN JONES
CHIEF EXECUTIVE OFFICER
1153 OAK STREET
SAN FRANCISCO, CA 94117

City vendor number: 19855

Appendix A
Community Behavioral Health Services
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Mario Hernandez**, Principal Contact for the City, or his / her designee.

B. Reports:

(1) 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.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

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.

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

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. 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, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

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, §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 record keeping.
- (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, 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.

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.

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.

M. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Behavioral Health Services (CBHS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CBHS BIS and Quality Improvement Units.

N. Patient 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 Community Behavioral Health Services Policies and Procedures

In the provision of SERVICES under CBHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by CBHS, 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. 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.

U. 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."

Description of Services

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

Mental Health

Appendix A-1: Westside Outpatient Clinic

Appendix A-2: Westside Crisis Clinic

Appendix A-3: Westside Assertive Community Treatment (ACT)

Appendix A-4: Westside Child and Adolescent Outpatient Services

Appendix A-5: Westside Healing Circle Program

Appendix A-6: Westside Man Up Collaborative

Substance Abuse

Appendix A-7: Westside Methadone Maintenance Treatment Program

Appendix A-8: Westside Methadone Treatment Program—Long Term Detoxification Program

Appendix A-9: Westside CTL (HIV Counseling, Testing and Linkages)

Contractor: Westside Community Mental Health Center	Appendix A- 1
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

1. Identifiers:

Program Name: Westside Outpatient Clinic
Program Address: 245 11th Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 353-0311
Facsimile: (415) 353-0349
Website: <http://www.westside-health.org/>

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

Program Code: 89763

2. Nature of Document (check one)

☐ New ☒ Renewal ☒ Amendment One

3. Goal Statement

Westside Outpatient Program's goal is to provide outpatient mental health services to chronically mentally ill clients from diverse ethnic backgrounds with a focus on the African American community.

4. Target Population

The target population is adult residents (18 or older) of San Francisco who require mental health, case management, and/or crisis services. This is a diverse population including individuals with chronic, acute mental illness, the homeless mentally ill, the elderly, people of color, and those with less acute mental health needs.

5. Modality(ies)/Interventions

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	(UDC)
Brokerage	53,100		
Crisis	3,724		
Medication	126,243		
Mental Health Services	191,880		
Promotion	200		
Total Unduplicated Clients			325

Contractor: Westside Community Mental Health Center	Appendix A- 1
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The Westside Outpatient Program will serve **325 unduplicated clients** during the fiscal year.

Direct Services – The program will deliver 374,974 units of direct behavioral health outpatient services that includes mental health services, regular case management brokerage, psychiatric medication services and crisis intervention services for FY 15/16 (a service unit is defined as 1 staff minute). The focus is on individual strengths, the helping relationship as essential, contact in the community, and a focus on growth, change and consumer choice.

1. Brokerage Case Management: The Outpatient Program will provide brokerage case management services which focus on assessing needs, referral, and coordinating and monitoring on-going treatment. These services are designed to assist a client to access needed medical, educational, social, legal, pre-vocational, vocational, rehabilitative, or other community services. Services include but are not limited to: communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; and plan development.

2. Crisis Intervention: Crisis Intervention services are those services lasting less than 24 hours to or on behalf of a client for a condition which requires a more timely response than a regularly scheduled visit. Services may include but are not limited to assessment, collateral, crisis counseling, and initiation of involuntary hospitalization if needed for client safety.

3. Mental Health Services: The Outpatient Program will provide clinical case management including engagement, assessment and planning, community linking, and individual skills building through interventions such as psychotherapy, psychoeducation, and crisis intervention. The above interventions are designed to reduce mental disability, and improve or maintain functioning consistent with the goals of learning, development, and independent living and enhanced self-sufficiency.

4. Medication Support Services: Prescribing, administering, dispensing and monitoring psychiatric medications indicated to alleviate the symptoms of mental illness. Services include: evaluation of the need for medication, evaluation of clinical effectiveness and side effects, medication education, and plan development. Behavioral and lifestyle recommendations such as linkage to primary care, exercise, sleep hygiene, meditation are included as indicated to alleviate mental health symptoms as well as to increase the client's overall health and well-being.

Indirect Services – The program will deliver **200** units of indirect services for FY 15/16 (a service unit in this case is defined as 1 staff hour), including:

Contractor: Westside Community Mental Health Center	Appendix A- 1
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

1. Outreach Services/Consultation Services

Activities/projects designed to strengthen individual and community skills and abilities to cope with stressful life situations before the onset of mental illness; enhancing and/or expanding the agency's mental health knowledge and skills in relation to the community-at-large or special population groups; strengthen an individual's coping skills and abilities during a stressful life situation through short-term intervention and stabilization; and enhance or expand knowledge and skills of community partners to handle the mental health problems of particular clients.

6. Methodology

Direct Client Services:

A. Outreach, Recruitment, Promotion, and Advertisement:

Westside Outpatient is an integral part of the county system of care and accepts referrals directly from CBHS, Central Access, and other system of care providers. One of the primary referral sources to the Outpatient Program is the Westside Crisis Clinic, as being located on the same site facilitates convenient linkage for new clients. Potential clients are also able to self-refer to the Outpatient program on a drop-in basis Monday – Friday, 9:00 am to 10:30 am. Program staff conducts outreach to other community service providers to invite collaboration.

B. Program Admission, Intake Criteria and Process:

Westside Outpatient Program receives the majority of client referrals from the Westside Crisis Clinic. Other referral sources include Central Access, San Francisco General, FFS hospitals, and time limited programs such as residential treatment programs or Acute Diversion Units (ADUs), other system of care providers, medical clinics, and substance abuse programs. Clients may also be self-referred and access the program during daily drop-in hours with the Outpatient Officer of the Day (OD). After an initial risk assessment to ensure the beneficiary meets medical necessity, the OD schedules intake appointments. The Outpatient Program has 4-8 available intake slots per week. Same-day requests are limited to emergency situations and include concurrent linkage to Westside Crisis for emergency psychiatric medication assessment. At the initial intake, clients are offered on-going outpatient services which include primarily group therapy, case management, and access to a program psychiatrist or nurse practitioner for medication services. Individual therapy is dependent upon available program resources with a short-term, solution-focused approach. However clients are seen individually whenever needed by either their primary case manager of the OD to resolve a crisis or to address other immediate problems.

If, after an appropriate assessment period, it is felt that a given client could be better served in a more specialized program or with additional services, referral and linkage options are discussed with the client and facilitated by the case manager. This would include a step-down referral to primary

Contractor: Westside Community Mental Health Center	Appendix A- 1
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care for medication management if the client is stabilized on the current medication regimen, or conversely a referral to a higher level of care such as the ACT team within the IFSO. The number of clients denied outpatient services at the time of referral are 1% or less.

C. Service Delivery:

The primary treatment modalities of the Outpatient program are group treatment, case management, and individual therapy depending upon client need, appropriateness of treatment modality, and staff capacity. The Outpatient program is re-structured as needed in order to better meet the diversity of need among our clients and to facilitate access to services while maintaining the highest quality of care and addressing an increase in client demand and acuity.

New therapeutic groups are formed based on functional level of the client, staff expertise, and the treatment needs of the population. To increase consistent client participation, engagement, and group cohesion, clients meet individually with a clinician following intake to formulate a treatment plan. If the plan is to include group participation, the client is asked to meet briefly with the group leader prior to joining a group. Emphasis is placed on symptom management, harm-reduction, trauma, and activity groups to decrease client isolation. Current and recent Outpatient group offerings include Harm Reduction, Grief Support, Positive Esteem, DBT 101 and Advanced DBT groups, CBT for Depression and Anxiety, Anger Management, Seeking Safety, Nutrition, Art, Music, Karaoke, Men's Support, and Meditation groups. Groups meet for 60 to 90 minutes weekly. Activity groups are open to new members regardless of level of functioning; other groups, like CBT and DBT, require pre-screening with the group leader to ensure appropriateness and are generally time-limited, running in 6-8 week cycles. Strategies to increase client engagement have included creating groups that are less process oriented (e.g. art therapy), serving healthy snacks, incentivizing groups (e.g. providing a movie pass for clients who attend 6 of 8 groups) as well as addressing differences in functional level and fine-tuning a group structure and topic selection.

In addition to Groups, the Outpatient Program also provides individual therapy on a short-term, solution-focused basis for those clients who either do not want or do not fit the group therapy model. These clients are offered medication services and monthly to bi-monthly individual check-in/problem solving sessions. Case management services including linkage to primary care, legal advocacy for disability assessment where indicated, and vocational referrals are offered on an as-needed basis. Hours of operation are Monday – Friday, 9:00am to 5:00pm. After hours and weekends, clients may utilize Mobile Crisis Services, the Westside Crisis Clinic, Hot-Line services such as the Talkline, as well as Wellness and Recovery Oriented meetings and WRAP groups in the community to provide a back-up support structure for clients.

Program Services for Dually Diagnosed Clients

At intake, a client's dual diagnosis needs and their Stage of Change regarding substance use are assessed and appropriate program linkage and referrals are planned with the client. A competency in dual diagnosis treatment is a requirement for all staff. The Outpatient Program uses a Harm Reduction

Contractor: Westside Community Mental Health Center	Appendix A- 1
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approach to direct service delivery. Program staff will encourage abstinence where appropriate, and will attempt to engage all individuals where they are at in relation to their substance use, assisting them to move toward reducing harmful behaviors and consequences associated with their substance use.

Treatment strategies may include money management, utilizing a payee program to support reduction in substance use and to engage the client in treatment. Money management is a useful tool to ensure clients are meeting basic needs by facilitating rent payment and establishing food accounts at local grocery stores and restaurants, which results in a reduction of money available for buying alcohol or drugs. Clients may also be offered Harm Reduction focused group treatment if appropriate. Outside referrals may include the Treatment Access Program for linkage to residential or outpatient substance use treatment, detoxification if medically indicated, and appropriate 12-step meetings.

All Outpatient Program staff are required to attend ongoing training in Harm Reduction and dual disorder treatment including: trainings offered by CBHS, trainings organized by Westside and Westside's Integration partners; trainings by Westside staff specializing in the treatment of co-occurring disorders, and trainings sponsored by Westside with outside speakers or experts in the field. Services are continually reviewed and evaluated to ensure the program provides an integrated delivery model of substance abuse and mental health services, including a range of Harm-Reduction groups based on a client's current stage of change.

D. Discharge Planning:

Because of limited and shrinking mental health resources coupled with the need to immediately serve many new clients, the Outpatient program will consistently apply utilization review, discharge/exit criteria, and to prioritize services to those most in need. Clinicians will consider such factors as: risk of harm, functional status, psychiatric stability, risk of de-compensation, medication compliance, status of Plan of Care objectives, and a client's overall environment to determine which clients can be stepped-down to a lower level of care or to medications-only status. When appropriate, clients may be discharged to the Private Provider Network (PPN) or a primary care provider (PCP). Conversely when an Outpatient client demonstrates the need for a higher level of care that cannot be contained within the Outpatient program structure, a request is sent to CBHS for potential referral for an ICM program. When possible, clients are referred to Westside ACT as the ICM program, as these programs are on the same site and share many of the same staff, facilitating an easier transition for the client.

The cases of discharged clients are kept open in the program during the initial linkage phase to help ensure a successful transition to alternative community services.

E. Staffing:

See Appendix B

Indirect Services

Contractor: Westside Community Mental Health Center	Appendix A- 1
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Indirect service billing will be used during client the engagement process, for clients who are not registered Westside and/or CBHS clients.

7. Objectives and Measurements

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

8. Continuous Quality Improvement

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.

Documentation quality, including a description of internal audits

The Quality Assurance Committee is a standing committee comprised of a multidisciplinary membership. This committee meets quarterly or as required. The proponents of our QA activities include: Weekly program staff meetings, clinical case conferences within each 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 CPO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

Achievement of contract performance objectives

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

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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 QA 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 Assurance 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.

Cultural competency of staff and services

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In prior years we have assessed the cultural and linguistic training needs for the program staff using employee feedback received via staff meetings, employee surveys and consumer feedback. As we begin our strategic planning for the next five years we have begun to strategize on other assessment strategies to aid us determining our cultural and linguistic training needs.

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Client satisfaction

Performance measurement is continuously and consistently monitored. Monitoring focuses on client care processes and outcomes. The focus includes components of the process which looks at performance (including individual), coordination, integration, outcomes and improvement. A variety of

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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. 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.

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1. Identifiers:

Program Name: Westside Crisis Clinic
 Program Address: 245 11th Street
 City, State, Zip Code: San Francisco, CA 94103
 Telephone: (415) 353-0311
 Facsimile: (415) 353-0349
 Website: <http://www.westside-health.org/>

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

Program Code: 89764

2. Nature of Document (check one)

☐ New
 ☒ Renewal
 ☒ Amendment One

3. Goal Statement

Westside Crisis Clinic will provide psychiatric crisis and urgent care services to San Francisco residents.

4. Target Population

The target population is San Francisco adult residents (18 or older) who require psychiatric crisis and urgent care services. Westside serves the chronically mentally ill, homeless mentally ill, elderly, individuals with ethnic and/or lifestyle diversity, and individuals with co-occurring disorders.

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5. Modality(ies)/Interventions

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Brokerage	62		
Crisis	149,820		
Medication	133,624		
Mental Health Services	8,100		
Promotion	988		
Total Unduplicated Clients			1750

The Westside Crisis Clinic will serve **1,750 unduplicated clients** during the fiscal year.

Direct Services – The program will deliver **291,606 units** of direct services for the FY 15/16 (a service unit is defined as 1 staff minute), including:

1. Brokerage Case Management: The Crisis Clinic will provide brokerage case management services which focus on assessing needs, referral, and coordinating treatment. These services are designed to assist a client to access needed medical, educational, social, legal, pre-vocational, vocational, rehabilitative, or other community services. Services include but are not limited to: communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; and plan development.

2. Crisis Intervention: Crisis Intervention services are those services lasting less than 24 hours to or on behalf of a client for a condition which requires a more timely response than a regularly scheduled visit. Services may include but are not limited to assessment, collateral, crisis counseling, and initiation of involuntary hospitalization if needed for client safety.

3. Mental Health Services: The Crisis Clinic will provide clinical case management including engagement, assessment and planning, community linking, and individual skills building through interventions such as psychotherapy, psychoeducation, and crisis intervention. The above interventions are designed to reduce mental disability, and improve or maintain functioning consistent with the goals of learning, development, and independent living and enhanced self-sufficiency.

