



**LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH**

JONATHAN E. SHERIN, M.D., Ph.D., Director
ROBIN KAY, Ph.D., Chief Deputy Director
RODERICK SHANER, M.D., Medical Director



October 10, 2017

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

34 October 17, 2017

LORI GLASGOW
EXECUTIVE OFFICER

**APPROVAL TO EXECUTE AMENDMENTS WITH
LEGAL ENTITY PROVIDERS TO ADJUST FISCAL YEAR 2015-16
FUNDED PROGRAM ALLOCATIONS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to execute amendments with Legal Entity providers to adjust the Fiscal Year 2015-16 funded program allocations.

IT IS RECOMMENDED THAT THE BOARD:

Approve and authorize the Director of Mental Health (Director), or his designee, to prepare, sign, and execute amendments, substantially similar to Attachment I, with Legal Entity (LE) providers to adjust the Fiscal Year (FY) 2015-16 Financial Summaries to incorporate an increase or decrease to funded program allocations to the extent that: 1) the Department of Mental Health (DMH) has sufficient funds to support these increases; 2) County and LE provider agrees, in writing, to such changes; 3) changes are solely based on actual costs; 4) approval as to form is obtained from County Counsel prior to any such amendment; and 5) the Director, or his designee, notifies your Board and the Chief Executive Office of the amendment in writing within 30 days after the execution of each amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of the recommended action will enable the DMH to adjust the FY 2015-16 Financial Summaries to modify the allocations for Funded Programs. These modifications are

needed to facilitate interim settlement payments to the provider for eligible services rendered and enable the County to draw-down available federal revenue for expenditures incurred during the State settlement process.

Implementation of Strategic Plan Goals

The recommended action is consistent with the County's Strategic Plan Goal III, Strategy III.3 Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability, Objective III.3.1 Maximize Revenue.

FISCAL IMPACT/FINANCING

Under the delegated authority previously granted by your Board, the FY 2015-16 Maximum Contract Amount (MCA) for the LE Agreements will increase cumulatively by \$2,438,055, as shown in Attachment II. The increase in the MCAs is fully funded by Federal Financial Participation Medi-Cal and 2011 Realignment revenue.

The amendments will allow the draw-down of federal and State revenues for providers that will be paid to the providers during the State settlement process. If payments will be required during the FY, DMH has sufficient appropriation available in the FY 2017-18 Adopted Budget.

There is no impact on net County cost for the requested action.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The County reimburses its LE providers monthly for services rendered based on the funding allocated for each Funded Program and the delivery of the applicable services. The monthly reimbursement amount is based on the provisional rates calculated by each LE and approved by the County. Within approximately seventy-five (75) days after the end of the fiscal year, each LE is required to submit an Annual Cost Report to DMH for a review, adjustment, and approval of the claimed/reimbursed costs before it is sent to the State for its own audit in the Reconciliation and Settlement process.

Before the State can approve the LE's claimed costs in the Reconciliation and Settlement process, the costs must not exceed the funding allocation for the particular Funded Program and must be paid to the LEs before the County submits its Reconciliation documents to the State. The recommended action will allow DMH to adjust the funded program amounts to match the actual costs, so that LEs can receive payment from the County for the appropriate actual costs and to effect final settlement with the State.

CONTRACTING PROCESS

DMH's LE Agreement, Financial Exhibit A (Attachment II) allows the LE provider to shift funds between programs and subprograms after the fiscal year ends. More specifically, Paragraph X(2) of the Financial Exhibit indicates the Director may execute an amendment to modify the distribution of federal or State funds allocated for each Funded Program as well as increase the MCA to include additional funds, but only to the extent that such additions are

necessary for the Contractor to be reimbursed for otherwise uncompensated care. This modification facilitates the maximum draw-down of available federal, or other, revenues for expenditures incurred in the provision of mental health services.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended action will mitigate the volume of administrative actions occurring as a result of State settlement activities and audits.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'JES', is centered on the page.

Jonathan E. Sherin, M.D., Ph.D.

