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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of December 1, 2018, in San Francisco, California, by and between Westside Community Mental Health Center, Inc., a non-profit entity, ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses; and

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

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

WHEREAS, approval for this A	Amendment v	was obtained	when the	Board of	Supervisors
approved Resolution number	on	·			

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

Definitions Article 1

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2018 between Contractor and City, as amended by this First Amendment.

1 of 4

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

Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

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

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

- 2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.
 - 2.2 Section 3.3 Compensation of the Agreement currently reads as follows:
- 3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Five Million Three Hundred Fifty Five Thousand Two Hundred Dollars** (\$5,355,200). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

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

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

December 1, 2018

The Appendices listed below are amended as follows:

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

Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY	CONTRACTOR
Recommended by:	Westside Community Mental Health Center, Inc.
Greg Wagner Date Acting Director of Health Department of Public Health	Mary And Jones, Ph.D. Chief Executive Officer 1153 Oak Street San Francisco, CA 94117 Supplier ID: 0000008254
Approved as to Form:	
Dennis J. Herrera City Attorney	
By: Vigue Don With Date Deputy City Attorney	
Approved:	
Alaric Degrafinried Date Director of the Office of Contract Administration, and Purchaser	

Appendix B Calculation of Charges

1. Method of Payment

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

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

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

CONTRACTOR shall submit monthly invoices in the format attached, Appendix **F**, and in a form acceptable to the Contract Administrator, by the fifteenth (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) <u>Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):</u>

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) <u>Fee For Service Reimbursement</u>:

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) <u>Cost Reimbursement</u>:

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

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

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

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

2. Program Budgets and Final Invoice

A. Program are listed below:

Appendix B-1 Westside Outpatient Clinic
Appendix B-2 Westside Crisis Clinic
Appendix B-3 Westside Assertive Community Treatment (ACT)

Appendix B-3 Westside Assertive Community Treatment (ACT)

Appendix B-4 Westside Child and Adolescent Outpatient Services

B. Compensation

Compensation shall be made in monthly payments on or before the 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 **Twenty Three Million Three Hundred Forty Seven Thousand One Hundred Eighteen Dollars** (\$23,347,118) for the period of **July 1, 2018 through December 31, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation, (\$2,501,477) is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

- (1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.
- (2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as

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

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

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

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

3. Services of Attorneys

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

4. State or Federal Medi-Cal Revenues

- A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.
- B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

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

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

DHCS Legal Entity Number:		aix b - bi ii i. bepartii	nent of Public Health C	John act Budget Juliin	iaiy	Dogo:	5
Legal Entity Name/Contractor Name:		/ Montal Hoalth Conto	r			Page: Fiscal Year:	2018-2019
Contract ID Number:		/ Ivieritai i leaitii Cerite	1	-		Funding Notification Date:	09/04/2018
Appendix Number		B-2	B-3	B-4		runding Notification Date.	09/04/2018
Provider Number	8976	8976	8976	8900			
Program Name Program Code	Westside Outpatient Clinic 89763	Westside Crisis Clinic 89764	Westside Assertive Community Treatment 8976SP	Westside Child and Adolescent Outpatient Services 89007		SUB-TOTAL:	(See Page 5 for FYs 2, 3, 4, 4.5) TOTAL (4.5 YRS):
Program Code	09703	69704	69703F	89007		FISCAL YEAR #1	CONTRACT TERM
Funding Term	07/01/18- 06/30/19	07/01/18- 06/30/19	07/01/18- 06/30/19	07/01/18- 06/30/19		07/01/18-06/30/19	07/01/18-12/31/22
FUNDING USES							
Salaries	\$ 767,822	\$ 874,720	\$ 623,633	\$ 252,495		\$ 2,518,670	\$ 10,913,539
Employee Benefits	\$ 215,003	\$ 244,925	\$ 174,618	\$ 70,703		\$ 705,249	\$ 3,055,876
Subtotal Salaries & Employee Benefits	\$ 982,825	\$ 1,119,645	\$ 798,251	\$ 323,198	\$ -	\$ 3,223,919	\$ 13,969,415
Operating Expenses	\$ 263,115	\$ 246,585	\$ 360,445	\$ 63,700		\$ 933,845	\$ 4,157,230
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 1,245,940	\$ 1,366,230	\$ 1,158,696	\$ 386,898	\$ -	\$ 4,157,764	\$ 18,126,645
Indirect Expenses		\$ 204,935				\$ 623,665	. , ,
Indirect %	15.0%	15.0%	15.0%	15.0%	0.0%	15.0%	15.0%
TOTAL FUNDING USES	\$ 1,432,831	\$ 1,571,165				\$ 4,781,429	\$ 20,845,641
		, ,			mployee Benefits Rate	28.0%	28.0%
BHS MENTAL HEALTH FUNDING SOURCES							
MH Adult Fed SDMC FFP (50%)	\$ 478,628	\$ 452,380	\$ 563,252			\$ 1,494,260	\$ 7,029,631
MH Adult State 1991 MH Realignment	\$ 335,707					\$ 1,168,330	\$ 5,496,316
MH Adult County General Fund	\$ 602,116					\$ 1,641,146	\$ 7,720,646
MH Adult Medicare	\$ 16,380		Ψ 250,525			\$ 32,760	\$ 154,115
MH CYF State 1991 Realignment	Ψ 10,300	Ψ 10,300		\$ 36,264		\$ 36,264	\$ 36,264
MH CYF County General Fund				\$ 370,997		\$ 370,997	\$ 370,997
MH MHSA (PEI)				\$ 37,672		\$ 37,672	\$ 37,672
WIT WITOA (I LI)				Ψ 31,012		Ψ 31,012	\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,432,831	\$ 1,571,165	\$ 1,332,500	\$ 444,933	¢ .	\$ 4,781,429	\$ 20,845,641
BHS SUD FUNDING SOURCES	ψ 1,432,631	3 1,371,103	ψ 1,332,300	φ 444,333	-	\$ 4,761,425	\$ 20,043,041
BIIO OOD I ONDING COOKGES							\$ -
							\$ -
							\$ -
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							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ - \$ -
TOTAL BHS SUD FUNDING SOURCES	- ·	- ·	- -		σ		φ -
OTHER DPH FUNDING SOURCES							•
							-
							-
TOTAL OTHER DRILLEUNDWG COURGES	•		•	•	*	•	-
TOTAL OTHER DPH FUNDING SOURCES						\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,432,831	\$ 1,571,165	\$ 1,332,500	\$ 444,933	-	\$ 4,781,429	\$ 20,845,641
NON-DPH FUNDING SOURCES							
							-
							-
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,432,831	\$ 1,571,165	\$ 1,332,500		\$ -	\$ 4,781,429	
Prepared By	Danielle Oncken			Phone Number		415 431-9000	Ext 1115