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4. Medication Support Services: Prescribing, administering, dispensing and monitoring psychiatric medications indicated to alleviate the symptoms of mental illness. Services include: evaluation of the need for medication, evaluation of clinical effectiveness and side effects, medication education, and plan development. Behavioral and lifestyle recommendations such as linkage to primary care, exercise, sleep hygiene, meditation are included as indicated to alleviate mental health symptoms as well as to increase the client's overall health and well-being.

Indirect Services – The program will deliver 988, units of indirect services for FY 15/16 (a service unit in this case is defined as 1 staff hour), including:

1. Outreach Services/Consultation Services

Activities/projects designed to strengthen individual and community skills and abilities to cope with stressful life situations before their onset; enhance and/or expand an agency's or organization's mental health knowledge and skills in relation to the community-at-large or special population groups; strengthen an individual's coping skills and abilities during a stressful life situation through short-term intervention and stabilization; and enhance or expand knowledge and skills of community partners to handle the mental health problems of particular clients.

6. Methodology

Direct Client Services:

Westside 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 referrals from Central Access for clients who require urgent interim or stabilization medications prior to beginning services at an outpatient system of care clinic. The program also accepts community referrals and walk-ins. Services are also designed to prevent unnecessary hospitalization. Crisis contacts are 90-Day case openings, allowing for symptom stabilization, appropriate transitional care and linkage to outpatient and other community services.

A. Outreach, Recruitment, Promotion, and Advertisement:

Westside Crisis Clinic staff are available to consult by phone with other agencies and community providers to coordinate client care and arrange for same-day services as indicated. Clinic staff works with SFGH, PES BHAC, and other CBHS providers to coordinate crisis/urgent care and to promote client access to our services. In addition, the program manager, division director, and medical

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director meet with other community service agencies and providers in mental health, substance abuse, HIV, and primary care, as well as homeless outreach teams, Jail Psych Services, Citywide Case Management, private hospitals and Emergency Departments, Mobile Crisis, SFPD psych liaison, and Dore Urgent Care to present the Crisis Clinic program and facilitate client access to services.

B. Program Admission, Intake Criteria and Process:

The Westside Crisis Clinic operates on a drop-in, first come – first served basis, with higher acuity clients being prioritized. The clinic is available to anyone currently residing in or visiting San Francisco who needs crisis or urgent mental health care. In addition, the clinic accepts phone referrals made by other service providers. Such referrals are assessed and either accommodated as emergencies or instructions are provided as to the best time to send the client to the clinic to minimize waiting time. Clients accompanied by a case manager or interpreter are similarly accommodated to reduce the time commitment involved in bringing someone to the clinic. In addition, individuals are brought to the Crisis Clinic by the police and fire departments for assessment and triage.

C. Service Delivery:

When clients check in, staff determines the nature and acuity of the problem, the client's desired outcome, and whether they are new to the system, open in another system of care clinic, and/or have previously utilized crisis services. Individuals who have no alternative means of obtaining mental health services (such as by private insurance or open in another clinic) and are residents of San Francisco are eligible to receive services. Privately insured individuals and non-county residents are assessed for risk as well as the urgency of the presenting problem. Those requiring same or next-day intervention are seen on a one-time basis and assisted in accessing other available resources. Those with non-urgent needs are offered assistance in contacting their private insurance triage network. Urgent and emergent series are provided at the clinic as needed until closing. Non-crisis cases are referred back to the clinic for services the next day if necessary. The program will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

Westside Crisis Clinic utilizes a medical model of service delivery. New clients are first seen by an LPT, LVN or other mental health clinician/trainee who conducts a comprehensive intake assessment. At this time, the client's treatment needs are identified. The case is then presented to a staff psychiatrist, physician, or nurse practitioner for a medication evaluation. These services require 2 to 2.5 hours of face-to-face time. Clients who are prescribed medications for either the first time or following a period of lapse are routinely opened for a 90-day period of follow-up during which medication efficacy is monitored and plans are made to link the client to an outpatient clinic for on-going care.

An attempt is made to link all clients who require on-going medication services and/or who meet the medical necessity requirements as defined by CBHS guidelines with appropriate outpatient services. Linkage referrals are made according to proximity to the client's residence as well as client choice.

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A portion of crisis contacts are made with individuals who come to the clinic complaining of lost or stolen medications, have failed to comply with prescribed medication regimens, and/or who have failed to link with outpatient services and have become repeat users of crisis services to obtain medications. These individuals are identified by triage, are seen on a one-time basis to screen for acuity and risk, and assessed carefully for any barriers to linkage. To facilitate linkage of repeat users, staff assists in basic case management and help clients to make an intake appointment prior to being seen.

Having a close relationship with the Westside Outpatient Clinic helps the Crisis Clinic to facilitate a smooth transition to ongoing care, especially for individuals who live nearby neighborhoods. Westside Outpatient Clinic also provides an alternative for crisis clients who do not readily link with services and who prefer coming to the 245 11th Street location.

Psychiatric emergencies requiring hospitalizations are handled directly by the LPT, LVN or mental health clinician if 5150 criteria are clearly met by the individual. If the situation is less well defined, an attempt is made by the LPT/LVN/mental health clinician and/or the psychiatrist/physician/nurse practitioner to explore feasible alternatives with the client prior to initiating a 5150 to PES. Medical emergencies are handled by calling 911.

The Westside Crisis Clinic frequently sees clients who have co-occurring disorders including substance abuse/dependence. Many of these individuals seek help while experiencing symptoms of withdrawal, while actively intoxicated, and during periods between episodes of substance abuse. Common complaints include psychosis, anxiety, and/or depression. Substance abuse problems are carefully assessed at the time of the initial intake and again by the psychiatrist. Assessment includes detailed past and current use, vital signs, and CAGE screening tool. If a client is medically unstable because of substance withdrawal/intoxication, paramedics are called and the individual may be transported to SFGH-ER for treatment. The clinic uses a Harm Reduction approach in that abstinence is not a condition of receiving psychiatric treatment and/or medications. Clients who are too intoxicated at the time of the visit to engage in a coherent assessment are assessed for suicidality, homicidality, gravely disable, and other emergent conditions. If there are no risk factors, the client is educated about life-threatening withdrawal symptoms and how to access emergency care, asked to limit use for the next 24 hours and return to the clinic to be evaluated the following day when they can participate in an interview. In following Harm Reduction Principles, medications are prescribed to address psychiatric symptoms provided there are no contraindications. Clients are triaged to appropriate follow-up services such as an outpatient mental health clinic, substance abuse treatment program, detox facility, and/or BHAC. Other resources may be offered such as 12-step meetings and after-hours hot-line numbers to provide additional support.

Discharge Planning:

Exit criteria for Westside Crisis Clinic include but are not limited to the following: successful completion of agreed upon treatment goals; reduction in distressing symptoms; referral to an

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outpatient mental health clinic for on-going care; referral to non-mental health programs; and, referral to a higher level of care.

D. Staffing:

See Appendix B

E. Indirect Services

Indirect service billing will be used during client the engagement process, for clients who are not registered Westside and/or CBHS clients.

7. Objectives and Measurements

CBHS objectives and descriptions of how objectives will be measured are contained in the CBHS document entitled Performance Objectives FY 14-15.

8. Continuous Quality Improvement

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supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

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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).

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1. Identifiers:

Program Name: Westside CTL (HIV Counseling, Testing, and Linkages)

Program Address: 1301 Pierce St.

City, State, Zip Code: San Francisco, CA 94115

Telephone: 415-563-8200

Facsimile: 415-563-5985

Contractor Address: 1153 Oak Street

City, State, Zip Code: San Francisco, CA 94117

Name of Person Completing this Narrative: Mary Ann Jones, Ph.D., CEO

Telephone: 415-431-9000

Program Code(s): N/A

(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)

2. Nature of Document (check one):

☐ New ☒ Renewal ☒ Amendment One

3. Goal Statement:

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

4. Target Population:

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

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

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

6. Methodology:

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

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A. Outreach, recruitment, promotion, and advertisement as necessary.

The program focuses primarily on clients who are enrolled in the Methadone Maintenance/Detoxification programs and the Maxine Hall Clinic at Westside.

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

All clients receiving services at the Westside Methadone Program have the opportunity to receive case management, prevention and intervention individual and group sessions.

C. Service delivery model

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

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

D. Discharge Planning

N/A

E. Program staffing – See Appendix B

7. Objectives and Measurements:

- 1) During the Fiscal Year 2015-16, **824** Units of Service will be provided to 300 unduplicated clients consisting of HIV Early Intervention Individual and Group Contacts and Case Management.
- 2) During the Fiscal Year, 2015-16, **50%** of clients responding to HIV surveys will report satisfaction with the overall quality of services received.
- 3) 100% of those clients testing positive will be linked to medical care.
- 4) 100% of clients testing positive will have a discussion with an HIV test counselor or the Medical Director about their status and partner disclosure options.

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Other Measurable Objectives:

- 1) The number of groups will be determined by staffed documentation of groups conducted. Staff documentation consists of sign in sheets for each group.
- 2) The Methadone Maintenance counselors and CTL Coordinator are responsible for providing direct services and is responsible for all data collection.
- 3) Westside will strive to achieve a positivity rate of at least 1% by reaching clients who are at risk of HIV infection.

8. Continuous Quality Improvement:

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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,

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

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B. Documentation of quality, including a description of any internal audits

The Quality Improvement Committee is a standing committee comprised of staff members who represent key elements of the Agency. 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 CPO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

C. Measurement of cultural competency of staff and services

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.

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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. Measurement of client satisfaction

Performance measurement is continuously and consistently monitored. Monitoring focuses on client care processes and outcomes. The focus includes components of the process which looks at performance (including individual), coordination, integration, outcomes and improvement. 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. 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.

Westside is well equipped to monitor outcomes and looks forward to being able to utilize more accurate data within Avatar once this data is made available to us.

E. Measurement, analysis, and use of CANS or ANSA data.
N/A

9. Required Language (if applicable): N/A

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1. Identifiers:

Program Name: Westside Child & Adolescent Outpatient Services

Program Address: 1140 Oak Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: 415.431.8252

Facsimile: 415.431.3195

Contractor Address: 1153 Oak Street

City, State, Zip Code: San Francisco, CA 94117

Name of Person Completing this Narrative: Mary Ann Jones, Ph.D., CEO

Telephone: 415.431.9000

Program Code(s): 89007

(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)

2. Nature of Document (check one):

☐ **New** ☒ **Renewal** ☒ **Amendment One**

3. Goal Statement:

The goal of Westside Child & Adolescent Outpatient Services is to provide a comprehensive and integrated approach to mental health services for children and youth that is both community and clinic based.

4. Target Population:

The target Populations of Westside Child and Adolescent Outpatient Services are children and youth under the age of 25 who lack access to the range of services needed to fully integrate into the community. A particular focus will be on providing services to underserved youth and African American Families who reside in low income neighborhoods impacted by varying traumas, violence (e.g. Western Addition, Bayview Hunter's Point, OMI, etc.), isolation, poverty, mental illness and racism who have exhibited emotional and behavioral problems severe enough to disrupt their home, school and community activities.

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

Westside Child and Adolescent Services will serve **250 unduplicated clients** during the fiscal year. Definitions of mental health billable service unit(s) provided at Westside Child and Adolescent Outpatient Services are as follows:

1. Modality(ies)/Interventions

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Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Brokerage	36,180		
Crisis	3,900		
Medication	25,138		
Mental Health Services	260,105		
Promotion	2,258		
Total Unduplicated Clients			250

Westside Child and Adolescent Outpatient Services will service 130 unduplicated clients during the fiscal year, pre-screened as high-utilizers of the System of Care, who are referred by a designated coordinator at CBHS.

Direct Services – The program will deliver **325,323** units of direct services for FY 15/16 (a service unit is defined as 1 staff minute).

1. Brokerage Case Management: The Outpatient Program will provide brokerage case management services which focus on assessing needs, referral, and coordinating and monitoring on-going treatment. These services are designed to assist a client to access needed medical, educational, social, legal, pre-vocational, vocational, rehabilitative, or other community services. Services include but are not limited to: communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; and plan development.

2. Crisis Intervention: Crisis Intervention services are those services lasting less than 24 hours to or on behalf of a client for a condition which requires a more timely response than a regularly scheduled visit. Services may include but are not limited to assessment, collateral, crisis counseling, and initiation of involuntary hospitalization if needed for client safety.

3. Mental Health Services: The Outpatient Program will provide clinical case management including engagement, assessment and planning, community linking, and individual skills building through interventions such as psychotherapy, psychoeducation, and crisis intervention. The above interventions are designed to reduce mental disability, and improve or maintain functioning consistent with the goals of learning, development, and independent living and enhanced self-sufficiency.

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4. Medication Support Services: Prescribing, administering, dispensing and monitoring psychiatric medications indicated to alleviate the symptoms of mental illness. Services include: evaluation of the need for medication, evaluation of clinical effectiveness and side effects, medication education, and plan development. Behavioral and lifestyle recommendations such as linkage to primary care, exercise, sleep hygiene, meditation are included as indicated to alleviate mental health symptoms as well as to increase the client's overall health and well-being.

Indirect Services The program will deliver **2,258** units of indirect services for FY 2015-16 (a service unit is defined as one 60-minute increment of staff minute), including:

Outreach and Engagement Services (MHSA) Including:

Strategies to reduce ethnic/racial disparities; Outreach to entities such as: community based organizations, schools, tribal communities, primary care providers, faith based organizations and outreach to individuals such as: community leaders, those who are homeless, those who are incarcerated in county facilities.

Outreach Services are activities and projects directed toward 1) strengthening individual's and communities' skills and abilities to cope with stressful life situations before the onset of such events, 2) enhancing and/or expanding agencies' or organizations' mental health knowledge and skills in relation to the community-at-large or special population groups, 3) strengthening individuals' coping skills and abilities during a stressful life situation through short-term intervention and 4) enhancing or expanding knowledge and skills of community based organizations' staff to handle the mental health problems of particular clients.

6. Methodology:

Westside Community Services' Mission is to provide high quality, family-centered, culturally competent behavioral health and human services. Westside Integrated Child, Youth and Family Services provides a holistic approach to treatment acknowledging that underserved communities impacted by racism, poverty, poor health care outcomes are impacted by socio-economic co-factors that influence treatment outcomes. Westside Child and Adolescent Outpatient Services employs a systems model with its approach to treatment with focused interventions on African American families, Teens, ADHD/ADD, child and adolescent psychiatry and crisis intervention.