Director

JES:RK:MM:SLD:sl

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Enclosures

- c: Executive Office, Board of Supervisors
- Chief Executive Office
- County Counsel
- Chairperson, Mental Health Commission

ATTACHMENT I

CONTRACT NO. _____

AMENDMENT NO. ____

THIS AMENDMENT is made and entered into this ___ day of _____, 2017, by and between the COUNTY OF LOS ANGELES (hereafter "County") and _____ (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated _____, identified as County Agreement No. _____, (hereafter "Agreement") or as subsequently amended (hereafter collectively "Agreement"); and (whichever is applicable)

WHEREAS, for Fiscal Year (FY) 2015-16 only, County and Contractor intend to amend this Agreement only as described hereunder; and

WHEREAS, for FY 2015-16 only, County and Contractor intend to amend Agreement to increase and/or decrease funds among various funded programs to ensure the alignment of Contractor's actual costs to its current contracted Funded Program amounts; and

WHEREAS, for FY 2015-16 only, as a result of the change(s) in the funded programs, the Maximum Contract Amount (MCA) will increase/decrease/remain the same. (whichever is applicable)

NOW, THEREFORE, County and Contractor agree that Agreement shall be amended only as follows:

1. For FY 2015-16 only, Specialized Foster Care - Department of Children and Family Services (DCFS) Multi-Disciplinary Assessment Team (MAT) Non Medi-

Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Specialized Foster Care Enhanced Mental Health Services Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Specialized Foster Care Multi-Disciplinary Assessment Team (MAT) Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Specialized Foster Care Treatment Foster Care (TFC) Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Specialized Foster Care Wraparound Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Department of Children and Family Services (DCFS) 2011 Realignment Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) First 5 Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) First 5 Invoice Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) First 5 Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Projects for Assistance in Transition from Homelessness (PATH) McKinney, CFDA #93.150 Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is

applicable) in the amount of \$_____; (if applicable) Projects for Assistance in Transition from Homelessness (PATH) McKinney Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Homeless Services Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Homeless Services Invoice Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Homeless Services Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; Post-Release Community Supervision – Community Reintegration Program Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Post-Release Community Supervision – Community Reintegration Program Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) SB82 Mobile Triage Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) SB82 Mobile Triage Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Department of Health Services (DHS) EPIC Program Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Department of Mental Health (DMH) Mental Health Services County General

Funds (CGF) Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Department of Mental Health (DMH) Mental Health Services County General Funds (CGF) Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Psychiatric Emergency Service (PES) Relief Plan Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Psychiatric Emergency Service (PES) Relief Plan Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) County General Funds (CGF) Institution for Mental Disease (IMD) Step Down Invoice Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) County General Funds (CGF) Institution for Mental Disease (IMD) Step Down Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Full Service Partnership (FSP) Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Full Service Partnership (FSP) Invoice Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Full Service Partnership (FSP) Medi-Cal (MC) Funded Program funds are

added/increased/decreased (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Family Support Services Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Family Support Services Invoice Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Full Service Partnership Wraparound Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Field Capable Clinical Services (FCCS) Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Field Capable Clinical Services (FCCS) Invoice Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Field Capable Clinical Services (FCCS) Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Wellness Center Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Wellness Center Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Urgent

Care Center Non-Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Urgent Care Center Invoice Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Urgent Care Center Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Institution for Mental Disease (IMD) Step Down Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Institution for Mental Disease (IMD) Step Down Invoice Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Institution for Mental Disease (IMD) Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Integrated Care Program Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Integrated Care Program Invoice Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Integrated Care Program Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the

amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Medi-Cal (MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) Mental Health Services Act (MHSA) Innovation Integrated Peer-Run Models (IPRM) Non Medi-Cal (Non MC) Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____; (if applicable) and Mental Health Services Act (MHSA) Innovation Integrated Peer-Run Models (IPRM) Invoice Funded Program funds are **added/increased/decreased** (whichever is applicable) in the amount of \$_____. (if applicable)

2. For FY 2015-16 only, the MCA is **increased/decreased** (whichever is applicable) by \$_____ and the revised MCA for FY 2015-16 is \$_____. **OR** For FY 2015-16 only, the MCA remains the same at \$_____. (for providers with no change in MCA, if applicable)
3. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph C (REIMBURSEMENT FOR INITIAL PERIOD) and Paragraph D (1) and (2) (whichever is applicable) (REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED) shall be deleted in its/their entirety and the following substituted therefor: (edit as necessary)

“C. REIMBURSEMENT FOR INITIAL PERIOD

(1) The MCA for the Initial Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed _____ DOLLARS (\$_____) and shall consist of Funded Programs as shown on the Financial Summary. (if applicable)

D. REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED

(1) Reimbursement For First Automatic Renewal Period: The MCA for the First Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed _____ DOLLARS (\$_____) and shall consist of Funded Programs as shown on the Financial Summary. (if applicable)

(2) Reimbursement For Second Automatic Renewal Period: The MCA for the Second Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed _____ DOLLARS (\$_____) and shall consist of Funded Programs as shown on the Financial Summary.” (if applicable)

4. The Financial Summary for FY 2015-16 (Attachment III) - ____, shall be deleted in its entirety and replaced with Financial Summary – __for FY 2015-16 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary for FY 2015-16 (Attachment III) - ____, shall be deemed amended to state Financial Summary - ____ for FY 2015-16.”