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

DHCS Legal Entity Number:			Эера	runent of Public P	100	alth Contract Budget	Su	illillary - Detail		Page:		6
Legal Entity Name/Contractor Name:			, 146	ntal Haalth Canta						Page:		2018-2019
Legal Entity Name/Contractor Name: Contract ID Number:			y ivie	ritai neatti Cente	<u> </u>				Euna	Fiscal Year: ding Notification Date:		09/04/2018
*NOTE: Assumes 2.39% COLA on each year's total contract	100	0011433	1		T				Func	ang Notification Date.		09/04/2016
amount to reflect the CODB ratio of total funding subject to a	-		_		-							
CODB.		SUBTOTAL:		SUBTOTAL:	╁	SUBTOTAL:		SUBTOTAL:			CIII	TOTAL (2 E Vac).
		(see *NOTE)		(see *NOTE)		(see *NOTE)		(see *NOTE)			301	3-TOTAL (3.5 Yrs): (see *NOTE)
1.025	F	ISCAL YEAR #2□	١,	FISCAL YEAR #3		FISCAL YEAR #4	F	ISCAL YEAR #4.5			FIS	CAL YEAR #s 2-4.5
Funding Term	-	07/01/19-06/30/20		07/01/20-06/30/21		07/01/21-06/30/22		07/01/22-12/31/22				7/01/19-12/31/22
FUNDING USES												
Salaries	\$	2,322,829	\$	2,380,900	\$	2,440,423	\$	1,250,717			\$	8,394,869
Employee Benefits		650,410		666,670	_			350,210			\$	2,350,627
Subtotal Salaries & Employee Benefits		2,973,239		3,047,570	_	·		1,600,927	¢	_	\$	10,745,496
Operating Expenses		891,899	_					480,239	Ψ		\$	
		891,899	Ф	914,196	Þ	937,051	Ф	460,239			Φ	3,223,385
Capital Expenses			_	2 224 722	_	4 000 044	•	0.004.400	_		>	40.000.004
Subtotal Direct Expenses		3,865,138		3,961,766		· · · · · · · · · · · · · · · · · · ·		2,081,166	Þ	-	\$	13,968,881
Indirect Expenses		579,771	\$	594,265	\$,	\$	312,174		0.00/	\$	2,095,331
Indirect %	_	15.0%	-	15.0%	+	15.0%	_	15.0%		0.0%	_	15.0%
TOTAL FUNDING USES	\$	4,444,909	\$	4,556,031	\$	4,669,932	\$	2,393,340	\$	-	\$	16,064,212
										0.0%		28.0%
BHS MENTAL HEALTH FUNDING SOURCES												
MH Adult Fed SDMC FFP (50%)	\$	1,531,617		1,569,907	_	, ,		824,692			\$	5,535,371
MH Adult State 1991 MH Realignment	\$	1,197,538	\$	1,227,476	\$	1,258,163	\$	644,809			\$	4,327,986
MH Adult County General Fund	\$	1,682,175	_	1,724,230	\$, ,		905,759			\$	6,079,500
MH Adult Medicare	\$	33,579	\$	34,418	\$	35,278	\$	18,080			\$	121,355
MH CYF State 1991 Realignment											\$	-
MH CYF County General Fund											\$	-
MH MHSA (PEI)											\$	-
											\$	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$	4,444,909	\$	4,556,031	\$	4,669,932	\$	2,393,340	\$		\$	16,064,212
BHS SUD FUNDING SOURCES												
											\$	-
											\$	-
											\$	_
											\$	
											\$	_
											\$	_
TOTAL BHS SUD FUNDING SOURCES	\$	-	\$	-	\$		\$	-	\$	-	\$	-
OTHER DPH FUNDING SOURCES	Ť		Ť		Ť		Ť		Ť		Ť	
OTHER DI III GROING GOORGEG					т						\$	
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TOTAL OTHER DRH FUNDING SOURCES	•		¢		¢	_	¢		4	_	_	<u>-</u>
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES	\$	4,444,909	\$	4,556,031	\$		\$	2,393,340	\$	-	\$ \$	16,064,212
	Φ	4,444,909	Ψ	4,000,031	1	4,009,932	Φ	۷,393,340	- P	-	Ф	10,004,212
NON-DPH FUNDING SOURCES					H						•	
					\vdash						\$	-
TOTAL NON DRUGUNDING CONTOCO	_		<u></u>		Ļ		•		_		\$	-
TOTAL NON-DPH FUNDING SOURCES	\$	-	\$		\$		\$		\$	-	\$	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$	4,444,909	\$	4,556,031	\$	4,669,932	\$	2,393,340		-	\$	16,064,212
Prepared By	Dar	ilelle Uncken						Phone Number	415	131-9000	Ext 11	15