Westside Child and Adolescent Outpatient Mental Health Services employs a medical model with its approach to treatment. The purpose of the medical model is to allow for a comprehensive psychiatric evaluation of children suffering from emotional disorders. In this model the psychiatrist leads a team of professionals in the evaluation of the child and family.

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Information is gathered allowing the psychiatrist and the rest of the treatment team to both assess and recommend comprehensive treatment from psychopharmacological to psychotherapeutic. The primary goal of child and adolescent mental health services is to provide treatment for mental health disorders through individual, family, and group interventions. In addition, in order to promote growth and change it is necessary to replace maladaptive behaviors and activities with ones that are adaptive and pro-social. Therefore, our interventions weave in activities that promote the growth and development of social skills, independent living skills, critical thinking skills and case management where appropriate.

Specialized Programs/Clinics

Westside Ajani Program

Focused interventions include using Afrocentric evidence-based treatments. Afrocentric means utilizing the history, culture, philosophy and collective experience of African people as the frame of reference for providing treatment. The purpose of the afro-centrist model is to allow for a comprehensive cultural based assessment of African American/Black families to better address the integration of a culturally competent model of care. This model is a culturally specific strengths-based model based on the principals of adaptive family functioning for the African American family.

Westside Ajani employs a systems model with its approach to treatment. This model uses a treatment team composed of therapists, community liaisons and a psychiatrist in the evaluation of the child and family from a multi-disciplinary perspective. Information is gathered allowing the treatment team to both assess and recommend comprehensive treatment from case management to psychopharmacological to psychotherapeutic interventions.

Westside Ajani is a comprehensive multi-service program that provides outpatient mental health, school-based mental health and consultation case management and outreach. The focus of the program is to build emotional wellness in children, youth and families by providing treatment, education, consultation/capacity building and support. Referrals are facilitated through our linkages with mental health providers, child care centers, probation, education, health services, group homes, community centers, recreation centers and the Department of Human Services. Westside Ajani provides clinic based and community based services. One of the unique areas of expertise of Westside Ajani services is our outreach and capacity to serve children and youth where they are by a team of clinicians and community liaisons that reflect their shared culture. Westside is the only non-profit community mental health center that can ensure that a client is matched with a therapist of the same ethnic background when the client requests an African American therapist or practitioner. Further, Westside is the only community based organization that can provide a team of licensed psychologists, psychiatrists and outreach workers of African American

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descent with established relationships with local clergy and gatekeepers in the African American community. Westside Ajani prides itself on having a multi-disciplinary team comprised of psychiatrists, licensed and unlicensed/waivered mental health professionals, educators and early childhood specialists. All of our clinicians are trained in providing the highest standard of medically modelled services within a psychosocial rehabilitative framework based on research conducted in the African American community.

Nathaniel Brooks Teen Clinic

The Nathaniel Brooks Teen Clinic focuses on the development of mental health habits—including coping, resilience and good judgment—to help adolescents achieve overall well-being and set the stage for positive mental health in adulthood. Although mood swings are common during adolescence, approximately one in five adolescents has a diagnosable mental disorder, such as depression and/or “acting out” conditions that can include extremely defiant behavior.

Less than half of the adolescents who need mental health care receive treatment. A social stigma continues to surround mental health disorders, and mental health care is frequently difficult to access. Approximately one out of five adolescents has a diagnosable mental health disorder. Warning signs aren’t always obvious, but more common symptoms include persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep. Mental health disorders can disrupt school performance, harm relationships, and lead to suicide (the third leading cause of death among adolescents). Unfortunately, an ongoing stigma regarding mental health disorders inhibits some adolescents and their families from seeking help. Effective treatments for mental health disorders, especially if they begin soon after symptoms appear, can help reduce its impact on an adolescent’s life.

The Teens for Understanding and Compassion Program

The Teens for Understanding and Compassion Program is intended to introduce teens to a community service project. Although direct financial incentives are prevalent in nearly all walks of life, they are rarely used on students. There is, however, a growing body of evidenced-based research on incentive-based education reform that lends support to the positive effects of monetary rewards on student enrollment, attendance, behavior, grades, and matriculation. Findings show that these positive effects are especially beneficial for youth who are low income, minority, or boys.

We will present teens with a scholarship or stipend for their involvement in a community service project provided to a community impacted by poverty and disparate health outcomes. Stipends will be offered to teenagers currently being served by our Teen Clinic. Scholarships will be offered for one student to attend a summer program that they would

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not be able to attend because of family financial circumstances. There will be an end of the summer dinner where students can discuss their accomplishments.

ADHD/ADD Clinic

The ADHD Clinic offers state-of-the-art services for children and adolescents with Attention Deficit Hyperactivity Disorder (ADD/ ADHD). The ADHD Clinic is comprised of an interdisciplinary team specializing in the evaluation, treatment, and support of children and adolescents with attention deficits, learning problems, and related behavioral difficulties.

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement as necessary

Referrals are facilitated through linkages with family advocacy agencies, community churches, multi-service family centers, community centers, mental health providers, child care centers, probation, education, health services, group homes, recreation centers, the Department of Human Services, and city and county hospital/public health clinics. Westside staff are trained by the Harlem Children's Zone Practitioner Institute and receive on-going personalized consultation from Dr. Joy DeGruy and Dr. Ken Hardy, two noted experts in evidenced based outreach to the African American community.

The program Community Liaisons are available to meet individually with families who have specific questions about the program and/or want to refer themselves for the treatment. Brochures, flyers, public service announcements, and presentation to the community (ex. city, council and board of supervisors) will be utilized to promote the program. Direct coordination and collaboration with existing public agencies specifically Foster Care Mental Health, Children System of Care (CSOC) and AB3632 is prioritized. The Treatment Access Program (TAP) is the assessment, referral and placement unit of the Community Behavioral Health Services (CBHS), Community Programs - Placement Division. TAP directly assesses clients who self-refer or are referred by various providers throughout the City. At least 50% of the treatment slots will be reserved for CHBS referrals. Special hours will be advertised for walk-in cases. Internet Web based information as well as written materials have been updated to improve Westside's visibility.

Child and Adolescent Outpatient Services provides clinic based and community based services. One of the unique areas of expertise of Westside Child and Adolescent Outpatient Services is our outreach. Westside is the leader in providing outreach and intervention in housing projects including Hayes Valley, Plaza East, Bernal, Sunnysdale and Alice Griffith. Westside utilizes celebrities to help us bring mental health literacy to underserved communities. This year Malik Yoba and D.L. Hughley will provide direct services to our communities disproportionately impacted by poor health outcomes. Our please describe the

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unique outreach employed by program staff] and capacity to serve children and youth where they are. Westside Child and Adolescent Outpatient Services prides itself on having a multi-disciplinary team comprised of psychiatrists, licensed and unlicensed/waivered mental health professionals, educators and early childhood specialists.

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

Services are offered beginning at 9 a.m. and are provided up to 7:00 p.m. Monday through Friday. The typical length of treatment is 12- 18 months. Services are provided on site at the clinic, in the community when utilizing in-vivo treatment, at satellite clinics or on school sites.

C. Service delivery model

The primary goal of child and adolescent mental health services is to provide treatment for mental health disorders through individual, family, and group therapies. In addition, in order to promote growth and change it is necessary to replace maladaptive behaviors and activities with ones that are adaptive and pro-social. Therefore, our interventions weave in activities that promote the growth and development of social skills, independent living skills and critical thinking. Case Management is utilized where appropriate.

Westside Child and Adolescent Outpatient Services employ a systems model with its approach to treatment. The purpose of the systems model is to allow for a comprehensive evaluation of children suffering from emotional disorders. This model uses a treatment team composed of therapists, community liaisons and a psychiatrist in the evaluation of the child and family from a multi-disciplinary perspective. Information is gathered allowing the treating therapist and the treatment teams to both assess and recommend comprehensive treatment from case management to psychopharmacological to psychotherapeutic interventions.

Assessment Phase: Each individual who enters treatment at Westside Child and Adolescent Outpatient Mental Health Services receives a comprehensive evaluation. This includes a pre-screening by a Community Liaison that gathers basic demographic information and clarifies referral information. The individual then receives a face-to-face intake with the mental health rehabilitation specialist where a detailed clinical history and symptom survey is obtained. Standardized instruments are used to help clarify presenting problems and screen for substance abuse problems. The clinical team reviews strengths and challenges of the individual and their support system to determine the appropriate diagnosis and most appropriate course of treatment. Substance abuse screening is part of the Westside Child and Adolescent Outpatient Services assessment process. Although we do offer prevention/ education and support, in addition to treatment for dually diagnosed clients, we refer our higher level substance abuse/ dependent young clients to the San Francisco Department of Public Health Access Program (TAP) and other San Francisco partners.

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Treatment Phase: The Mental Health Therapist will provide treatment that incorporates evidence-based practices when appropriate through interventions coordinated by a highly skilled multidisciplinary team. The modalities utilized include, but are not limited to, individual therapy, medication support services, family therapy, parent skills training, group therapy, social skills training, and limited case management services.

Westside Child and Adolescent Outpatient Services is a comprehensive multi-service program that provides outpatient mental health, school-based mental health and consultation case management and outreach. The focus of the program is to build emotional wellness in children, youth and families by providing treatment, education, consultation/capacity building and support. Referrals are facilitated through our linkages with mental health providers, child care centers, probation, education, health services, group homes, community centers, recreation centers and the Department of Human Services. Westside Child and Adolescent Outpatient Services provides clinic based and community based services. One of the unique areas of expertise of Westside Child and Adolescent Outpatient Services is our outreach and capacity to serve children and youth where they are. Westside Child and Adolescent Outpatient Services prides itself on having a multi-disciplinary team comprised of psychiatrists, licensed and unlicensed/waivered mental health professionals, educators and early childhood specialists.

Treatment progress is monitored monthly by the Family Specialists or Therapists and treatment team as measured against the plan of care goals. Frequent monitoring including home visits and co-joint Mental Health Therapist and parent(s) school observations/conference provides opportunity for mini-celebrations of success and for re-focusing in those areas that require more attention and growth. Services are offered primarily during and after school hours, evenings and weekends. Because most of the clients are operating in an environment with on-going stress and multiple problems the typical length of treatment can be at least one a year with the goal of stepping down to maintenance level services over time. Services are provided in the community, at the clinic, at satellite clinics and/or on school sites.

D. Discharge Planning

Building Capacity and Celebrating Success: Families who have successfully completed their treatment goals and are terminating with regular services are encouraged to remain part of the program. They can participate in either the on-going parenting group or a general support group in order to form relationships with other families in the Child and Adolescent Outpatient Services program for both on-going support and increased social contact. Success of treatment goals or other major milestones such as completing a grade with a high GPA are also celebrated regularly by all participants in the program.

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E. Program staffing – See Appendix B

7. Objectives and Measurements:

“All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 2015-16 – Westside Ajani MHSA Program Objectives:

1. At least 65% of African Americans identified will receive health care promotional information and linkages to culturally appropriate services. This will be measured monthly through staff reporting.
2. Westside will provide outreach to African Americans living in housing projects in the Western Addition and Southeast Corridor to make residents aware of the benefits of ACA and connect them with enrollment information and assistance. This will be measured monthly through staff reporting.
3. Westside will bring the voices of African American boys and their fathers to providers (those who have been charged to serve and care for them) in hopes of having some positive and substantive change on the service delivery system in traumatized African American communities. This will be measured through monthly reporting.
4. Westside will hire outreach workers and community liaisons that reflect the ethnic background and shared culture of the African American community. This will be measured by HR reports.
5. Westside will attend 12 community based events focused on underserved communities impacted by trauma including the Juneteenth Festival, Mo’Magic Events, 3rd on 3rd in the Southeast corridor and workforce development programs providing services to the parents of children we serve. This will be measured through monthly reporting.

8. Continuous Quality Improvement:

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

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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. Documentation of quality, including a description of any internal audits

The Quality Improvement Committee is a standing committee comprised of staff members who represent key elements of the Agency, which include the following representatives: Chief Program Officer (CPO), Quality Improvement Manager (QI), Medical Director or designee, and line staff from the program. 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

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of practice guidelines. Managers/Coordinators regularly report to CPO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

C. Measurement of cultural competency of staff and services

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. Measurement of client satisfaction

Performance measurement is continuously and consistently monitored. Monitoring focuses on client care processes and outcomes. The focus includes components of the process which looks at performance (including individual), coordination, integration, outcomes and improvement. 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,

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safety statistics, infection control data, referral sources, and cost analysis. 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.

Westside is well equipped to monitor outcomes and looks forward to being able to utilize more accurate data within Avatar once this data is made available to us.

E. Measurement, analysis, and use of CANS or ANSA data.

The CANS serves as a tool to support transformation and service integration while reflecting Westside's commitment to systems and program integration. They provide a common language across a system that honors the consumer voice and choice, culture, individualized planning and requires collaboration with families and young adults. Part of the QI Committees goal is to analyze data from these various tools and provide feedback on trends, improvement and/ or areas needing improvement to the Directors and Managers of the program. The supervisors use this data in supervision and case conferences with the clinical staff to aid in treatment planning. By clearing communicating the trends in the data we help assure for a multidisciplinary team and cross-system service coordination. As well as aid the client in identifying a plan to overcome barriers to recovery and celebrate successes and progress toward recovery.

9. Required Language (if applicable): N/A

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1. Identifiers:

Program Name: Healing Circle Program

Program Address: 245 11th St.

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

Telephone: 415-355-0311

Facsimile: 415-355-0349

Contractor Address: 1153 Oak Street

City, State, Zip Code: San Francisco, CA 94117

Person Completing this Narrative: Mary Ann Jones, Ph.D., CEO

Telephone: (415) 431-9000

Email Address: mjones@westside-health.org

Program Code(s): N/A

2. Nature of Document (check one):

☐ New ☒ Renewal ☒ Amendment One

3. Goal Statement:

Westside Healing Circle program's goal is to provide support services for the Healing Circle Staff and community members impacted by continuous exposure to severe traumatic stress. The Healing Circle program provides culturally competent, crisis support care services to the community within San Francisco City and County. The program is designed to address the needs of clients new to the system, facilitate client linkage to outpatient mental health and substance abuse services, primary care, and other community resources, decrease hospitalization and use of emergency services, and serve as a safety net for other community service providers.