5. Contractor shall provide services in accordance with the Contractor's FY 2015-16 Negotiation Package for this Agreement and any addenda thereto approved in writing by the County's Director of Mental Health or his designee.
6. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
JONATHAN E. SHERIN, M.D., Ph.D.
Director of Mental Health

CONTRACTOR

By _____

Name _____

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2015-16

No.	Legal Entity (LE) Name/Address LE Number	Supervisory District (HQ)	Current MCA	Amendment Amount	Revised MCA
1	Alma Family Services 900 Corporate Center Drive, Suite 350 Monterey Park, CA 91754 LE No. 00173	1	\$12,436,950	\$183,200	\$12,620,150
2	Amanecer Community Counseling Services, Inc. 1200 Wilshire Blvd., Suite 200 Los Angeles, CA 90017 LE No. 00180	1	\$10,194,901	\$80,286	\$10,275,187
3	ASC Treatment Group (dba The Anne Sippi Clinic) 2457 Endicott Street Los Angeles, CA 90032 LE No. 00409	1	\$1,390,700	\$6,907	\$1,397,607
4	Barbour and Floyd Medical Associates 2610 Industry Way, Suite A Lynwood, CA 90262 LE No. 00175	2	\$3,258,572	(\$47,750)	\$3,210,822
5	Behavioral Health Services, Inc. 15519 Crenshaw Blvd. Gardena, CA 90249 LE No. 01150	2	\$1,019,323	\$140,000	\$1,159,323
6	Braswell Rehabilitation Institute for Development of Growth and Educational Services, Inc. (dba BRIDGES, Inc.) 279 East Arrow Highway, Suite 102 San Dimas, CA 91773-3338 LE No. 00274	1	\$3,421,792	(\$88,780)	\$3,333,012
7	Child and Family Center 21545 Centre Point Parkway Santa Clarita, CA 91350 LE No. 00210	5	\$9,705,522	\$5,000	\$9,710,522
8	Children's Hospital Los Angeles 4650 Sunset Blvd., Mail Stop 1 Los Angeles, CA 90027 LE No. 00179	3	\$15,057,245	(\$11,014)	\$15,046,231
9	Children's Institute Inc. 2121 W. Temple St. Los Angeles, CA 90026 LE No. 00591	2	\$23,979,613	\$0	\$23,979,613
10	Did Hirsch Psychiatric Service 4760 S. Sepulveda Blvd. Culver City, CA 90230 LE No. 00183	2	\$40,964,085	\$1,019,368	\$41,983,453

No.	Legal Entity (LE) Name/Address LE Number	Supervisory District (HQ)	Current MCA	Amendment Amount	Revised MCA
11	Emotional Health Association (dba SHARE! The Self-Help And Recovery Exchange) 6666 Green Valley Circle Culver City, CA 90230 LE No. 01311	2	\$2,357,247	\$0	\$2,357,247
12	ENKI Health and Research Systems, Inc. 150 E. Olive Ave., Suite 203 Burbank, CA 91502 LE No. 00188	5	\$36,410,317	\$52,553	\$36,462,870
13	Exodus Foundation 9808 Venice Blvd., Suite 700 Culver City, CA 90232 LE No. 01915	2	\$9,708,759	\$207,813	\$9,916,572
14	Exodus Recovery, Inc. 9808 Venice Blvd., Suite 700 Culver City, CA 90232 LE No. 00527	2	\$27,312,221	\$471,964	\$27,784,185
15	Foothill Family Service 2500 E. Foothill Blvd., Suite 300 Pasadena, CA 91107 LE No. 00724	5	\$15,020,468	\$0	\$15,020,468
16	Hamburger Home (Aviva Family and Children's Services dba Aviva Center) 7120 Franklin Ave. Los Angeles, CA 90046 LE No. 00174	3	\$11,806,441	\$201,736	\$12,008,177
17	Hathaway-Sycamores Child and Family Services 210 South Delacey Avenue, Suite 110 Pasadena, CA 91105 LE No. 00192	5	\$45,947,809	\$0	\$45,947,809
18	HealthRIGHT 360 1735 Mission Street San Francisco, CA 94103-2417 LE No. 00348	N/A	\$9,163,750	\$0	\$9,163,750
19	Heritage Clinic and The Community Assistance Program for Seniors 447 N. El Molino Ave. Pasadena, CA 91101 LE No. 00965	5	\$4,843,057	\$0	\$4,843,057
20	Hillside 815 Colorado Blvd. Los Angeles, CA 90041 LE No. 00321	5	\$17,456,384	\$42,578	\$17,498,962

