

**AMENDMENT II TO AGREEMENT**

THIS AMENDMENT, hereinafter referred to as Amendment II, is made and entered into this 20th day of June, 2017, by and between **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and **WESTCARE CALIFORNIA, INC.**, a California Non-profit Corporation, whose business address is PO Box 12107, Fresno, CA 93776, hereinafter referred to as "CONTRACTOR" (collectively the "parties").

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 12-232, effective May 22, 2012, and COUNTY Amendment No. 12-232-1, effective November 4, 2014, herein collectively referred to as COUNTY Agreement 12-232, whereby, CONTRACTOR agreed to provide overnight stay facility services for eligible clients discharged from hospital emergency departments (ED)/designated 5150 facilities, as specified in agreement 12-232 to help reduce consumer ED stays as well as reduce recidivism rates for hospital stays; and

WHEREAS, the parties desire to amend the Agreement regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows:

1. That, effective July 1, 2017, all references in existing COUNTY Agreement No. 12-232 to "Exhibit A," shall be changed to read "Revised Exhibit A," attached hereto and incorporated herein by reference.

2. That, effective July 1, 2017, all references in existing COUNTY Agreement No. 12-232 to "Exhibit B," shall be changed to read "Revised Exhibit B," attached hereto and incorporated herein by reference.

3. That the existing COUNTY Agreement No. 12-232, Section two (2) "TERM", shall be revised by adding the following at Page Two (2), Line Eleven (11) after the word "term".

"This Agreement shall be extended for an additional Twelve (12) month period beginning July 1, 2017 through June 30, 2018."

4. That the existing COUNTY Agreement No. 12-232, beginning on Page Four (4), Line Nine (9) with the word "The" and ending on Page Four (4), Line Eighteen (18) with the word

1 “Agreement” be deleted and the following inserted in its place:

2 “The maximum amounts to be paid to CONTRACTOR identified in this  
3 Agreement are stated in Exhibit B, attached hereto and incorporated herein to this Agreement. For the  
4 period May 22, 2012 through June 30, 2013, the maximum amount of compensation for services  
5 rendered under this Agreement shall not exceed Eight Hundred Twenty-Eight Thousand Nine Hundred  
6 Fifty-Four and No/100 Dollars (\$828,954.00).

7 The maximum compensation under this Agreement for the period of July 1, 2013  
8 through June 30, 2014, shall not exceed Six Hundred Eighty One Thousand Seven Hundred Thirty-Five  
9 and No/100 Dollars (\$681,735.00).

10 The maximum compensation under this Agreement for the period of July 1, 2014  
11 through June 30, 2015 shall not exceed Seven Hundred Seventy-Eight Thousand Five Hundred Fifty  
12 and No/100 Dollars (\$778,550.00).

13 The maximum compensation under this Agreement for the period of July 1,  
14 2015 through June 30, 2016 shall not exceed Eight Hundred Nineteen Thousand Ninety and No/100  
15 Dollars (\$819,090.00).

16 The maximum compensation under this Agreement for the period of July 1,  
17 2016 through June 30, 2017 shall not exceed Eight Hundred Nineteen Thousand Ninety and No/100  
18 Dollars (\$819,090.00).

19 The maximum compensation under this Agreement for the period of July 1,  
20 2017 through June 30, 2018 shall not exceed Eight Hundred Nineteen Thousand Ninety and No/100  
21 Dollars (\$819,090.00).

22 The total maximum compensation to be paid by COUNTY to CONTRACTOR  
23 upon execution through June 30, 2018 should not exceed Four Million, Seven Hundred Forty-Six  
24 Thousand, Five Hundred Nine and No/100 Dollars. (\$4,746,509.00).”

25 5. That the existing COUNTY Agreement No. 12-232, beginning on Page Seven  
26 (7), Section Seven (7), Line Four (4), with the word “Notwithstanding”, and ending on Page Seven (7),  
27 Line Fifteen (15) with the word “herein”, be deleted and the following inserted in its place:

1 “Notwithstanding the above, changes to services as needed to accommodate  
2 changes in the law relating to the services set forth in Exhibit A, may be made with the signed written  
3 approval of COUNTY’s DBH Director or designee and CONTRACTOR through an amendment  
4 approved by COUNTY’s County Counsel and Auditor-Controller/Treasurer-Tax Collector. Changes to  
5 line items in the budget, as set forth in Exhibit C, that do not exceed 10% of the maximum  
6 compensation payable to the CONTRACTOR, may be made with the written approval of COUNTY’s  
7 Department of Behavioral Health Director, or her designee. Changes to the line items in the budget that  
8 exceed 10% of the maximum compensation payable to the CONTRACTOR, may be made with the  
9 signed written approval of COUNTY’s Department of Behavioral Health Director, or her designee  
10 through an amendment approved by COUNTY’s County Counsel and Auditor-Controller/Treasurer-  
11 Tax Collector. Said budget line item changes shall not result in any change to the annual maximum  
12 compensation amount payable to CONTRACTOR, as stated in this Agreement.”

13 6. That the existing COUNTY Agreement No. 12-232, beginning on Page Thirteen  
14 (13), Section Thirteen (13), Line Two (2), with the word “The,” and ending on Page Nineteen (19),  
15 Line Twenty-Two (22), with the word “occasion” be deleted and the following inserted in its place:

16 “COUNTY and CONTRACTOR each consider and represent themselves as covered  
17 entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public  
18 Law 104-191(HIPAA) and agree to use and disclose protected health information as required by law.

19 COUNTY and CONTRACTOR acknowledge that the exchange of protected health  
20 information between them is only for treatment, payment, and health care operations.