4. Target Population:

The target population is residents of San Francisco who require on-going consultation and support services related to a critical incident and immediate crisis intervention services. This is a diverse population including first responders to violence through the Healing Circle, Healing 4 Our Nation, the San Francisco Mayor's Office, System of Violence Intervention Programs (SVIP), SFDPH Child Crisis, Department of Children, Youth and Families (VPI), Ajani Community Case Management; and, families who have lost children to murder with a specific focus on mothers and fathers.

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

A. Modality of service/intervention

Indirect Services – This program is a cost based reimbursement pilot based on both technical assistance in fiscal management and program administration; and, psychosocial support services.

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The program will deliver evidence based services tailored to the needs of the community including:

1. **Supportive interventions i.e. massage, hotel expenses when first responders need a safe place to debrief for up to 3 days, food, and, care packages for first responders and community members.**
 2. **Fiscal Consultation and Administrative Support Services related to the 501©3 process and budget management.**
1. **Outreach/Consultation:** Activities and projects designed to strengthen the fiscal capability of Healing Circle through fiscal consultation and organizational development. Activities/projects designed to strengthen staff and organizational skills and abilities to cope with stressful life situations before their onset; enhance and/or expand an agency's or organization's mental health knowledge and skills in relation to the community-at-large or special population groups; strengthen an individual's coping skills and abilities during a stressful life situation through short-term intervention; and enhance or expand knowledge and skills of staff to manage fiscal operations.

6. Methodology:

- A. Westside will provide community based support and responsive fiscal consultation services. Services are also designed to support long term needs of San Francisco residents impacted by traumatic events.
- B. N/A
- C. The service model is centered on meeting the needs of the community and supporting the existing services offered by CBHS.
- D. N/A
- E. See Appendix B

Indirect Services

Indirect service billing will be used for training the Healing Circle staff on compassion fatigue and self-care; clinical consultation and fiscal operating policies and procedures.

7. Objectives and Measurements:

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY15-16."

8. Continuous Quality Improvement:

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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. Documentation of quality, including a description of any internal audits

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The Quality Improvement Committee is a standing committee comprised of staff members who represent key elements of the Agency. 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 CPO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

C. Measurement of cultural competency of staff and services

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. Measurement of client satisfaction

Contractor: Westside Community Mental Health Center	Appendix A- 5
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Performance measurement is continuously and consistently monitored. Monitoring focuses on client care processes and outcomes. The focus includes components of the process which looks at performance (including individual), coordination, integration, outcomes and improvement. 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. 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. Measurement, analysis, and use of CANS or ANSA data: N/A

9. Required Language (if applicable): N/A

Contractor: Westside Community Mental Health Center	Appendix A- 6
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

1. Identifiers:

Program Name: S.F. Man Up Collaborative

Program Address: 245 11th St.

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

Telephone: 415-355-0311

Facsimile: 415-355-0349

Contractor Address: 1153 Oak Street

City, State, Zip Code: San Francisco, CA 94117

Name of Person Completing this Narrative: Mary Ann Jones, Ph.D., CEO

Telephone: 415-431-9000

Program Code(s): N/A

2. Nature of Document (check one):

☐ New ☒ Renewal ☒ Amendment One

3. Goal Statement:

S.F. African American Man Up Collaborative brings the voices of African American men to providers (those who have been charged to serve and care for them) in hopes of having some positive and substantive change on the service delivery system in traumatized AA communities. This program will specifically reach out to low income families to make them aware of the benefits of the ACA and connect them with enrollment information and assistance. The Man Up Collaborative promotes accessible, comprehensive health care delivered by practitioners in a shared cultural context and bridges health care to community advocacy for community conditions that support improved health outcomes. The program is designed to address the needs of clients new to the system, facilitate client linkage to outpatient mental health and substance abuse services, primary care, and other community resources, decrease hospitalization and use of emergency services, and serve as a safety net for other community service providers.

4. Target Population:

The target population is San Francisco child and adult African American male residents. The program targets residents of San Francisco who are at risk of poor health care outcome related traumatic experiences and social isolation.

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

Contractor: Westside Community Mental Health Center	Appendix A- 6
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

A. Modality of service/intervention

Direct Services – The program will deliver 3 Intensive Day Programs for three groups of men and a one day train the trainer program designed by Dr. Kenneth Hardy. One full day of training will be provided by Dr. Hardy to 3 groups of African American Men living in the Tenderloin, Southeast corridor and Western Addition:

1. Outreach/Consultation: Activities and projects designed to target low African American males not currently connected to DPH resources and provide outreach, health literacy and linkages.
2. 3 Intensive Day Programs for 90 African American men.
3. 1 day of train the trainer.

6. Methodology:

- A. Westside will provide community based support and responsive health consultation services. Services are also designed to support long term needs of San Francisco residents impacted by traumatic events and poor health outcomes.
- B. N/A
- C. The service model is centered on meeting the needs of the community and supporting the existing services offered by CBHS.
- D. N/A
- E. See Appendix B

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

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.

Contractor: Westside Community Mental Health Center	Appendix A- 6
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

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. Documentation of quality, including a description of any internal audits

The Quality Improvement Committee is a standing committee comprised of staff members who represent key elements of the Agency, which include the following representatives: Chief Program Officer (CPO), Quality Improvement Manager (QI), Medical Director or designee, and line staff from the program. 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 CPO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

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C. Measurement of cultural competency of staff and services

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. Measurement of client satisfaction

Performance measurement is continuously and consistently monitored. Monitoring focuses on client care processes and outcomes. The focus includes components of the process which looks at performance (including individual), coordination, integration, outcomes and improvement. 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. 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.

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E. Measurement, analysis, and use of CANS or ANSA data: N/A

9. Required Language (if applicable): N/A

Contractor: Westside Community Mental Health Center	Appendix A- 7
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

1. Identifiers:

Program Name: Westside Methadone Maintenance Treatment Program

Program Address: 1301 Pierce St.

City, State, Zip Code: San Francisco, CA 94115

Telephone: 415-563-8200

Facsimile: 415-563-5985

Contractor Address: 1153 Oak Street

City, State, Zip Code: San Francisco, CA 94117

Name of Person Completing this Narrative: Mary Ann Jones, Ph.D., CEO

Telephone: 415-431-9000

Program Code(s): 38874

(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)

2. Nature of Document (check one):

☐ New ☒ Renewal ☒ Amendment One

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's Methadone Maintenance program will serve **362 unduplicated clients** during Fiscal year '2015-16.

During Fiscal Year 2015-16, **119,738 units of service (UOS)** will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by AVATAR and documented by counselors' case notes and program records. The unit of service for a Narcotic Treatment Program is based on California Code of

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City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

Regulations (CCR) Title 9, Narcotic Treatment Protocols, and the Title 22, Medi-Cal Protocols. One unit of service for a Narcotic Treatment Program is defined as either one dose of Methadone (either for clinic consumption or take-home) or one 10 minute period of face-to-face individual or group counseling to include assessment, treatment planning, collateral counseling to family and friends, medication review and crisis intervention.

6. Methodology:

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement as necessary.

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.

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

Admission to the Westside Methadone Maintenance Program is mandated by Title 9 admission criteria that requires clients to be at least 18 years of age and to show proof of addiction at the time of admission. When a slot becomes available, the COPE program is notified of the available slot and referrals are accepted if available. If COPE has no appropriate referrals, slots are available to clients referred from other clinics or self-referral. Clients are assigned a counselor who is responsible for the assessment, treatment plans, monthly random urine specimen collection, case management, counseling, and referrals to community resources when needed.

C. Service delivery model

Methadone is a long-acting oral opioid analgesic that suppresses symptoms of opioid withdrawal and reduces craving for opioids without inducing sedation or euphoria. Maintenance treatment for opiate addiction involves the daily dispensing of methadone, urine drug screens, and long-term outpatient counseling. Because methadone is administered orally, MMT is also effective HIV prevention and reduces the frequency of injecting and syringe sharing. By reducing or eliminating illicit opiate use, methadone treatment provides strong personal and social benefits by reducing criminal behavior and arrest rates of clients in treatment. Methadone maintenance can stabilize client's lives, increase legitimate employment, and decrease the use of heroin other illicit drugs. Co-occurring mental health and substance abuse disorders are the norm, not the exception. Strong levels of service coordination are needed to improve client outcomes. This may be achieved through consultation, collaboration, referral, or integration. Clients' needs will be appropriately addressed at whatever point they enter the system. Every door is "the right door," and referrals will be actively guided.

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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.

Westside Methadone Program operates 365 days per year. We are open during the hours of 7:00AM-3:30PM. Dosing hours are Monday - Friday, 7:00 a.m.–11:00 a.m. and 12:00 p.m. – 2:00 p.m. On Weekends and Holidays dosing hours are 8:00 a.m-11:00 a.m. We accept admission for maintenance Monday – Friday by appointment only.

Westside utilizes both internal agency services and community resources to meet client needs. Clients are referred by case management for services according to their needs. Clients with co-occurring mental disorders are referred to other resources in Westside's continuum of care. Methadone Maintenance clients who become incarcerated will continue to receive Methadone through the Bayview-Hunters Point Methadone Program. Those clients needing primary medical care are referred to Maxine Hall Health Clinic located adjacent to WMTP. Pregnant women are referred for methadone maintenance treatment to Bay Area Addiction Research and Treatment (BAART) perinatal program, Family Addiction and Children for Education and Treatment (FACET). Additionally, Westside Methadone Treatment Program maintains close relationships with other methadone providers and the Program Management is active in community substance abuse treatment and advocacy groups throughout the City and County.

D. Discharge Planning

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

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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.

E. **Program staffing** – See Appendix B

7. Objectives and Measurements:

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 2015-16."

8. Continuous Quality Improvement:

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

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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. Documentation of quality, including a description of any internal audits

The Quality Improvement Committee is a standing committee comprised of staff members who represent key elements of the Agency, which include the following representatives: Chief Program Officer (CPO), Quality Improvement Manager (QI), Medical Director or designee, and line staff from the program. 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 CPO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

C. Measurement of cultural competency of staff and services

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

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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. Measurement of client satisfaction

Performance measurement is continuously and consistently monitored. Monitoring focuses on client care processes and outcomes. The focus includes components of the process which looks at performance (including individual), coordination, integration, outcomes and improvement. 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. 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.

Westside is well equipped to monitor outcomes and looks forward to being able to utilize more accurate data within Avatar once this data is made available to us.

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E. Measurement, analysis, and use of CANS or ANSA data.

N/A

9. Required Language (if applicable): N/A

Contractor: Westside Community Mental Health Center	Appendix A- 8
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

1. Identifiers:

Program Name: Westside Methadone Maintenance Treatment Program –
Long Term Detoxification Program

Program Address: 1301 Pierce St.

City, State, Zip Code: San Francisco, CA 94115

Telephone: 415-563-8200

Facsimile: 415-563-5985

Contractor Address: 1153 Oak Street

City, State, Zip Code: San Francisco, CA 94117

Name of Person Completing this Narrative: Mary Ann Jones, Ph.D., CEO

Telephone: 415-431-9000

Program Code(s): 38873

(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)

2. Nature of Document (check one):

☐ New ☒ Renewal ☒ Amendment One

3. Goal Statement:

The goal of the Westside Methadone Detoxification 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. Methadone Detoxification is used to reduce/eliminate opiate and illicit drug use associated criminal activities, reduce the transmission of infectious diseases and improve family, social, employment and parenting skills.

4. Target Population:

The target population consists of adults (18 years and older) who are addicted to heroin and require methadone detoxification 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's Methadone Detoxification program will serve **7 unduplicated clients** during Fiscal year '15-16.

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During Fiscal Year 15-16 **1,583 units of service (UOS)** will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by AVATAR and documented by counselors' case notes and program records. The unit of service for a Narcotic Treatment Program is based on California Code of Regulations (CCR) Title 9, Narcotic Treatment Protocols, and the Title 22, Medi-Cal Protocols. One unit of service for a Narcotic Treatment Program is defined as either one dose of Methadone (either for clinic consumption or take-home) or one 10 minute period of face-to-face individual or group counseling to include assessment, treatment planning, collateral counseling to family and friends, medication review and crisis intervention.

6. Methodology:

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement as necessary.

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.

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

Admission to the Westside Methadone Long-Term Detoxification Program is mandated by Title 9 admission criteria that requires clients to be at least 18 years of age and to show proof of addiction at the time of admission. Detoxification episodes are up to 180 days in length. 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.

C. Service delivery model

Methadone Hydrochloride, a narcotic replacement drug, is prescribed by the Program Medical Director for each individual client. A detoxification-dosing schedule is followed to taper the client's dose over the next 180 days. Clients are assigned to a treatment counselor who along with the client and medical staff is responsible for developing the initial treatment plan. The assigned counselor is also responsible for the assessment, monthly random urine specimen collection, case management, individual counseling, and referrals to community resources when needed. During the detoxification period, all clients receive HIV risk counseling and information regarding hepatitis infections. Those clients unable to successfully detox are encouraged to consider the Methadone Maintenance Program. These clients are either admitted to the Methadone Maintenance Program, placed on a waiting list and/or referred to another Methadone Maintenance Program that has available slots.

The long-term detoxification program operates 365 days per year. The program is open daily between the hours of 7:00 a.m. and 3:30 p.m. Dosing hours are Monday - Friday, 7:00 a.m.—

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11:00 a.m. and 12:00 p.m. – 2:00 p.m. On Weekends and Holidays dosing hours are 8:00 a.m.-11:00 a.m. We accept admission for detox Monday – Friday by appointment only when space is available.

Westside utilizes both internal agency services and community resources to meet client needs. Clients are referred by case management for services according to their needs. Clients with co-occurring mental disorders are referred to other resources in Westside’s continuum of care. Methadone clients who become incarcerated will continue to receive Methadone through the Bayview-Hunters Point Methadone Program. Those clients needing primary medical care are referred to Maxine Hall Health Clinic located adjacent to WMTP. Pregnant women are referred for methadone maintenance treatment to Bay Area Addiction Research and Treatment (BAART) perinatal program, Family Addiction and Children for Education and Treatment (FACET). Additionally, Westside Methadone Treatment Program maintains close relationships with other methadone providers and the Program Management is active in community substance abuse treatment and advocacy groups throughout the City and County.

D. Discharge Planning

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.

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E. Program staffing – See Appendix B

7. Objectives and Measurements:

“All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY15-16.”

8. Continuous Quality Improvement:

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.

Contractor: Westside Community Mental Health Center	Appendix A- 8
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

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. Documentation of quality, including a description of any internal audits

The Quality Improvement Committee is a standing committee comprised of staff members who represent key elements of the Agency, which include the following representatives: Chief Program Officer (CPO), Quality Improvement Manager (QI), Medical Director or designee, and line staff from the program. 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 CPO or Division Director regarding supervision, individual and program performance issues, critical incidents, grievances, client feedback and quarterly peer review findings.