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Westside Community Mental Health Center

Contract ID Number 1000011455

 Page Number:
 7

 Fiscal Year:
 2018-2019

Funding Notification Date: 09/04/2018

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Financial Officer	0.47	\$ 71,265.00
HR Manager	0.47	\$ 40,835.00
IT Manager	0.47	\$ 37,349.00
Accounting Clerk/AP	0.47	\$ 27,072.00
Accounting Clerk/Payroll	0.47	\$ 26,827.00
Chief Executive Officer	0.11	\$ 19,333.00
Accounting Clerk/AR	0.31	\$ 17,867.00
Operations Manager	0.11	\$ 7,475.00

Subtotal: 2.88 \$ 248,023.00 Employee Benefits: 27.0% \$ 66,966.00

Total Salaries and Employee Benefits: \$ 314,989.00

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Consultants (Fiscal Consulting, IT Consulting and Program Assessment & Planning)	\$ 48,392.00
Temporary Help	\$ 47,398.00
Conferences & Meetings (Conference Registrations fees and Meeting expenses)	\$ 43,606.00
Building Repair & Maintenance	\$ 31,378.00
Audit & Tax Services	\$ 28,912.00
Data Processing/Service Fees (Payroll Processing Fees)	\$ 24,718.00
Utilities	\$ 15,356.00
Legal Services	\$ 12,560.00
Insurance	\$ 10,759.00
Software Maintenance Fees	\$ 8,697.00
Storage Expense	\$ 8,603.00
Equipment Rental/Lease	\$ 6,233.00
Building Depreciation & Amortization	\$ 5,991.00
Rental /Lease Vehicle	\$ 3,555.00
Office Supplies, Postage	\$ 3,223.00
Recognition Expense	\$ 2,844.00
Advertising	\$ 1,872.00
Dues & Subscriptions	\$ 1,659.00
Staff Travel	\$ 1,232.00
Licenses & Taxes	\$ 877.00
Equipment Depreciation & Amortization	\$ 574.00
Staff Training	\$ 237.00
Total Operating Costs	\$ 308,676.00

Total Indirect Costs (Salaries & Benefits + Operating Costs) \$ 623,665.00

Total Indirect from DPH 1: \$ 623,665.00

\$ -

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

DHCS Legal Entity Numb	ar 00351	tillelit of 1 ablic 1	eath Cost Report	ing/Data Collection		Appendix Number:	B-1
	ne Westside Community Service	<u>-</u>			•	Page Number:	1
Provider Numb						Fiscal Year:	2018-2019
Trovider Humb	01 0070	_			Funding	Notification Date:	09/04/2018
		Westside	Westside	Westside	Westside	Westside	00/01/2010
	Program Name	Outpatient Clinic				Outpatient Clinic	
	Program Code		89763	89763	89763	89763	
Mo	de/SFC (MH) or Modality (SUD)		15/10-57, 59	15/60-69	15/70-79	45/20-29	
		OP-Case Mgt		OP-Medication	OP-Crisis	OS-Cmmty Client	
	Service Description	Brokerage	OP-MH Svcs	Support	Intervention	Svcs	
Fundi	ing Term (mm/dd/yy-mm/dd/yy):						
FUNDING USES	ing Term (mm/da/yy-mm/da/yy).	07/01/16-00/30/19	07/01/10-00/30/19	07/01/16-00/30/19	07/01/16-00/30/19	07/01/16-00/30/19	TOTAL
FUNDING USES	Salaries & Employee Benefits	56,049	301,274	493,842	112,531	19,130	982,825
	Operating Expenses		80,655	132,208	30,126	5,121	263,115
	Capital Expenses	15,005	60,033	132,200	30,120	3,121	203,113
	Subtotal Direct Expenses	71,054	381,929	626,049	142,657	24,251	1,245,940
	Indirect Expenses		57,289	93,907	21,399	3,638	186,891
	TOTAL FUNDING USES		439,218	719,957	164,055	27,889	1,432,831
BHS MENTAL HEALTH FUNDING SOUR		01,712	733,210	119,931	104,033	21,009	1,432,031
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	27,837	149,630	245,271	55,890		478,628
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	19,525	104,950		39,200		335,707
MH Adult County General Fund	251984-10000-10001792-0001	33,397	179,517	294,260	67,052	27.889	602,116
MH Adult Medicare	251984-10000-10001792-0001	953	5,121	8,394	1,913	21,009	16,380
This row left blank for funding sources not in drop-do		333	5,121	0,004	1,915		10,300
	HEALTH FUNDING SOURCES	81,712	439,218	719,957	164,055	27,889	1,432,831
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity	01,712	435,210	7 13,337	104,033	21,003	1,432,031
BIIO GOD I GNDING GOGNOLO	Dept-Autii-Proj-Activity						
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	BHS SUD FUNDING SOURCES	-	_	-	-	-	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
O THE R DI THE GREEN GOOD ROLL	Dept-Auti-110-Activity						_
This row left blank for funding sources not in drop-do	list						-
	HER DPH FUNDING SOURCES	-	_	-	_	-	-
	TAL DPH FUNDING SOURCES		439,218	719,957	164,055	27,889	1,432,831
NON-DPH FUNDING SOURCES		2.,	100,=10	110,001	10.,000		1,10=,001
TOTAL DE LET COLOR DE LA COLOR							
This row left blank for funding sources not in drop-do	wn list						=
	ION-DPH FUNDING SOURCES	-	-	-	-	-	-
	DURCES (DPH AND NON-DPH)		439,218	719,957	164,055	27,889	1,432,831
BHS UNITS OF SERVICE AND UNIT COS		,	,	,	,		, , , , , , ,
	Number of Beds Purchased						
SUD Only - Number of Outpat	ient Group Counseling Sessions						
SUD Only - Licensed Capacity for	or Narcotic Treatment Programs						
,		Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	
	Payment Method	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	
	DPH Units of Service	34,920	144,480	101,260	27,480		
	Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
	PH FUNDING SOURCES Only)	\$ 2.34		\$ 7.11			
Cost Per Unit - Contract Rate (DPH & N				\$ 7.11	\$ 5.97	\$ 120.21	
Published	Rate (Medi-Cal Providers Only)		\$ 3.27		\$ 6.00		Total UDC
	Unduplicated Clients (UDC)	163	163	100	25	25	163
		•	•		•		