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2015-16

No. LE Number	Legal Entity (LE) Name/Address	Supervisory District (HQ)	Current MCA	Amendment Amount	Revised MCA
21	Hillview Mental Health Center, Inc. 12450 Van Nuys Blvd., Ste. 200 Pacoima, CA 91331-1352 LE No. 00194	3	\$13,374,066	\$65,000	\$13,439,066
22	Jewish Family Service of Los Angeles 3580 Wilshire Blvd., Suite 700 Los Angeles, CA 90010 LE No. 01521	2	\$2,452,077	\$0	\$2,452,077
23	JWCH Institute, Inc. 5650 Jilison Street Commerce, CA 90040 LE No. 01563	1	\$2,407,419	(\$2,500)	\$2,404,919
24	Kedren Community Health Center, Inc. 4211 S. Avalon Blvd. Los Angeles, CA 90011 LE No. 00197	2	\$39,246,936	\$55,000	\$39,301,936
25	Koreatown Youth and Community Center, Inc. 3727 W. 6th Street, Suite 300 Los Angeles, CA 90020 LE No. 00326	2	\$838,413	\$29,682	\$868,095
26	Los Angeles Unified School District 333 S. Beaudry Ave., 29th Floor Los Angeles, CA 90017 LE No. 00315	1	\$6,712,382	(\$684,214)	\$6,028,168
27	Ocean Park Community Center, Inc. 1453 16th Street Santa Monica, CA 90404-2715 LE No. 00305	3	\$3,744,614	\$177,400	\$3,922,014
28	Olive Crest 2130 E. Fourth Street, Suite 200 Santa Ana, CA 92705 LE No. 00518	1	\$2,959,377	\$0	\$2,959,377
29	Pacific Asian Counseling Services 8616 La Tijera Blvd., Suite 200 Los Angeles, CA 90045 LE No. 00579	2	\$4,441,986	\$95,000	\$4,536,986
30	Pacific Clinics 800 S. Santa Anita Avenue Arcadia, CA 91006 LE No. 00203	5	\$96,641,978	\$309,075	\$96,951,053

No.	Legal Entity (LE) Name/Address LE Number	Supervisory District (HQ)	Current MCA	Amendment Amount	Revised MCA
31	Para Los Ninos 500 South Lucas Avenue Los Angeles, CA 90017 LE No. 01169	1	\$2,436,170	(\$8,345)	\$2,427,825
32	Penny Lane Centers 15305 Rayen Street North Hills, CA 91343 LE No. 00201	3	\$29,316,369	\$325,250	\$29,641,619
33	San Fernando Valley Community Mental Health Center, Inc. 16360 Roscoe Blvd., 2nd Fl. Van Nuys, CA 91406 LE No. 00208	3	\$37,611,542	\$0	\$37,611,542
34	San Gabriel Children's Center, Inc. 2200 E. Route 66 Glendora, CA 91740 LE No. 00320	5	\$4,016,952	\$47,285	\$4,064,237
35	Southern California Health and Rehabilitation Program (SCHARP) 2610 Industry Way, Suite A Lynwood, CA 90262 LE No. 00506	2	\$14,561,756	(\$101,276)	\$14,460,480
36	Special Service for Groups 905 East 8th Street Los Angeles, CA 90021 LE No. 00214	1	\$43,573,732	(\$90,000)	\$43,483,732
37	St. Joseph Center 204 Hampton Drive Venice, CA 90291 LE No. 00218	3	\$4,694,193	\$19,025	\$4,713,218
38	Step Up on Second Street, Inc. 1328 Second Street Santa Monica, 90401 LE No. 00215	3	\$7,117,506	\$24,000	\$7,141,506
39	Telecare Corporation 1080 Marina Village Parkway #100 Alameda, CA 94501-1078 LE No. 00108	N/A	\$23,135,934	(\$86,188)	\$23,049,746
40	The Help Group Child and Family Center 13130 Burbank Blvd. Sherman Oaks, CA 91401 LE No. 00198	3	\$13,337,389	\$0	\$13,337,389
	Total Increase of Amendments			\$2,438,055	