C. Measurement of cultural competency of staff and services

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,

Contractor: Westside Community Mental Health Center	Appendix A- 8
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

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. Measurement of client satisfaction

Performance measurement is continuously and consistently monitored. Monitoring focuses on client care processes and outcomes. The focus includes components of the process which looks at performance (including individual), coordination, integration, outcomes and improvement. 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. 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.

Westside is well equipped to monitor outcomes and looks forward to being able to utilize more accurate data within Avatar once this data is made available to us.

E. Measurement, analysis, and use of CANS or ANSA data.
N/A

9. Required Language (if applicable): N/A

Contractor: Westside Community Mental Health Center	Appendix A- 9
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

1. Identifiers:

Program Name: Westside CTL (HIV Counseling, Testing, and Linkages)

Program Address: 1301 Pierce St.

City, State, Zip Code: San Francisco, CA 94115

Telephone: 415-563-8200

Facsimile: 415-563-5985

Contractor Address: 1153 Oak Street

City, State, Zip Code: San Francisco, CA 94117

Name of Person Completing this Narrative: Mary Ann Jones, Ph.D., CEO

Telephone: 415-431-9000

Program Code(s): N/A

(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)

2. Nature of Document (check one):

☐ New

☒ Renewal

☒ Amendment One

3. Goal Statement:

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

4. Target Population:

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

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

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

6. Methodology:

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

Contractor: Westside Community Mental Health Center	Appendix A- 9
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

A. Outreach, recruitment, promotion, and advertisement as necessary.

The program focuses primarily on clients who are enrolled in the Methadone Maintenance/Detoxification programs and the Maxine Hall Clinic at Westside.

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

All clients receiving services at the Westside Methadone Program have the opportunity to receive case management, prevention and intervention individual and group sessions.

C. Service delivery model

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

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

D. Discharge Planning

N/A

E. Program staffing – See Appendix B

7. Objectives and Measurements:

- 1) During the Fiscal Year 2015-16, **824** Units of Service will be provided to 300 unduplicated clients consisting of HIV Early Intervention Individual and Group Contacts and Case Management.
- 2) During the Fiscal Year, 2015-16, **50%** of clients responding to HIV surveys will report satisfaction with the overall quality of services received.
- 3) 100% of those clients testing positive will be linked to medical care.
- 4) 100% of clients testing positive will have a discussion with an HIV test counselor or the Medical Director about their status and partner disclosure options.

Contractor: Westside Community Mental Health Center	Appendix A- 9
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

Other Measurable Objectives:

- 1) The number of groups will be determined by staffed documentation of groups conducted. Staff documentation consists of sign in sheets for each group.
- 2) The Methadone Maintenance counselors and CTL Coordinator are responsible for providing direct services and is responsible for all data collection.
- 3) Westside will strive to achieve a positivity rate of at least 1% by reaching clients who are at risk of HIV infection.

8. Continuous Quality Improvement:

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Contractor: Westside Community Mental Health Center	Appendix A- 9
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

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

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Contractor: Westside Community Mental Health Center	Appendix A- 9
City Fiscal Year: 07/01/15-06/30/16	Contract Term: 07/01/15 through 06/30/16

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Westside is well equipped to monitor outcomes and looks forward to being able to utilize more accurate data within Avatar once this data is made available to us.

E. Measurement, analysis, and use of CANS or ANSA data.
N/A

9. Required Language (if applicable): N/A

Appendix B Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) **Fee For Service Reimbursement:**

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) **Cost Reimbursement:**

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

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

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

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

2. Program Budgets and Final Invoice

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

Mental Health

Appendix B-1: Westside Outpatient Clinic

Appendix B-2: Westside Crisis Clinic

Appendix B-3: Westside Assertive Community Treatment (ACT)

Appendix B-4: Westside Child and Adolescent Outpatient Services

Appendix B-5: Westside Healing Circle Program

Appendix B-6: Westside Man Up Collaborative

Substance Abuse

Appendix B-7: Westside Methadone Maintenance Treatment Program

Appendix B-8: Westside Methadone Treatment Program—Long Term Detoxification Program

Appendix B-9: Westside CTL (HIV Counseling, Testing and Linkages)

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 **Sixty One Million Four Hundred Twenty Four Thousand Four Hundred Eighty Six Dollars (\$56,424,486) for the period of July 1, 2010 through December 31, 2017.**

CONTRACTOR understands that, of this maximum dollar obligation, \$1,825,892 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 a 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.

Term	Amount
07/01/2010-06/30/2011	\$ 7,091,422
07/01/2011-06/30/2012	\$ 7,088,357
07/01/2012-06/30/2013	\$ 7,221,357
07/01/2013-06/30/2014	\$ 7,103,662
07/01/2014-06/30/2015	\$ 7,252,017
07/01/2015-06/30/2016	\$ 7,252,017
07/01/2016-06/30/2017	\$ 7,785,819
07/01/2017-12/31/2017	\$ 3,803,944
Contingency	\$ 1,825,892
Total	\$56,424,486

(3) 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.

(4) CONTRACTOR further understands that \$1,951,411 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000085 is included with this Agreement and \$762,331 of the period July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000094 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Numbers BPHM07000085 and BPHM07000094 for the Fiscal Year 2010-11.

D. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

E. 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.

F. In no event shall the CITY be liable for interest or late charges for any late payments.

G. 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.

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00351		Prepared By/Phone #: Khalil Habeeb, CPA 415.431.9000 x1110		Fiscal Year: FY 15-16				
DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center		Document Date: 7/1/2015		Appendix B, page 5				
Contract CMS # (CDTA use only):								
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6		
Appendix A/Program Name:	Westside Outpatient Clinic	Westside Crisis Clinic	Westside Assertive Community Treatment	Westside Child and Adolescent Outpatient Services	Westside Healing Circle Program	Westside Man Up Collaborative Program		
Provider Number	8976	8976	8976	8900	8976	8976		
Program Code(s)	89763	89764	8976SP	89007	89764	89764		
FUNDING TERM:	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	TOTAL	
FUNDING USES								
Salaries & Employee Benefits:	901,150	869,467	1,170,912	856,959	11,384	0	3,809,873	
Operating Expenses:	255,369	399,622	450,725	178,484	6,473	7,143	1,297,816	
Capital Expenses:	0	0	0	0	0	0	0	
Subtotal Direct Expenses:	1,156,519	1,269,089	1,621,637	1,035,443	17,857	7,143	5,107,689	
Indirect Expenses:	138,782	152,291	194,596	124,253	2,143	857	612,921	
Indirect %:	12%	12%	12%	12%	12%	12%	12%	
TOTAL FUNDING USES	1,295,301	1,421,380	1,816,233	1,159,696	20,000	8,000	5,720,610	
					Employee Fringe Benefits %:			29%
CBHS MENTAL HEALTH FUNDING SOURCES								
MH FED - SDMC Regular FFP (50%)	478,628	301,733	840,000	434,364			2,054,725	
MH STATE - MH Realignment	335,707	361,904	470,719	194,051			1,362,381	
MH COUNTY - General Fund	464,587	741,363	505,514	278,246		8,000	1,997,710	
MH 3RD PARTY - Medicare	16,379	16,380					32,759	
MH STATE - PSR EPSDT				216,282			216,282	
MH STATE - MHSA (PEI)				36,753			36,753	
MH STATE - SAMHSA					20,000		20,000	
MH COUNTY - General Fund								
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,295,301	1,421,380	1,816,233	1,159,696	20,000	8,000	5,720,610	
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
							-	
							-	
							-	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-	
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES								
							-	
							-	
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-	-	
TOTAL DPH FUNDING SOURCES	1,295,301	1,421,380	1,816,233	1,159,696	20,000	8,000	5,720,610	
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES								
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,295,301	1,421,380	1,816,233	1,159,696	20,000	8,000	5,720,610	

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 19855		Prepared By/Phone #: Khalil Habeeb, CPA 415.431.9000 x1110		Fiscal Year: FY 15-16				
DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center		Document Date: 7/1/2015		Appendix B, Page 6				
Contract CMS # (CDTA use only):								
Contract Appendix Number:		B-7	B-8	B-9	B-#	B-#	B-#	
Appendix A/Program Name:		Methadone Maintenance	Methadone Detox	Westside CTL				
Provider Number		383887	383887	383815				
Program Code(s)		38874	38873	N/A				
FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16			-/-/- -/-/-	TOTAL
FUNDING USES								
Salaries & Employee Benefits:		762,713	15,708	55,427				833,848
Operating Expenses:		528,553	1,425	7,073				537,051
Capital Expenses:		0	0	0				0
Subtotal Direct Expenses:		1,291,266	17,133	62,500				1,370,899
Indirect Expenses:		154,952	2,056	7,500				164,508
Indirect %:		12%	12%	12%				12%
TOTAL FUNDING USES		1,446,218	19,189	70,000				1,535,407
						Employee Fringe Benefits %:		26%
CBHS MENTAL HEALTH FUNDING SOURCES								
								-
								-
								-
								-
								-
								-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
SA FED - SAPT Fed Discretionary #93.959		200,000						200,000
SA FED - SAPT HIV Set-Aside #93.959				70,000				70,000
SA FED - Drug Medi-Cal #93.778		259,351						259,351
SA STATE - PSR Drug Medi-Cal		259,351	19,189					278,540
SA COUNTY - SA General Fund		723,516						723,516
								-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		1,442,218	19,189	70,000	-	-	-	1,531,407
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES								-
								-
								-
								-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		1,442,218	19,189	70,000	0	0	0	1,531,407
NON-DPH FUNDING SOURCES								
NON DPH - Patient/Client Fees		4,000						4,000
TOTAL NON-DPH FUNDING SOURCES		4,000	0	0	0	0	0	4,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,446,218	19,189	70,000	-	-	-	

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 7: Contract-Wide Indirect Detail

Contractor Name Westside Community Services

Document Date: 07/01/15

Fiscal Year: FY 15-16

Appendix B, page 7

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Chief Executive Officer	0.24	\$ 39,755
Admin Intern	0.66	15,532
Receptionist	0.33	12,704
IT Manager	0.16	20,218
IT Associate	0.10	6,535
Maintenance/Courier	0.14	5,143
Operations Manager	0.16	10,310
Health Info Svcs Clerk III	0.26	10,616
Chief Financial Officer	0.37	58,837
Fiscal Manager	0.68	60,180
Senior Accounting Clerk/AP	0.62	31,355
Senior Accounting Clerk/Payroll	0.48	23,029
Accounting Clerk/AR	0.63	34,272
EMPLOYEE FRINGE BENEFITS		\$ 82,121
TOTAL SALARIES & BENEFITS		\$ 410,605

2. OPERATING COSTS

Expenditure Category	Amount
Consultants	\$ 27,876
Audit & Tax Services	25,583
Legal Services	33,040
IT Equipments	1,602
Software Maintenance Fees	7,207
Office Supplies, Postage	8,236
Staff Training	4,915
Equipment Rental / Lease	587
Printing & Duplicating	1,036
Conferences & Meetings	18,438
Dues & Subscriptions	2,637
Staff Travel	927
Data Processing / Service Fees	14,589
Recognition Expense	3,513
Repair & Maintenance - Building	3,652
Utilities	13,069
Insurance	23,119
Licenses & Taxes	230
Temporary Help	12,061
TOTAL OPERATING COSTS	\$ 202,316

TOTAL INDIRECT COSTS

\$ 612,921

(Salaries & Benefits + Operating Costs)

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 7: Contract-Wide Indirect Detail

Contractor Name Westside Community Services

Document Date: 07/01/15

Fiscal Year: FY 15-16

Appendix B, Page 8

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Chief Executive Officer	0.07	\$ 10,670
Admin Intern	0.18	4,169
Receptionist	0.09	3,410
IT Manager	0.04	5,426
IT Associate	0.03	1,754
Maintenance/Courier	0.04	1,380
Operations Manager	0.04	2,767
Health Info Svcs Clerk III	0.07	2,849
Chief Financial Officer	0.10	15,792
Fiscal Manager	0.18	16,152
Senior Accounting Clerk/AP	0.17	8,416
Senior Accounting Clerk/Payroll	0.13	6,181
Accounting Clerk/AR	0.17	9,199
EMPLOYEE FRINGE BENEFITS		\$ 22,041
TOTAL SALARIES & BENEFITS		\$ 110,206

2. OPERATING COSTS

Expenditure Category	Amount
Consultants	\$ 7,482
Audit & Tax Services	6,866
Legal Services	8,868
IT Equipments	430
Software Maintenance Fees	1,934
Office Supplies, Postage	2,211
Staff Training	1,319
Equipment Rental / Lease	158
Printing & Duplicating	278
Conferences & Meetings	4,949
Dues & Subscriptions	708
Staff Travel	249
Data Processing / Service Fees	3,916
Recognition Expense	943
Repair & Maintenance - Building	980
Utilities	3,508
Insurance	6,205
Licenses & Taxes	62
Temporary Help	3,237
TOTAL OPERATING COSTS	\$ 54,302

TOTAL INDIRECT COSTS \$ 164,508
 (Salaries & Benefits + Operating Costs)

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center					Appendix/Page #: B-1 page 1	
Provider Name: Westside Community Services					Document Date: 7/1/2015	
Provider Number: 8976					Fiscal Year: FY 15-16	
Program Name:	Westside Outpatient Clinic	Westside Outpatient Clinic	Westside Outpatient Clinic	Westside Outpatient Clinic	Westside Outpatient Clinic	
Program Code (formerly Reporting Unit):	89763	89763	89763	89763	89763	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79	45/10-19	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention- OP	MH Promotion	TOTAL
FUNDING TERM:	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	
FUNDING USES						
Salaries & Employee Benefits:	77,210	360,429	438,263	10,414	14,833	901,150
Operating Expenses:	21,880	102,139	124,196	2,951	4,203	255,369
Capital Expenses (greater than \$5,000):	0					0
Subtotal Direct Expenses:	99,089	462,568	562,459	13,366	19,037	1,156,519
Indirect Expenses:	11,891	55,508	67,495	1,604	2,284	138,782
TOTAL FUNDING USES:	110,980	518,076	629,954	14,970	21,321	1,295,301
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	48,886	191,435	232,775	5,532	478,628
MH STATE - MH Realignment	HMHMCC730515	34,289	134,271	163,267	3,880	335,707
MH COUNTY - General Fund	HMHMCC730515	26,132	185,819	225,946	5,369	464,587
MH 3RD PARTY - Medicare	HMHMCC730515	1,673	6,551	7,966	189	16,379
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		110,980	518,076	629,954	14,970	1,295,301
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
						-
						-
						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
						-
						-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		110,980	518,076	629,954	14,970	1,295,301
NON-DPH FUNDING SOURCES						
						0
TOTAL NON-DPH FUNDING SOURCES		0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		110,980	518,076	629,954	14,970	1,295,301
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	53,100	191,880	126,243	3,724	200	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.09	2.70	4.99	4.02	106.60	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.99	4.02	106.60	
7 -Cal Providers Only:	2.53	3.27	6.15	4.66	106.60	Total UDC:
Unduplicated Clients (UDC):	325	325	200	50		325