Program Name Westside Outpatient Clinic Program Code 89763

Appendix Number: B-1
Page Number: 2
Fiscal Year: 2018-2019
Funding Notification Date: 09/04/2018

2018-2019

	т	OTAL	251984-10000- 10001792-0001		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity			t-Auth-Proj- Activity		t-Auth-Proj- Activity
Funding Term	07/01/1	8 - 06/30/19	07/01	/18 - 06/30/19	(mm/do	d/yy-mm/dd/yy):	(mm/dc	d/yy-mm/dd/yy):	(mm/do	d/yy-mm/dd/yy):	(mm/do	d/yy-mm/dd/yy):	(mm/dc	d/yy-mm/dd/yy):
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.33 \$	35,516.00	0.33	\$ 35,516.00										
Program Manager	0.20 \$	15,785.00	0.20	\$ 15,785.00										
Prescriber/Nurse Practitioner	1.79 \$	426,076.00		\$ 426,076.00										
Health Info Svcs Clerk II	0.50 \$	23,409.00	0.50	\$ 23,409.00										
Medical Records Clerk	0.26 \$	13,906.00	0.26											
Clinical Case Manager	4.00 \$	242,238.00	4.00	\$ 242,238.00										
Peer Safety Associate	0.13 \$	5,191.00	0.13											
Payee Operations Counselor/Money Mger	0.10 \$	5,701.00	0.10	\$ 5,701.00										
	0.00 \$	-												
	0.00 \$	-												
	0.00 \$	=												
	0.00 \$	-												
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	0.00 \$	-												
Totals:	7.31 \$	767,822.00	7.31	\$ 767,822.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	•													
Employee Benefits:	28.00% \$	215,003.00	28.00%	\$ 215,003.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$	982,825.00		\$ 982,825.00	I	\$ -]	\$ -		\$ -]	\$ -	[\$ -

Document Date: 12/01/2018 Form Revised 7/1/2018

Program Name Westside Outpatient Clinic Program Code 89763

 Appendix Number
 B-1

 Page Number
 3

 Fiscal Year
 2018-2019

 Funding Notification Date
 09/04/2018

Funding Notification Date											
Expense Categories & Line Items		TOTAL		51984-10000- 0001792-0001		Pept-Auth-Proj- Activity	Dep	ot-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/	01/18- 06/30/19	07/	01/18- 06/30/19	(mn	n/dd/yy-mm/dd/yy):	(mm/d	ld/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$	121,150.00	\$	121,150.00			,		, ,,		, , , , , , , , , , , , , , , , , , , ,
Utilities (telephone, electricity, water, gas)	\$	24,450.00	\$	24,450.00							
Building Repair/Maintenance	\$	9,100.00	\$	9,100.00							
Building Depreciation & Amortization	\$	904.00	\$	904.00							
Occupancy Total:	\$	155,604.00	\$	155,604.00	\$	-	\$	-	\$ -	\$ -	\$ -
Office Supplies	\$	5,803.00	\$	5,803.00							
Photocopying	\$	20.00	\$	20.00							
Program Supplies	\$	-									
Computer Hardware/Software	\$	900.00	\$	900.00							
Materials & Supplies Total:	\$	6,723.00	\$	6,723.00	\$	-	\$	-	\$ -	\$ -	\$ -
Training/Staff Development	\$	2,750.00	\$	2,750.00							
Insurance	\$	13,300.00	\$	13,300.00							
Professional License	\$	-	-	•							
Security Services	\$	28,565.00	\$	28,565.00							
Equipment Lease & Maintenance	\$	20,250.00	\$	20,250.00							
Equipment Depreciation & Amortization	\$	273.00	\$	273.00							
Dues & Subscriptions	\$	250.00	\$	250.00							
Advertising	\$	200.00	\$	200.00							
General Operating Total:	\$	65,588.00	\$	65,588.00	\$	-	\$	-	\$ -	\$ -	\$ -
Local Travel	\$	3,000.00	\$	3,000.00							
Out-of-Town Travel	\$	-									
Field Expenses	\$	-									
Staff Travel Total:	\$	3,000.00	\$	3,000.00	\$	-	\$	-	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$	-									
Perry Lisker, JD, MSW, LCSW, from 7/1/18 to 6/30/19, provides clinical supervision @ \$75 per hour for 416 hours.	\$	31,200.00	\$	31,200.00							
Consultant/Subcontractor Total:	\$	31,200.00	\$	31,200.00	\$	-	\$	-	\$ -	\$ -	\$ -
Other (provide detail):	\$	-		•							
М /	\$	-	\$	-							
Client Supplies/Services (As Recorded in G/L)	\$	1,000.00	\$	1,000.00							
, , , , , , , , , , , , , , , , , , , ,	\$	-	\$	-							
			-								
	\$	-									
Other Total:	-	1,000.00	\$	1,000.00	\$	-	\$	-	\$ -	\$ -	\$ -
		·		-			-			•	•
TOTAL OPERATING EXPENSE	\$	263,115.00	\$	263,115.00	\$	-	\$	-	\$ -	\$ -	\$ -