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 89763

Program Name: Westside Outpatient Clinic

Document Date: 7/1/15

Appendix/Page #: B-1, Page 2

	TOTAL		General Fund HMMCC730515		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15- 6/30/16		Term: 7/1/15- 6/30/16		Term:	Term:	Term:	Term:
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Clinical Services	0.04	\$ 6,958.00	0.04	6,958				
IT Manager	0.08	\$ 9,654.00	0.08	9,654				
Maintenance/Courier	0.06	\$ 2,485.00	0.06	2,485				
IT Associate	0.05	\$ 2,776.00	0.05	2,776				
Quality Improvement Coordinator	0.15	\$ 11,205.00	0.15	11,205				
Operations Manager	0.08	\$ 5,080.00	0.08	5,080				
Chief Compliance Officer	0.15	\$ 18,822.00	0.15	18,822				
Clinical Director	0.15	\$ 17,183.00	0.15	17,183				
Program Director	0.34	\$ 28,049.00	0.34	28,049				
Clinical Supervisor	0.20	\$ 4,084.00	0.20	4,084				
Nurse Practitioner	1.21	\$ 164,855.00	1.21	164,855				
Psychiatrist	1.00	\$ 185,055.00	1.00	185,055				
Health Info Svcs Clerk III	0.03	\$ 1,160.00	0.03	1,160				
Health Info Svcs Clerk I	1.09	\$ 3,941.00	1.09	3,941				
Health Info Svcs Clerk II	0.56	\$ 21,638.00	0.56	21,638				
Clinical Case Manager	4.50	\$ 216,472.00	4.50	216,472				
Team Lead	0.50	\$ 25,500.00	0.50	25,500				
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
Totals:	10.19	\$724,917	10.19	724,917	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	24%	\$ 176,233	24%	176,233	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS

\$901,150

\$ 901,150

\$0

\$0

\$0

\$0

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 89764
 Program Name: Westside Outpatient Clinic
 Document Date: 7/1/15

Appendix/Page #: B-1, page 3

Expenditure Category	TOTAL	General Fund HHMCC730515	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15- 6/30/16	Term: 7/1/15- 6/30/16	Term:	Term:	Term:	Term:
Occupancy:						
Rent	\$ 99,348.00	99,348				
Utilities (telephone, electricity, water, gas)	\$ 18,647.00	18,647				
Building Repair/Maintenance	\$ 16,036.00	16,036				
Materials & Supplies:						
Office Supplies	\$ 6,404.00	6,404				
Photocopying	\$ -					
Printing	\$ 777.00	777				
Program Supplies	\$ -					
Computer hardware/software	\$ 9,097.00	9,097				
General Operating:						
Training/Staff Development	\$ 6,923.00	6,923				
Insurance	\$ 11,615.00	11,615				
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 2,318.00	2,318				
Staff Travel:						
Local Travel	\$ 568.00	568				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Client Supplies/Services	\$ 3,327.00	3,327				
Client Travel	\$ 1,633.00	1,633				
Security Services	\$ 25,650.00	25,650				
Depreciation & Amortization	\$ 52,710.00	52,710				
Dues & Subscriptions	\$ 316.00	316				
TOTAL OPERATING EXPENSE	\$255,369	\$255,369	\$0	\$0	\$0	\$0

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center							Appendix/Page #: B-2 page 1
Provider Name: Westside Community Services							Document Date: 7/1/2015
Provider Number: 8976							Fiscal Year: FY 15-16
Program Name:	Westside Crisis Clinic	Westside Crisis Clinic	Westside Crisis Clinic	Westside Crisis Clinic	Westside Crisis Clinic	Westside Crisis Clinic	
Program Code (formerly Reporting Unit):	89764	89764	89764	89764	89764	89764	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79	45/20-29	45/10-19	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	Commty Client Services	MH Promotion	TOTAL
FUNDING TERM:	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	
FUNDING USES							
Salaries & Employee Benefits:	79	13,378	407,876	383,708	0	64,425	869,467
Operating Expenses:	37	6,149	187,467	151,359	25,000	29,611	399,622
Capital Expenses (greater than \$5,000):	0				0		0
Subtotal Direct Expenses:	116	19,527	595,343	535,067	25,000	94,036	1,269,089
Indirect Expenses:	14	2,343	71,441	64,208	3,000	11,284	152,291
TOTAL FUNDING USES:	130	21,870	666,784	599,275	28,000	105,320	1,421,380
CBHS MENTAL HEALTH FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	28	4,726	166,838	130,141		301,733
MH STATE - MH Realignment	HMHMCC730515	34	5,668	172,812	156,094	27,296	361,904
MH COUNTY - General Fund	HMHMCC730515	66	11,220	319,312	305,976	28,000	741,363
MH 3RD PARTY - Medicare	HMHMCC730515	2	257	7,822	7,064	1,235	16,380
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		130	21,870	666,784	599,275	28,000	1,421,380
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
							-
							-
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
							-
							-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		130	21,870	666,784	599,275	28,000	1,421,380
NON-DPH FUNDING SOURCES							
							0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		130	21,870	666,784	599,275	28,000	1,421,380
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	CR	FFS	
DPH Units of Service:	62	8,100	133,624	149,073	384	988	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	staff hours	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.09	2.70	4.99	4.02	72.92	106.60	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.99	4.02	72.92	106.60	
7 -Cal Providers Only:	2.53	3.27	6.15	4.66	103.00	106.06	Total UDC:
Unduplicated Clients (UDC):	50	50	1,500	1,750			1,750

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 89764 1
 Program Name: Westside Crisis Clinic
 Document Date: 7/1/15

Appendix/Page #: B-2, Page 2

	TOTAL		General Fund HMMCC730515		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15- 6/30/16		Term: 7/1/15- 6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Clinical Services	0.05	\$ 7,167.00	0.05	7,167								
IT Manager	0.08	\$ 11,526.00	0.08	11,526								
Maintenance/Courier	0.07	\$ 2,891.00	0.07	2,891								
IT Associate	0.05	\$ 3,124.00	0.05	3,124								
Quality Improvement Manager	0.15	\$ 11,225.00	0.15	11,225								
Operations Manager	0.09	\$ 5,808.00	0.09	5,808								
Program Director	0.30	\$ 24,042.00	0.30	24,042								
Chief Compliance Officer	0.15	\$ 18,901.00	0.15	18,901								
Clinical Director	0.16	\$ 17,183.00	0.16	17,183								
Program Manager	1.00	\$ 72,678.00	1.00	72,678								
Clinical Supervisor	0.08	\$ 4,386.00	0.08	4,386								
Nurse Practitioner	0.90	\$ 84,758.00	0.90	84,758								
Psychiatrist	1.15	\$ 194,484.00	1.15	194,484								
Health Info Svcs Clerk III	0.03	\$ 1,172.00	0.03	1,172								
Health Info Svcs Clerk I	0.90	\$ 31,313.00	0.90	31,313								
Health Info Svcs Clerk II	0.65	\$ 28,429.00	0.65	28,429								
Clinical Case Manager	0.00	\$ 1,687.00	0.00	1,687								
Crisis Specialist	0.49	\$ 31,443.00	0.49	31,443								
Licensed Vocational Nurse	4.30	\$ 178,361.00	4.30	178,361								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
Totals:	10.60	\$730,578	10.60	730,578	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	19%	\$ 138,889	19%	138,889	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$869,467

\$ 869,467

\$0

\$0

\$0

\$0

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 89764
 Program Name: Westside Crisis Clinic
 Document Date: 7/1/15

Appendix/Page #: B-2, page 3

Expenditure Category	TOTAL	General Fund HMHMCC730515 Fee For Service	General Fund HMHMCC730515 Cost Reimbursement	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15- 6/30/16	Term: 7/1/15- 6/30/16	Term: 7/1/15- 6/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 84,721.00	84,721				
Utilities (telephone, electricity, water, gas)	\$ 18,794.00	18,794				
Building Repair/Maintenance	\$ 15,155.00	15,155				
Materials & Supplies:						
Office Supplies	\$ 7,693.00	7,693				
Photocopying	\$ -					
Printing	\$ 885.00	885				
Program Supplies	\$ 247.00	247				
Computer hardware/software	\$ 11,680.00	11,680				
General Operating:						
Training/Staff Development	\$ 4,350.00	4,350				
Insurance	\$ 12,575.00	12,575				
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 590.00	590				
Staff Travel:						
Local Travel	\$ 1,195.00	1,195				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Healing Circle Subcontract	\$ 25,000.00		25,000			
M. Goelitz, MD - 1,664 hrs @ \$81.13 per hr from 7/1/14 to 6/30/15	\$ 135,000.00	135,000				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
Client Supplies/Services	\$ 5,537.00	5,537				
Security Services	\$ 29,929.00	29,929				
Depreciation & Amortization	\$ 45,993.00	45,993				
Dues & Subscriptions	\$ 278.00	278				

TOTAL OPERATING EXPENSE	\$399,622	\$374,622	\$25,000	\$0	\$0	\$0
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FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center							Appendix/Page #: B-3 page 1
Provider Name: Westside Community Services							Document Date: 7/1/2015
Provider Number: 8976							Fiscal Year: FY 15-16
Program Name:	Westside Assertive Community Treatment	Westside Assertive Community Treatment	Westside Assertive Community Treatment	Westside Assertive Community Treatment	Westside Assertive Community Treatment	Westside Assertive Community Treatment	
Program Code (formerly Reporting Unit):	8976SP	8976SP	8976SP	8976SP	8976SP	8976SP	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79	60/72	45/10-19	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention- OP	CS-Client Flexible Support Exp	MH Promotion	TOTAL
FUNDING TERM:	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	
FUNDING USES							
Salaries & Employee Benefits:	281,419	344,548	494,326	19,282	27,902	3,435	1,170,912
Operating Expenses:	108,328	132,628	190,283	7,422	10,740	1,324	450,725
Capital Expenses (greater than \$5,000):	0						0
Subtotal Direct Expenses:	389,747	477,176	684,609	26,704	38,642	4,759	1,621,637
Indirect Expenses:	46,770	57,261	82,153	3,204	4,637	571	194,596
TOTAL FUNDING USES:	436,517	534,437	766,762	29,908	43,279	5,330	1,816,233
CBHS MENTAL HEALTH FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	207,439	253,972	364,376	14,213		840,000
MH STATE - MH Realignment	HMHMCC730515	116,244	142,321	204,190	7,965		470,719
MH COUNTY - General Fund	HMHMCC730515	112,834	138,144	198,196	7,730	43,279	505,514
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		436,517	534,437	766,762	29,908	43,279	1,816,233
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
							-
							-
							-
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
							-
							-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		436,517	534,437	766,762	29,908	43,279	1,816,233
NON-DPH FUNDING SOURCES							
							0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		436,517	534,437	766,762	29,908	43,279	1,816,233
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	208,860	197,940	153,660	7,440	42,430	50	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour or Client Day, depending on contract.	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.09	2.70	4.99	4.02	1.02	106.60	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.99	4.02	1.02	106.60	
7 i-Cal Providers Only:	2.53	3.27	6.15	4.66			Total UDC:
Unduplicated Clients (UDC):	130	130	130	50	130		130

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 8976SP
 Program Name: Westside Assertive Community Treatment
 Document Date: 7/1/15

Appendix/Page #: B-3, Page 2

	TOTAL		General Fund HMMCC730515		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15- 6/30/16		Term: 7/1/15- 6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Clinical Services	0.15	\$ 28,783.00	0.15	28,783								
IT Manager	0.13	\$ 15,895.00	0.13	15,895								
Maintenance/Courier	0.11	\$ 4,595.00	0.11	4,595								
IT Associate	0.08	\$ 4,858.00	0.08	4,858								
Quality Improvement Coordinator	0.20	\$ 15,462.00	0.20	15,462								
Operations Manager	0.13	\$ 9,706.00	0.13	9,706								
Chief Compliance Officer	0.20	\$ 25,893.00	0.20	25,893								
Clinical Director	0.24	\$ 25,775.00	0.24	25,775								
Clinical Supervisor	0.20	\$ 14,182.00	0.20	14,182								
Program Director	0.35	\$ 28,050.00	0.35	28,050								
Psychiatrist	1.11	\$ 194,110.00	1.11	194,110								
Health Info Svcs Clerk III	0.05	\$ 1,523.00	0.05	1,523								
Health Info Svcs Clerk I	0.65	\$ 20,286.00	0.65	20,286								
Health Info Svcs Clerk II	0.80	\$ 30,327.00	0.80	30,327								
Clinical Case Manager	0.01	\$ -	0.01	0								
Vocational Counselor	6.30	\$ 307,633.00	6.30	307,633								
On Call Workers	1.01	\$ 57,788.00	1.01	57,788								
Crisis Specialist	0.35	\$ 17,249.00	0.35	17,249								
Relief Team Leader	0.11	\$ 7,193.00	0.11	7,193								
LVN/Psych Technician	0.99	\$ 68,571.00	0.99	68,571								
	1.40	\$ 70,603.00	1.40	70,603								
	0.00	\$ -										
Totals:	14.57	\$948,482	14.57	948,482	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	23%	\$ 222,430	23%	222,430	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS

\$1,170,912

\$ 1,170,912

\$0

\$0

\$0

\$0

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 8976SP

Program Name: Westside Assertive Community Treatment

Document Date: 7/1/15

Appendix/Page #: B-3, page 3

Expenditure Category	TOTAL	General Fund HMHMCC730515	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15- 6/30/16	Term: 7/1/15- 6/30/16	Term:	Term:	Term:	Term:
Occupancy:						
Rent	\$ 141,489.00	141,489				
Utilities (telephone, electricity, water, gas)	\$ 24,134.00	24,134				
Building Repair/Maintenance	\$ 13,802.00	13,802				
Materials & Supplies:						
Office Supplies	\$ 5,400.00	5,400				
Photocopying	\$ -					
Printing	\$ 1,271.00	1,271				
Program Supplies	\$ 570.00	570				
Computer hardware/software	\$ 17,379.00	17,379				
General Operating:						
Training/Staff Development	\$ 10,596.00	10,596				
Insurance	\$ 18,641.00	18,641				
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 11,700.00	11,700				
Staff Travel:						
Local Travel	\$ 16,813.00	16,813				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Client/Trainee Stipends	\$ 29,004.00	29,004				
Client Supplies/Services	\$ 32,838.00	32,838				
Client Travel	\$ 5,365.00	5,365				
Security Services	\$ 45,349.00	45,349				
Leasehold Improvements - Amortization	\$ 73,481.00	73,481				
Dues & Subscriptions	\$ 2,893.00	2,893				
	\$ -	-				
TOTAL OPERATING EXPENSE	\$450,725	\$450,725	\$0	\$0	\$0	\$0

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center							Appendix/Page #: B-4 page 1
Provider Name: Westside Community Services							Document Date: 7/1/2015
Provider Number: 8976							Fiscal Year: FY 15-16
Program Name:	Westside Child and Adolescent Outpatient Services	Westside Child and Adolescent Outpatient Services	Westside Child and Adolescent Outpatient Services	Westside Child and Adolescent Outpatient Services	Westside Child and Adolescent Outpatient Services	Westside Child and Adolescent Outpatient Services	
Program Code (formerly Reporting Unit):	89007	89007	89007	89007	89007	89007	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79	45/10-19	45/10-19	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	MH Promotion	TOTAL
FUNDING TERM:	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	7/1/15- 6/30/16	
FUNDING USES							
Salaries & Employee Benefits:	55,877	518,953	92,694	11,585	150,691	27,159	856,959
Operating Expenses:	11,638	108,086	19,306	2,413	31,385	5,656	178,484
Capital Expenses (greater than \$5,000):	0						0
Subtotal Direct Expenses:	67,515	627,039	112,000	13,998	182,076	32,815	1,035,443
Indirect Expenses:	\$ 8,101	75,244	13,440	1,680	21,849	3,939	124,253
TOTAL FUNDING USES:	75,616	702,283	125,440	15,678	203,925	36,754	1,159,696
CBHS MENTAL HEALTH FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	35,739	331,927	59,288	7,410		434,364
MH STATE - MH Realignment	HMHMCP751594	15,966	148,288	26,487	3,310		194,051
MH STATE - PSR EPSDT	HMHMCP751594	17,796	165,275	29,521	3,690		216,282
MH COUNTY - General Fund	HMHMCP751594	6,115	56,793	10,144	1,268	203,926	278,246
MH STATE - MHSA (PEI)	HMHMPROP63 PMHS63-1510					36,753	36,753
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		75,616	702,283	125,440	15,678	203,926	1,159,696
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
							-
							-
							-
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
							-
							-
							-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		75,616	702,283	125,440	15,678	203,926	1,159,696
NON-DPH FUNDING SOURCES							
							0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		75,616	702,283	125,440	15,678	203,926	1,159,696
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	36,180	260,105	25,138	3,900	1,913	345	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.09	2.70	4.99	4.02	106.60	106.60	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.99	4.02	106.60	106.60	
71-Cal Providers Only:	2.53	3.27	6.15	4.66	106.60	106.60	Total UDC:
Unduplicated Clients (UDC):	250	250	50	40			250

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 89007

Appendix/Page #: B-4, Page 2

Program Name: Westside Child and Adolescent Outpatient Services

Document Date: 7/1/15

	TOTAL		General Fund HMHMCC730515		MHSA-CSS HMHMPROP63		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/1/15- 6/30/16	Term:	7/1/15- 6/30/16	Term:	7/1/15- 6/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Clinical Services	0.13	\$ 21,653.00	0.13	20,967.	0.00	686						
IT Manager	0.13	\$ 15,778.00	0.13	15,278	0.00	500						
Maintenance/Courier	0.10	\$ 3,669.00	0.10	3,553	0.00	116						
IT Associate	0.07	\$ 4,534.00	0.07	4,390	0.00	144						
Quality Improvement Manager.	0.15	\$ 10,539.00	0.15	10,205	0.00	334						
Operation Manager	0.16	\$ 9,787.00	0.15	9,477	0.01	310						
Chief Compliance Officer	0.15	\$ 18,261.00	0.15	17,682	0.00	579						
Clinical Director	0.20	\$ 17,183.00	0.19	16,638	0.01	545						
Clinical Supervisor	0.63	\$ 38,037.00	0.61	36,832	0.02	1,205						
Program Director	0.62	\$ 47,643.00	0.60	46,133	0.02	1,510						
Psychiatrist	0.60	\$ 146,625.00	0.58	141,978	0.02	4,647						
Health Info Svcs Clerk III	0.06	\$ 2,300.00	0.06	2,227	0.00	73						
Health Info Svcs Clerk I	0.50	\$ 16,530.00	0.48	16,006	0.02	524						
Clinical Case Manager	5.60	\$ 254,804.00	5.42	246,729	0.18	8,075						
Mental Health Rehab Specialist	0.28	\$ 11,314.00	0.27	10,955	0.01	359						
Community Liaison II	0.70	\$ 27,323.00	0.68	26,457	0.02	866						
Community Counselor	1.00	\$ 37,683.00	0.97	36,489	0.03	1,194						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
Totals:	11.08	\$683,663	10.74	661,996	0.34	\$21,667	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	25%	\$ 173,296	25%	167,804	25%	\$5,492	#DIV/0!	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS

\$856,959

\$ 829,800

\$27,159

\$0

\$0

\$0

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 89007
 Program Name: Westside Child and Adolescent Outpatient Services
 Document Date: 7/1/15

Appendix/Page #: B-4, page 3

Expenditure Category	TOTAL	General Fund HMMCC730515	MHSA-CSS HMHMPROP63	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15- 6/30/16	Term: 7/1/15- 6/30/16	Term: 7/1/15- 6/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 163.00	158	\$ 5			
Utilities(telephone, electricity, water, gas)	\$ 25,417.00	24,611	\$ 806			
Building Repair/Maintenance	\$ 20,008.00	19,374	\$ 634			
Materials & Supplies:						
Office Supplies	\$ 5,550.00	5,374	\$ 176			
Photocopying	\$ -					
Printing	\$ 1,661.00	1,608	\$ 53			
Program Supplies	\$ -	-	\$ -			
Computer hardware/software	\$ 16,610.00	16,084	\$ 526			
General Operating:						
Training/Staff Development	\$ 10,081.00	9,762	\$ 319			
Insurance	\$ 21,179.00	20,508	\$ 671			
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 720.00	697	\$ 23			
Staff Travel:						
Local Travel	\$ 2,611.00	2,528	\$ 83			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Laniece Jones - 420 hrs @ \$75.00 per hr from 2/1/15 to 6/30/15	\$ 31,500.00	30,503	997			
Other:						
Client Supplies/Services	\$ 10,255.00	9,930	325			
Security Services	\$ 8,704.00	8,428	276			
Depreciation & Amortization	\$ 23,660.00	22,910	750			
Dues & Subscriptions	\$ 365.00	353	12			
	\$ -	-	-			
	\$ -	-	-			

TOTAL OPERATING EXPENSE	\$178,484	\$172,828	\$5,656	\$0	\$0	\$0
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FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center						Appendix/Page #: B-5 page 1	
Provider Name: Westside Community Services						Document Date: 7/1/2015	
Provider Number: 8976						Fiscal Year: FY 15-16	
Program Name:		Healing Circle Program					
Program Code (formerly Reporting Unit):		89764					
Mode/SFC (MH) or Modality (SA)		45/10-19					
Service Description:		MH Promotion					
							TOTAL
FUNDING TERM:		7/1/15- 6/30/16					
FUNDING USES							
Salaries & Employee Benefits:		11,384					11,384
Operating Expenses:		6,473					6,473
Capital Expenses (greater than \$5,000):		0					0
Subtotal Direct Expenses:		17,857					17,857
Indirect Expenses:		2,143					2,143
TOTAL FUNDING USES:		20,000					20,000
CBHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
MH STATE - SAMHSA		HMMHRCGRANTS-HMM007-1501	20,000				20,000
							0
							0
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		20,000	-	-	-	-	20,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
							-
							-
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
							-
							-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		20,000	-	-	-	-	20,000
NON-DPH FUNDING SOURCES							0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		20,000	-	-	-	-	20,000
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR					
DPH Units of Service:		188	-	-	-	-	
Unit Type:		Staff Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		106.60					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		106.60					
7 -Cal Providers Only:		106.60					Total UDC:
Unduplicated Clients (UDC):		1					1

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 89764

Program Name: Healing Circle Program

Document Date: 7/1/15

Appendix/Page #: B-5, Page 2

	TOTAL		General Fund (Include all Funding Sources with this Index Code)		SAMHSA SOC HMMRCGRANTS HMM007-1501		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15- 6/30/16		Term:		Term: 7/1/15- 6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Chief Financial Officer	0.02	\$ 2,966.00			0.02	2,966						
Chief Executive Officer	0.04	\$ 5,930.00			0.04	5,930						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
Totals:	0.06	\$8,896	0.00	-	0.06	\$8,896	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	28%	\$2,488	#DIV/0!		28%	\$2,488	#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$11,384

\$ -

\$11,384

\$0

\$0

\$0

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 89764

Program Name: Healing Circle Program

Document Date: 7/1/15

Appendix/Page #: B-5, page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	SAMHSA SOC HMMRCGRANTS HMM007-1501	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15 - 6/30/16	Term: _____	Term: 7/1/15 - 6/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent						
Utilities(telephone, electricity, water, gas)						
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies						
Photocopying						
Printing						
Program Supplies						
Computer hardware/software						
General Operating:						
Training/Staff Development						
Insurance						
Professional License						
Permits						
Equipment Lease & Maintenance						
Staff Travel:						
Local Travel						
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
K. Habeeb 16 hrs @ \$125.00 per hour	\$ 2,000.00		2,000			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)						
Other:						
Client Supplies/Services/Support	\$ 4,473.00		4,473			

TOTAL OPERATING EXPENSE

\$6,473

\$0

\$6,473

\$0

\$0

\$0

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center
 Provider Name: Westside Community Services
 Provider Number: 8976

Appendix/Page #: B-6 page 1
 Document Date: 7/1/2015
 Fiscal Year: FY 15-16

Program Name:		SF Man Up Collaborative					
Program Code (formerly Reporting Unit):		89764					
Mode/SFC (MH) or Modality (SA)		45/10-19					
Service Description:		MH Promotion					TOTAL
FUNDING TERM:		7/1/15 - 6/30/16					
FUNDING USES							
Salaries & Employee Benefits:		0					0
Operating Expenses:		7,143					7,143
Capital Expenses (greater than \$5,000):		0					0
Subtotal Direct Expenses:		7,143					7,143
Indirect Expenses:		857					857
TOTAL FUNDING USES:		8,000					8,000
CBHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
MH COUNTY - General Fund		HMHMCP751594	8,000				8,000
							0
							0
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			8,000	-	-	-	8,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
							-
							-
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
							-
							-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			8,000	-	-	-	8,000
NON-DPH FUNDING SOURCES							
							0
TOTAL NON-DPH FUNDING SOURCES			-	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			8,000	-	-	-	8,000
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR					
DPH Units of Service:		75	-	-	-	-	
Unit Type:		Staff Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		106.60	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		106.60	0.00	0.00	0.00	0.00	
7i-Cal Providers Only):		106.60	0.00	0.00	0.00	0.00	
Unduplicated Clients (UDC):		1					Total UDC:
							1

DPH 3: Salaries & Benefits Detail

Document Date: 7/1/15Appendix/Page #: B-6, Page 2

Employee Fringe Benefits:	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 89764
 Program Name: SF Man Up Collaborative
 Document Date: 7/1/15

Appendix/Page #: B-6, page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15 - 6/30/16	Term: 7/1/15 - 6/30/16	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent \$	-	-				
Utilities(telephone, electricity, water, gas)						
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies						
Photocopying						
Printing						
Program Supplies						
Computer hardware/software						
General Operating:						
Training/Staff Development \$	-	-				
Insurance						
Professional License						
Permits						
Equipment Lease & Maintenance						
Staff Travel:						
Local Travel						
Out-of-Town Travel \$	-	-				
Field Expenses						
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)						
Other:						
Trainee Stipends	\$ 5,000.00	5,000				
Meeting Expenses	\$ 2,143.00	2,143				
TOTAL OPERATING EXPENSE	\$7,143	\$7,143	\$0	\$0	\$0	\$0

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center				Appendix/Page #: B-7 page 1	
Provider Name: Westside Community Services				Document Date: 7/1/2015	
Provider Number: 383887				Fiscal Year: FY 15-16	
Program Name:	Methadone Maintenance	Methadone Maintenance	Methadone Maintenance		
Program Code (formerly Reporting Unit):	38874	38874	N/A		
Mode/SFC (MH) or Modality (SA):	NTP-48	NTP-48	NTP-48		
Service Description:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs		TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16		
FUNDING USES					
Salaries & Employee Benefits:	599,635	161,359	1,719		762,713
Operating Expenses:	415,541	111,820	1,191		528,553
Capital Expenses (greater than \$5,000):	0.0				0
Subtotal Direct Expenses:	1,015,177	273,180	2,910	0	1,291,266
Indirect Expenses:	121,821	32,782	349		154,952
TOTAL FUNDING USES:	1,136,998	305,961	3,259	0	1,446,218
CBHS MENTAL HEALTH FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
					0
					0
					0
					0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
SA FED - SAPT Fed Discretionary #93.959	HMHSCCRES227	157,237	42,312	451	200,000
SA FED - Drug Medi-Cal #93.778	HMHSCCRES227	203,899	54,868	584	259,351
SA STATE - PSR Drug Medi-Cal	HMHSCCRES227	203,899	54,868	584	259,351
SA COUNTY - SA General Fund	HMHSCCRES227	568,818	153,067	1,631	723,516
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
					-
					-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES					
NON-DPH FUNDING SOURCES					
NON DPH - Patient/Client Fees		3,029	935	37	4,000
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)					
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):					
	FFS	FFS	FFS		
DPH Units of Service:	96,580	22,158	1,000	-	-
Unit Type:	Slot Days	Staff 10 Minutes	Staff 10 Minutes	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)					
	11.74	13.77	3.25		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)					
	11.77	13.81	3.29		
Medi-Cal Providers Only:					
	11.41	13.38	3.16		
Unduplicated Clients (UDC):					
	362	362	100		362