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

DHCS Legal Entity Numb	Appendix B - DPH 2: Depar	tillelit of Fublic h	eath Cost Report	ing/Data Collectio		Appendix Number:	B-2
	ne Westside Community Service		•		•	Page Number:	D-Z
Provider Numb	or 8076	ა	•			Fiscal Year:	2018-2019
i lovidei indilib	ei <u>0370</u>		:		Funding	Notification Date:	09/04/18
		Westside Crisis	00/04/10				
	Program Name	Clinic	Clinic	Clinic	Clinic	Clinic	
	Program Code	89764	89764	89764	89764	89764	
Mc	ode/SFC (MH) or Modality (SUD)		15/10-57, 59	15/60-69	15/70-79	45/10-19	
	radio e com i e	OP-Case Mgt		OP-Medication	OP-Crisis	10, 10 10	
	Complex Description	Brokerage	OP-MH Svcs	Support	Intervention	OS-MH Promotion	
Fund	Service Description	·					
	ing Term (mm/dd/yy-mm/dd/yy):	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	TOTAL
FUNDING USES	Calarias & Employee Banafita	1.001	2.005	500 205	514,794	2.570	TOTAL
	Salaries & Employee Benefits	1,001	2,995	598,285		2,570	1,119,645
	Operating Expenses Capital Expenses	221	659	131,763	113,376	566	246,585
		4 222	2.654	730,048	628,170	2.426	1 266 220
	Subtotal Direct Expenses	1,222 184	3, 654 548	109,507	94,226	3,136 470	1,366,230 204,935
	Indirect Expenses TOTAL FUNDING USES	1,406	4,202	839,555	722,396	3,606	1,571,165
BHS MENTAL HEALTH FUNDING SOUR		1,400	4,202	039,000	122,390	3,000	1,371,103
MH Adult Fed SDMC FFP (50%)	Cl Dept-Auth-Proj-Activity 251984-10000-10001792-0001	406	1 010	242 206	200 475		452.200
MH Adult Fed SDMC FFP (50%) MH Adult State 1991 MH Realignment	251984-10000-10001792-0001 251984-10000-10001792-0001	323	1,213 967	242,286 193,192	208,475 166,232	1,190	452,380 361,904
		662					
MH Adult County General Fund MH Adult Medicare	251984-10000-10001792-0001	15	1,978 44	395,305 8,772	340,140 7,549	2,416	740,501 16,380
This row left blank for funding sources not in drop-do	251984-10000-10001792-0001	10	44	0,112	7,549		10,360
	HEALTH FUNDING SOURCES	1,406	4,202	839,555	722,396	3,606	1,571,165
BHS SUD FUNDING SOURCES		1,400	4,202	039,333	122,390	3,000	1,371,103
BH3 30D FONDING 300KCL3	Dept-Auth-Proj-Activity						
							=
This row left blank for funding sources not in drop-do	wwn liet						
	BHS SUD FUNDING SOURCES		-	_	_	_	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
OTTLER DI TITI ONDINO SCORCES	Dept-Autii-Proj-Activity						
							<u>-</u>
This row left blank for funding sources not in drop-do	wwn list						_
	HER DPH FUNDING SOURCES		-	-	-	-	-
	TAL DPH FUNDING SOURCES	1,406	4,202	839,555	722,396	3,606	1,571,165
NON-DPH FUNDING SOURCES		.,	.,	333,333	,	5,000	1,011,100
TOTAL DE LET CONTRACTOR DE CON							
This row left blank for funding sources not in drop-do	own list						-
	ON-DPH FUNDING SOURCES	-	-	-	-	-	-
	OURCES (DPH AND NON-DPH)	1,406	4,202	839,555	722,396	3,606	1,571,165
BHS UNITS OF SERVICE AND UNIT CO		,	,	,	,	,	, ,
	Number of Beds Purchased						
SUD Only - Number of Outpat	ient Group Counseling Sessions						
SUD Only - Licensed Capacity f	or Narcotic Treatment Programs						
	<u> </u>	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	
	Payment Method	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	
	DPH Units of Service	600	1,380	118,080		30	
	Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (D	PH FUNDING SOURCES Only)			\$ 7.11	\$ 5.97	\$ 120.20	
Cost Per Unit - Contract Rate (DPH & N				\$ 7.11	\$ 5.97	\$ 120.20	
	Rate (Medi-Cal Providers Only)		\$ 3.27		\$ 6.00		Total UDC
	Unduplicated Clients (UDC)	25	25	750	875	30	875
	• • • • • • • • • • • • • • • • • • • •						

Program Name Westside Crisis Clinic
Program Code 89764

TOTAL SALARIES & BENEFITS

1,119,645.00

\$ 1,119,645.00

Appendix Number: B-2
Page Number: 2
Fiscal Year: 2018-2019

Funding Notification Date: 09/04/2018 251984-10000-10001792 Dept-Auth-Proj-Dept-Auth-Proj-Dept-Auth-Proj-Dept-Auth-Proj-Dept-Auth-Proj-TOTAL 0001 Activity Activity Activity Activity Activity 07/01/18 - 06/30/19 Funding Term 07/01/18 - 06/30/19 (mm/dd/yy-mm/dd/yy): (mm/dd/yy-mm/dd/yy): (mm/dd/yy-mm/dd/yy): (mm/dd/yy-mm/dd/yy): (mm/dd/yy-mm/dd/yy): **Position Title** Salaries FTE Salaries Salaries FTE Salaries Salaries FTE Salaries FTE Salaries FTE FTE 36,592.00 0.34 \$ 36,592.00 Program Director 0.34 \$ 1.00 \$ 84.043.00 1.00 \$ 84,043.00 Program Manager Prescriber/Nurse Practitioner 288,600.00 1.35 \$ 288,600.00 1.35 \$ Prescriber/Psychiatrist 0.85 \$ 217,360.00 0.85 \$ 217,360.00 Medical Records Clerk 0.43 \$ 22,968.00 0.43 \$ 22,968.00 0.50 \$ Health Info Svcs Clerk II 0.50 \$ 23,409.00 23,409.00 Licensed Vocational Nurse 3.00 \$ 173,205.00 3.00 \$ 173,205.00 Peer Safety Associate 0.55 \$ 22,842.00 0.55 \$ 22,842.00 Payee Operations Counselor/Money Mger 5,701.00 0.10 \$ 5,701.00 0.10 \$ 0.00 \$ 0.00 \$ 0.00 \$ -0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ -0.00 \$ -0.00 \$ -0.00 \$ -0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ -0.00 \$ -0.00 \$ -0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 874,720.00 Totals: 8.12 \$ 8.12 \$ 874,720.00 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 244,925.00 | 28.00% | \$ 244,925.00 | 0.00% Employee Benefits: 28.00% \$ 0.00% 0.00% 0.00% 0.00%

Program Name Westside Crisis Clinic
Program Code 89764

 Appendix Number:
 B-2

 Page Number:
 3

 Fiscal Year:
 2018-2019

 Funding Notification Date:
 09/04/2018

			1		ruii	ding Notification Date:	09/04/2018
Expense Categories & Line Items	TOTAL	251984-10000- 10001792-0001	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18- 06/30/2019	07/01/18- 06/30/2019	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy)
Rent	\$ 140,100.00	\$ 140,100.00					
Utilities (telephone, electricity, water, gas)	\$ 20,600.00	\$ 20,600.00					
Building Repair/Maintenance	\$ 7,150.00	\$ 7,150.00					
Building Depreciation & Amortization	\$ 788.00	\$ 788.00					
Occupancy Total:	\$ 168,638.00	\$ 168,638.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 6,446.00	\$ 6,446.00					
Photocopying	\$ 150.00	\$ 150.00					
Program Supplies	\$ -						
Computer Hardware/Software	\$ 1,100.00	\$ 1,100.00					
Materials & Supplies Total:	\$ 7,696.00	\$ 7,696.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 3,800.00	\$ 3,800.00					
Insurance	\$ 13,500.00	\$ 13,500.00					
Professional License	\$ 150.00	\$ 150.00					
Security Services	\$ 22,295.00	\$ 22,295.00					
Equipment Lease & Maintenance	\$ 16,300.00	\$ 16,300.00					
Equipment Depreciation & Amortization	\$ 306.00	\$ 306.00					
Dues & Subscriptions	\$ 400.00	\$ 400.00					
Advertising	\$ 100.00	\$ 100.00					
General Operating Total:	\$ 56,851.00	\$ 56,851.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 3,500.00	\$ 3,500.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 3,500.00	\$ 3,500.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -	•	•				•
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	•					
	\$ -	\$ -					
Client Supplies/Services (As Recorded in G/L)	\$ 7,100.00	\$ 7,100.00					
Temporary Help	\$ 2,800.00	\$ 2,800.00					
	\$ -						
Other Total:	\$ 9,900.00	\$ 9,900.00	-	-	-	-	\$ -
TOTAL OPERATING EXPENSE	\$ 246,585.00	\$ 246,585.00	s -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number		I 2: Department of	Fublic Heath Cos	st Reporting/Data	Collection (CKDC)		Appendix Number:	B-3
	e Westside Community Service	S					Page Number:	<u> </u>
Provider Number			•				Fiscal Year:	2018-2019
	·		•			Funding	Notification Date:	09/04/18
		Westside	Westside	Westside	Westside	Westside	Westside	
		Assertive	Assertive	Assertive	Assertive	Assertive	Assertive	
		Community	Community	Community	Community	Community	Community	
	Program Name	Treatment	Treatment	Treatment	Treatment	Treatment	Treatment	
	Program Code	8976SP	8976SP	8976SP	8976SP	8976SP	8976SP	
Mod	de/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	60/72	45/10-19	
	, , , , , ,	OP-Case Mgt		OP-Medication	OP-Crisis	SS-Client Flexible		
	Service Description	Brokerage	OP-MH Svcs	Support	Intervention	Support Exp	OS-MH Promotion	
Fundi	ng Term (mm/dd/yy-mm/dd/yy):		07/01/18- 06/30/2019	• • • • • • • • • • • • • • • • • • • •	07/01/18- 06/30/2019			
FUNDING USES	g : • (aa, yy aa, yy).	01701710 0070072010	01/01/10 00/00/2010	01/01/10 00/00/2010	01/01/10 00/00/2010	01/01/10 00/00/2010	01/01/10 00/00/2010	TOTAL
1 01121110 0020	Salaries & Employee Benefits	191,388	90,933	403,387	70,861		41,682	798,251
	Operating Expenses	77,397	36,773	163,128	28,656	37,635	16,856	360,445
	Capital Expenses	11,001	00,110	100,120	20,000	01,000	10,000	-
	Subtotal Direct Expenses	268,785	127,706	566,515	99,517	37,635	58,538	1,158,696
	Indirect Expenses	40,317	19,156	84,978	14,928	5,645	8,780	173,804
	TOTAL FUNDING USES		146,862	651,493	114,445	43,280	67,318	1,332,500
BHS MENTAL HEALTH FUNDING SOURCE			.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	1,000	,,,,,	, ,
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	152,042	69,520	287,108	54,582			563,252
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	127,064	58,098	239,941	45,616			470,719
MH Adult County General Fund	251984-10000-10001792-0001	29,996	19,244	124,444	14,247	43,280	67,318	298,529
Will reduce County Contrart und	201001 10000 10001102 0001	20,000	10,211	121,111	11,217	10,200	07,010	200,020
This row left blank for funding sources not in drop-do	wn list							-
	HEALTH FUNDING SOURCES	309,102	146,862	651,493	114,445	43,280	67,318	1,332,500
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		-,	, , ,	, -	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2000711111110]71011111							-
								-
								-
This row left blank for funding sources not in drop-do	wn list							-
	HS SUD FUNDING SOURCES	-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity							
								-
								-
This row left blank for funding sources not in drop-do	wn list							-
TOTAL OTH	ER DPH FUNDING SOURCES	-	-	-	-	-	-	-
T01	TAL DPH FUNDING SOURCES	309,102	146,862	651,493	114,445	43,280	67,318	1,332,500
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-do								-
	ON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SO	URCES (DPH AND NON-DPH)	309,102	146,862	651,493	114,445	43,280	67,318	1,332,500
BHS UNITS OF SERVICE AND UNIT COST	T							
	Number of Beds Purchased							
	ent Group Counseling Sessions							
SUD Only - Licensed Capacity for	or Narcotic Treatment Programs							
					l	Cost	 	
			Fee-For-Service		Fee-For-Service	Reimbursement		
	Payment Method		(FFS)	(FFS)	(FFS)	(CR)	(FFS)	
	DPH Units of Service	132,095	48,310	91,630	19,170	1	560	
					1	Staff Hour or Client		
						Day, depending on		
	Hoit Tuno	Staff Minute	Staff Minute	Staff Minute	Staff Minute	contract.	Staff Hour	
Coot Beatlate BBH Bere (B)	Unit Type							
	PH FUNDING SOURCES Only)							
Cost Per Unit - Contract Rate (DPH & N								Total UDC
Published	Rate (Medi-Cal Providers Only)		\$ 3.27 80	\$ 8.00 80	\$ 6.00	\$ 43,280.00 80	\$ 126.20 14	Total UDC 80
	Unduplicated Clients (UDC)	80						