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38874

Program Name: Methadone Maintenance

Document Date: 7/1/15Appendix/Page #: B-7, Page 2

	TOTAL		General Fund HMHSCCRES227		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail\CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail\CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail\CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail\CFDA#)	
	Term: 7/1/14 6/30/15		Term: 7/1/14 6/30/15		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Clinical Services	0.15	\$ 24,750.00	0.15	24,750								
IT Chief	0.15	\$ 17,413.00	0.15	17,413								
Maintenance/Courier	0.12	\$ 4,445.00	0.12	4,445								
IT Manager	0.08	\$ 5,208.00	0.08	5,208								
Quality Improvement Coordinator	0.30	\$ 20,927.00	0.30	20,927								
Operations Manager	0.15	\$ 8,887.00	0.15	8,887								
Program Manager	0.86	\$ 46,885.00	0.86	46,885								
Chief Program Officer	0.25	\$ 30,709.00	0.25	30,709								
Clinical Director	0.03	\$ 3,883.00	0.03	3,883								
Dispensing Nurse	2.87	\$ 146,448.00	2.87	146,448								
Health Info Svcs Clerk III	1.29	\$ 56,595.00	1.29	56,595								
Treatment Counselor	6.00	\$ 216,430.00	6.00	216,430								
Nurse Practitioner	0.10	\$ 8,500.00	0.10	8,500								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
Totals:	12.35	\$591,080	12.35	591,080	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	29%	\$	171,633	29%	171,633	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS**\$762,713**

\$ 762,713

\$0 |

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FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38874

Program Name: Methadone Maintenance

Document Date: 7/1/15

Appendix/Page #: B-7, page 3

Expenditure Category	TOTAL	General Fund HMHSCRES227	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15 - 6/30/16	Term: 7/1/15 - 6/30/16	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 192.00	192				
Utilities (telephone, electricity, water, gas)	\$ 26,265.00	26,265				
Building Repair/Maintenance	\$ 6,915.00	6,915				
Materials & Supplies:						
Office Supplies	\$ 6,960.00	6,960				
Photocopying	\$ -					
Printing	\$ 2,634.00	2,634				
Program Supplies	\$ 1,042.00	1,042				
Computer hardware/software	\$ 12,053.00	12,053				
General Operating:						
Training/Staff Development	\$ 6,906.00	6,906				
Insurance	\$ 18,286.00	18,286				
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 12,680.00	12,680				
Staff Travel:						
Local Travel	\$ 1,348.00	1,348				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
C Olson, \$1000 per week for 48 weeks = \$48,000 Medical Dir/Program Physician	\$ 234,400.00	234,400				
D Borne, \$1000 per week for 48 weeks = \$48,000 Medical Dir/Program Physician	\$ -					
R Idel start Dec, 30 weeks \$60 per hr = 57,600, Nurse Practitioner	\$ -					
Cal Psychiatric service \$8,800 Emergency Clinic phone coverage						
T Mitchell \$50 per hr, Oversight of Methadone Clinic = \$72,000						
Other:						
Client Supplies/Services	\$ 24,794.00	24,794				
Pharmaceutical	\$ 38,777.00	38,777				
Drug Screening & Other Testing	\$ 26,119.00	26,119				
Licenses & Taxes	\$ 33,845.00	33,845				
Security Services	\$ 62,685.00	62,685				
Depreciation & Amortization	\$ 5,456.00	5,456				
Temporary Help	\$ 5,000.00	5,000				
Dues & Subscriptions	\$ 396.00	396				
Advertising	\$ 1,800.00	1,800				
	\$ -					
TOTAL OPERATING EXPENSE	\$528,553	\$528,553	\$0	\$0	\$0	\$0

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center				Appendix/Page #: B-8 page 1	
Provider Name: Westside Community Services				Document Date: 7/1/2015	
Provider Number: 383887				Fiscal Year: FY 15-16	
Program Name:		Methadone Detox	Methadone Detox		
Program Code (formerly Reporting Unit):		38873	38873		
Mode/SFC (MH) or Modality (SA):		NTP-41	NTP-41		
Service Description:		SA-Narcotic Tx Prog OP Meth Detox (OMD)	SA-Narcotic Tx Prog OP Meth Detox (OMD)	0	0
FUNDING TERM:		7/1/15- 6/30/16	7/1/15- 6/30/16	0	TOTAL
FUNDING USES					
Salaries & Employee Benefits:		12,330	3,378		15,708
Operating Expenses:		1,119	306		1,425
Capital Expenses (greater than \$5,000):		0			0
Subtotal Direct Expenses:		13,448	3,685	0	17,133
Indirect Expenses:		1,614	442	0	2,056
TOTAL FUNDING USES:		15,062	4,127	0	19,189
CBHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#:			
					0
					0
					0
					0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#:			
SA COUNTY - SA General Fund		HMHSCRES227	15,062	4,127	19,189
					-
					-
					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		15,062	4,127	-	19,189
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		Index Code/Project Detail/CFDA#:			
					-
					-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		15,062	4,127	-	19,189
NON-DPH FUNDING SOURCES					
					0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		15,062	4,127	-	19,189
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):					
DPH Units of Service:		FFS	FFS		
		1,283	300	-	-
Unit Type:		Slot Days	Staff 10 Minutes	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		11.74	13.77		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		11.74	13.77		
7i-Cal Providers Only):		11.34	13.30		
Unduplicated Clients (UDC):		7	7		7

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38873
 Program Name: Methadone Detox
 Document Date: 7/1/15

Appendix/Page #: B-8, Page 2

	TOTAL		General Fund HMHSCRES227		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/1/15- 6/30/16	Term:	7/1/15- 6/30/16	Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	0.14	\$ 8,085.00	0.14	8,085								
Dispensing Nurse	0.05	\$ 3,906.00	0.05	3,906								
Health Info Svcs Clerk III	0.01	\$ 460.00	0.01	460								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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Employee Fringe Benefits:	26%	\$ 3,257	26%	3,257	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS

\$15,708	\$ 15,708	\$0	\$0	\$0	\$0
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FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38873
 Program Name: Methadone Detox
 Document Date: 7/1/15

Appendix/Page #: B-8, page 3

Expenditure Category	TOTAL	General Fund HMHSCCRES227	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15 - 6/30/16	Term: 7/1/15 - 6/30/16	Term:	Term:	Term:	Term:
Occupancy:						
Rent	\$ -					
Utilities(telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ -					
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 125.00	125				
Insurance	\$ 475.00	475				
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ -					
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Client Supplies/Services	\$ 825.00	825				
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$1,425

\$1,425

\$0

\$0

\$0

\$0

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Westside Community Mental Health Center						Appendix/Page #: B-9 page 1	
Provider Name: Westside Community Services						Document Date: 7/1/2015	
Provider Number: 383815						Fiscal Year: FY 15-16	
Program Name:		Westside CTL	Westside CTL	Westside CTL	Westside CTL		
Program Code (formerly Reporting Unit):		N/A	N/A	N/A	N/A		
Mode/SFC (MH) or Modality (SA)		Anc-65	Anc-65	Anc-65	Anc-68		
Service Description:		SA-Ancillary Svcs HIV Early Intervention	SA-Ancillary Svcs HIV Early Intervention	SA-Ancillary Svcs HIV Early Intervention	SA-Ancillary Svcs Case Mgmt (Excluding SACPA clients)	TOTAL	
FUNDING TERM:		7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16		
FUNDING USES							
Salaries & Employee Benefits:		15,143	9,557	8,144	22,583		55,427
Operating Expenses:		1,932	1,220	1,039	2,882		7,073
Capital Expenses (greater than \$5,000):		0					0
Subtotal Direct Expenses:		17,076	10,777	9,183	25,464	0	62,500
Indirect Expenses:		2,049	1,293	1,102	3,056	0	7,500
TOTAL FUNDING USES:		19,125	12,070	10,285	28,520	0	70,000
CBHS MENTAL HEALTH FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
							0
							0
							0
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
SA FED - SAPT HIV Set-Aside #93.959		HMHSCCRES227	19,125	12,070	10,285	28,520	70,000
							-
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		19,125	12,070	10,285	28,520	-	70,000
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
							-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		19,125	12,070	10,285	28,520	-	70,000
NON-DPH FUNDING SOURCES							
							0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		19,125	12,070	10,285	28,520	-	70,000
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS	FFS	FFS		
DPH Units of Service:		225	142	121	336	-	-
Unit Type:		Staff Hour	Staff Hour	Staff Hour	Staff Hour	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		85.00	85.00	85.00	85.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		85.00	85.00	85.00	84.88		
7-Cal Providers Only:		52.21	80.00	80.00	80.00		
Unduplicated Clients (UDC):		300	300	300	75		300
							Total UDC:

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: N/A
 Program Name: Westside CTL
 Document Date: 7/1/15

Appendix/Page #: B-9, Page 2

	TOTAL		General Fund HMHSCRES227		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15- 6/30/16		Term: 7/1/15- 6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Dispensing Nurse	0.43	\$ 21,707	0.43	21,707								
CTL Coordinator	0.50	\$ 22,950	0.50	22,950								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
Totals:	0.93	\$44,657	0.93	44,657	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	24%	\$ 10,770	24%	10,770	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS	\$55,427		\$ 55,427		\$0		\$0		\$0		\$0	
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FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: N/A
 Program Name: Westside CTL
 Document Date: 7/1/15

Appendix/Page #: B-9, page 3

Expenditure Category	TOTAL	General Fund HMHSCRES227	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15- 6/30/16	Term: 7/1/15- 6/30/16	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -	\$ -				
Utilities(telephone, electricity, water, gas)	\$ 62	\$ 62				
Building Repair/Maintenance	\$ -	\$ -				
Materials & Supplies:						
Office Supplies	\$ 400	\$ 400				
Photocopying	\$ -					
Printing	\$ 50	\$ 50				
Program Supplies	\$ -					
Computer hardware/software	\$ 250	\$ 250				
General Operating:						
Training/Staff Development	\$ 23	\$ 23				
Insurance	\$ 1,702	\$ 1,702				
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 650	\$ 650				
Staff Travel:						
Local Travel	\$ -	\$ -				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Drug Screening & Other Testing	\$ 1,500	\$ 1,500				
Client Supplies/Services	\$ 1,980	\$ 1,980				
Licenses & Taxes	\$ -	\$ -				
Security Services	\$ 456	\$ 456				
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$7,073

\$7,073

\$0

\$0

\$0

\$0

Appendix D Additional Terms

1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

- ☒ CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will:
- Create PHI
 - Receive PHI
 - Maintain PHI
 - Transmit PHI and/or
 - Access PHI

The Business Associate Agreement (BAA) in Appendix E is required. Please note that BAA requires attachments to be completed.

- ☐ CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

This Business Associate Agreement (“Agreement”) supplements and is made a part of the contract or Memorandum of Understanding (“CONTRACT”) by and between the City and County of San Francisco, Covered Entity (“CE”) and Contractor, Business Associate (“BA”). To the extent that the terms of the Contract are inconsistent with the terms of this Agreement, the terms of this Agreement shall control.

In order to access SFDPH Systems, BA must have their employees/agents sign and retain in their files the *User Agreement for Confidentiality, Data Security and Electronic Signature* form located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>

During the term of this contract, the BA will be required to complete the *SFDPH Privacy, Data Security and Compliance Attestations* located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf> and the *Data Trading Partner Request [to Access SFDPH Systems]* located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information (“PHI”) (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the CONTRACT in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this Agreement.
- D. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement, the parties agree as follows:

1. Definitions.

- a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section



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San Francisco Department of Public Health
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17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103



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San Francisco Department of Public Health
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and 164.501. For the purposes of this Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

- l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- o. **Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

- a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains



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satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and



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- (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- h. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- j. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been,



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or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

- m. **Breach Pattern or Practice by Business Associate's Subcontractors and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. **BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.**

3. Termination.

- a. **Material Breach.** A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** Upon termination of the CONTRACT and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.



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- d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the CONTRACT or this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the CONTRACT or this Agreement when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or this Agreement providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days.

Attachments (links)

- ***Privacy, Data Security, and Compliance Attestations*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf>
- ***Data Trading Partner Request to Access SFDPH Systems and Notice of Authorizer*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>
- ***User Agreement for Confidentiality, Data Security and Electronic Signature Form*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>



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San Francisco Department of Public Health
Business Associate Agreement

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Office email: compliance.privacy@sfdph.org
Office telephone: 415-554-2787
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040
Confidential Compliance Hotline: 415-642-5790

Appendix F
Invoice



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/1/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Commercial Lines - (650) 413-4200
Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0D08408
959 Skyway Road
San Carlos, CA 94070

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Philadelphia Indemnity Insurance Company

18058

INSURER B: Berkshire Hathaway Homestate Ins Co

20044

INSURER C: Travelers Casualty and Surety Co. of America

31194

INSURER D:**INSURER E:****INSURER F:**

INSURED
Westside Community Services
1153 Oak Street
San Francisco, CA 94117

COVERAGES**CERTIFICATE NUMBER:** 9315112**REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Incl. Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1359729	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			PHPK1359729	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB505917	07/01/2015	07/01/2016	EACH OCCURRENCE \$ \$5,000,000 AGGREGATE \$ \$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			WEWC601440	04/01/2015	04/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Employee Theft			105643481	07/01/2015	07/01/2016	\$2,000,000 Limit \$25,000 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CA20480299,CG 2026 0413 The City and County of San Francisco, DPH Community Mental Health Services, and DPH Community Substance Abuse Services are included as additional insureds, as respects General and Auto Liability per endorsements attached.

CERTIFICATE HOLDER

City & County of San Francisco
DPH Community Mental Health Services
DPH Community Substance Abuse Services
1380 Howard Street, 4th Floor
San Francisco, CA 94103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2014/01)



CYB01A01/001937/02/04/0/0/0

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

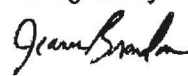
This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "Insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 07/01/2015	Countersigned By:  (Authorized Representative)
Named Insured: Westside Community Services	

SCHEDULE

Name of Person(s) or Organization(s):

City & County of San Francisco
DPH Community Mental Health Services
DPH Community Substance Abuse Services
1380 Howard Street, 4th Floor
San Francisco, CA 94103

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

City & County of San Francisco

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