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name	Westside Assertive Community Treatment	
Program Code	8976	

		TOTAL	251984-10000-10001792- Dept-Auth-Proj- Activity Dept-Auth-Proj-Activity		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity						
Funding Term		1/18 - 06/30/19		18 - 06/30/19			l/yy-mm/dd/yy):		/yy-mm/dd/yy):		d/yy-mm/dd/yy):		d/yy-mm/dd/yy):		d/yy-mm/dd/yy):
Position Title	FTE	Salaries	FTE	Salaries	FTE	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.33		0.33												
Program Manager	0.80		0.80												
Prescriber/Nurse Practitioner	0.50		0.50												
Prescriber/Psychiatrist	0.15		0.15												
Medical Records Clerk	0.28		0.28												
Clinical Case Manager	2.21		2.21												
Vocational Counselor		\$ 52,124.00	0.91												
Medical Outreach Specialist	1.00	\$ 61,508.00	1.00												
Peer Community Liaison	1.00	\$ 47,032.00	1.00	\$ 47,032.00											
Peer Safety Associate		\$ 18,689.00	0.45	\$ 18,689.00											
Payee Operations Counselor/Money Mgr	0.60	\$ 34,206.00	0.60	\$ 34,206.00											
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	0.00							1						\vdash	
Totals:	8.23		8.23	\$ 623,633.00	0.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Totalo.	0.20	- 020,000.00	0.20	- 020,000.00	0.00	0.00	Ŧ	0.00	T	0.00	T	0.00	T	0.00	-
Employee Benefits:	28.00%	\$ 174,618.00	28.00%	\$ 174,618.00	0.00%	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS	Г	\$ 798,251.00) F	\$ 798,251.00	İ		\$ -	1	\$ -		\$ -	l	\$ -	1 '	\$ -

Program Name Westside Assertive Community Treatment
Program Code 8976

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

			_			ding Notification Date:	09/04/2018
Expense Categories & Line Items	TOTAL	251984-10000- 10001792-0001	Cost Reimbursement	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18- 06/30/2019	07/01/18- 06/30/2019	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 169,600.00	\$ 169,600.00					
Utilities(telephone, electricity, water, gas)	\$ 35,900.00	\$ 35,900.00					
Building Repair/Maintenance	\$ 17,300.00	\$ 17,300.00					
Building Depreciation & Amortization	\$ 817.00	\$ 817.00					
Occupancy Total:	\$ 223,617.00	\$ 223,617.00	\$ -				
Office Supplies	\$ 8,801.00	\$ 8,801.00					
Photocopying	\$ 50.00	\$ 50.00					
Program Supplies	\$ -	\$ -					
Computer Hardware/Software	\$ 1,200.00	\$ 1,200.00					
Materials & Supplies Total:		\$ 10,051.00	\$ -				
Training/Staff Development	\$ 2,300.00	\$ 2,300.00					
Insurance	\$ 20,500.00	\$ 20,500.00					
Professional License	\$ 300.00	\$ 300.00					
Permits	\$ -	÷ 230.00					
Equipment Lease & Maintenance	\$ 22,150.00	\$ 22,150.00					
Equipment Depreciation & Amortization	\$ 442.00	\$ 442.00					
Dues & Subscriptions	\$ 500.00	\$ 500.00					
Advertising	\$ 500.00	\$ 500.00					
General Operating Total:	*	\$ 46,692.00	\$ -				
Local Travel	\$ 24,300.00	\$ 24,300.00					
Out-of-Town Travel	\$ 24,300.00	φ 24,300.00					
Field Expenses	\$ -						
Staff Travel Total:		\$ 24,300.00	\$ -				
Consultant/Subcontractor (Provide	\$ 24,300.00	φ 24,300.00					
Consultant/Subcontracting Agency Name,							
Service Detail w/Dates, Hourly Rate and							
Amounts)	\$ -						
Perry Lisker, JD, MSW, LCSW, from							
7/1/18 to 6/30/19, provides clinical							
supervision @ \$75 per hour for 104 hours.			_				
Consultant/Subcontractor Total:	,	\$ 7,800.00	\$ -				
Other (provide detail):	-						
Client /Trainee Stipends	\$ 10,000.00	\$ 10,000.00					
Client Supplies/Services (As Recorded in G/l		\$ -	\$ 37,635.00				
Client Travel	\$ 350.00	\$ 350.00					
Other Total:	\$ 47,985.00	\$ 10,350.00	\$ 37,635.00				
TOTAL OPERATING EXPENSE	\$ 360,445.00	\$ 322,810.00	\$ 37,635.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number	O0351				(0		Appendix Number:	B-4
	Westside Community Services	<u> </u>	=				Page Number:	1
Provider Number			=				Fiscal Year:	2018-2019
			-			Funding	Notification Date:	09/04/2018
		Westside Child	Westside Child	Westside Child	Westside Child	Westside Child	Westside Child	
		and Adolescent	and Adolescent	and Adolescent	and Adolescent	and Adolescent	and Adolescent	
		Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	
	Program Name	Services	Services	Services	Services	Services	Services	
	Program Code	89007	89007	89007	89007	89007	89007	
Mode	e/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/10-19	
		OP-Case Mgt		OP-Medication	OP-Crisis			
	Service Description	Brokerage	OP-MH Svcs	Support	Intervention	OS-MH Promotion	OS-MH Promotion	
Funding	g Term (mm/dd/yy-mm/dd/yy):		07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	07/01/18- 06/30/2019	
FUNDING USES	, , , , , , , , , , , , , , , , , , , ,							TOTAL
	Salaries & Employee Benefits	2,050	101,884	1,663	871	189,365	27,365	323,198
	Operating Expenses	404	20,081	328	172	37,322	5,393	63,700
	Capital Expenses			120		,	2,230	
	Subtotal Direct Expenses	2,454	121,965	1,991	1,043	226,687	32,758	386,898
	Indirect Expenses	368	18,295	299	156	34,003	4,914	58,035
	TOTAL FUNDING USES	2,822			1,200	260,690	37,672	444,933
BHS MENTAL HEALTH FUNDING SOURCE								
MH CYF State 1991 Realignment	251962-10000-10001670-0001	698	34,703	566	297			36,264
MH CYF County General Fund	251962-10000-10001670-0001	2,124		1,723	903	260,690		370,997
MH MHSA (PEI)	251984-17156-10031199-0020	·				,	37,672	37,672
,								-
This row left blank for funding sources not in drop-down	n list							-
TOTAL BHS MENTAL H	EALTH FUNDING SOURCES	2,822	140,260	2,289	1,200	260,690	37,672	444,933
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		,	·	·	·	·	·
								-
								-
								-
This row left blank for funding sources not in drop-down	n list							-
	IS SUD FUNDING SOURCES	-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity							
								-
								-
This row left blank for funding sources not in drop-down	n list							-
TOTAL OTHE	R DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTA	AL DPH FUNDING SOURCES	2,822	140,260	2,289	1,200	260,690	37,672	444,933
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down								
	N-DPH FUNDING SOURCES		-	-		-		
	JRCES (DPH AND NON-DPH)	2,822	140,260	2,289	1,200	260,690	37,672	444,933
BHS UNITS OF SERVICE AND UNIT COST								
	Number of Beds Purchased							
SUD Only - Number of Outpatier								
SUD Only - Licensed Capacity for	Narcotic Treatment Programs							
		Cost	Cost	Cost	Cost	Cost	Cost	
		Reimbursement		Reimbursement				
	Payment Method	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
	DPH Units of Service	1,206						
	Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	
	H FUNDING SOURCES Only)							
Cost Per Unit - Contract Rate (DPH & No								
Published R	Rate (Medi-Cal Providers Only)							Total UDC
	Unduplicated Clients (UDC)	30	30	30	30	30	30	30

 $\begin{array}{c} \textbf{Program Name} \ \underline{\textbf{Westside Child and Adolescent Outpatient Services}} \\ \textbf{Program Code} \ \underline{\textbf{89007}} \end{array}$

 Appendix Number:
 B-4

 Page Number:
 2

 Fiscal Year:
 2018-2019

 Funding Notification Date:
 09/04/2018

	T	OTAL		962-10000- 01670-0001	_	984-17156- 31199-0020	Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity			t-Auth-Proj- Activity
Funding Term	07/01/18	3 - 06/30/2019		8 - 06/30/2019	07/01/18 - 06/30/2019		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/do	d/yy-mm/dd/yy):
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Supervisor	0.20 \$	22,400.00		\$ 20,503.41	0.02									
Program Manager	1.00 \$	78,800.00	0.92		0.08									
Clinical Case Manager	1.00 \$	59,695.00	0.92		0.08									
Community Counselor	2.00 \$	79,480.00		\$ 72,750.51	0.17									
Mental Health Rehab Specialist	0.25 \$	12,120.00	0.23	\$ 11,093.81	0.02	\$ 1,026.19								
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	0.00 \$	-												
	0.00 \$	-												
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Totals:	4.45 \$	252,495.00	4.07	\$ 231,116.50	0.38	\$ 21,378.50	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	> -
Employee Benefits:	##### \$	70,703.00	28.00%	\$ 64,716.00	28.00%	\$ 5,987.00	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$	323,198.00		\$ 295,833.00]	\$ 27,365.00]	\$ -]	\$ -]	\$ -		\$ -

Document Date: 12/01/2018 Form Revised 7/1/2018

Appendix B - DPH 4: Operating Expenses Detail

Program Name Westside Child and Adolescent Outpatient Services Program Code 89007

 Appendix Number:
 B-4

 Page Number:
 3

 Fiscal Year:
 2018-2019

 Funding Notification Date:
 09/04/2018

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