21 COUNTY and CONTRACTOR intend to protect the privacy and provide for the  
22 security of Protected Health Information (PHI) pursuant to the Agreement in compliance with HIPAA,  
23 the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005  
24 (HITECH), and regulations promulgated thereunder by the U.S. Department of Health and Human  
25 Services (HIPAA Regulations) and other applicable laws.

26 As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require  
27  
28

1 CONTRACTOR to enter into a contract containing specific requirements prior to the disclosure of PHI,  
2 as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code  
3 of Federal Regulations (CFR).”

4 7. That the existing COUNTY Agreement No. 12-232, beginning on Page Twenty-  
5 Two (22), Section Twenty-One (21), , Line Twenty (20) with the word “If” and ending on page  
6 Twenty-Three (23), line Twenty-Three (23) with the word “later” be deleted and the following inserted  
7 in its place:

8 A. If CONTRACTOR expends Seven Hundred Fifty Thousand Dollars (\$750,000.00  
9 or more in Federal and Federal flow-through monies, CONTRACTOR agrees to conduct an annual  
10 audit in accordance with the requirements of the Single Audit Standards as set forth in Office of  
11 Management and Budget (OMB) Circular A-133. CONTRACTOR shall submit said audit and  
12 management letter to COUNTY. The audit must include a statement of findings or a statement that  
13 there were no findings. If there were negative findings, CONTRACTOR must include a corrective  
14 action plan signed by an authorized individual. CONTRACTOR agrees to take action to correct any  
15 material non-compliance or weakness found as a result of such audit. Such audit shall be delivered to  
16 COUNTY’s Department of Behavioral Health, Business Office for review within nine (9) months of  
17 the end of any fiscal year in which funds were expended and/or received for the program. Failure to  
18 perform the requisite audit functions as required by this Agreement may result in COUNTY performing  
19 the necessary audit tasks, or at COUNTY’s option, contracting with a public accountant to perform said  
20 audit, or, may result in the inability of COUNTY to enter into future agreements with  
21 CONTRACTOR. All audit costs related to this Agreement are the sole responsibility of  
22 CONTRACTOR.

23 B. A single audit report is no applicable if CONTRACTOR’s  
24 Federal contracts do not exceed the Seven Hundred Fifty Thousand dollars (\$750,000.00) requirement  
25 or CONTRACTOR’S only funding is through Drug related Medi-Cal. If a single audit is not  
26 applicable, a program audit must be performed and a program audit report with management letter shall  
27 be submitted by CONTRACTOR to COUNTY as a minimum requirement to attest to  
28 CONTRACTOR’s solvency. Said audit report shall be delivered to COUNTY’s Department of

Behavioral Health, Business Office for review, no later than nine (9) months after the close of the fiscal year in which the funds supplied through this Agreement are expended. Failure to comply with this Act may result in COUNTY performing the necessary audit tasks or contracting with a qualified accountant to perform said audit. All audit costs related to this Agreement are the sole responsibility of CONTRACTOR who agrees to take corrective action to eliminate any material noncompliance or weakness found as a result of such audit. Audit work performed by COUNTY under this section shall be billed to the CONTRACTOR at COUNTY's cost, as determined by COUNTY's Auditor-Controller/Treasurer-Tax Collector.

C. CONTRACTOR shall make available all records and accounts for inspection by COUNTY, the State of California, if applicable, the Comptroller General of the United States, the Federal Grantor Agency, or any of their duly authorized representatives, at all reasonable times for a period of at least three (3) years following final payment under this Agreement or the closure of all other pending matters, whichever is later."

8. COUNTY and CONTRACTOR agree that this Amendment II is sufficient to amend the Agreement; and that upon execution of this Amendment II, the Agreement, Amendment I and Amendment II together shall be considered the Agreement.

The Agreement, as hereby amended, is ratified and continued. All provisions, terms, covenants, conditions and promises contained in the Agreement and not amended herein shall remain in full force and effect. This Amendment II shall become effective upon execution by all parties.

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1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment II to Agreement as of the  
2 day and year first hereinabove written.

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4  
5 WESTCARE CALIFORNIA, INC.

6 By Shawn A. Jenkins

7  
8 Print Name: Shawn A. Jenkins  
9 6/1/17

10 Title: SR VP  
11 Chairman of the Board, or  
12 President, or any Vice President

13  
14 Attest to Sr. VP authority  
15 pursuant to Resolution  
16 WCCA 2017-01

17 By J. Hanna 06/01/2017

18  
19  
20 Print Name: Jin Hanna

21  
22 Title: Corporate Secretary / G.C.  
23 Secretary (of Corporation), or  
24 any Assistant Secretary, or  
25 Chief Financial Officer, or  
26 any Assistant Treasurer

27 Mailing Address:  
28 PO Box 12107  
Fresno, CA 93776  
Phone No.: (559) 251-4800

COUNTY OF FRESNO

By Li Paden  
Chairman, Board of Supervisors

Date: 6-20-17

BERNICE E. SEIDEL, Clerk  
Board of Supervisors

By Susan Bishop  
Deputy

Date: 6-20-17

PLEASE SEE ADDITIONAL  
SIGNATURE PAGE ATTACHED

1 APPROVED AS TO LEGAL FORM:

2 DANIEL C. CEDERBORG, COUNTY COUNSEL

3  
4 By *Jamille E. Kelly*

5 APPROVED AS TO ACCOUNTING FORM:

6 OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/  
7 TREASURER-TAX COLLECTOR

8  
9 By *Alfred E. Cederborg*

10 REVIEWED AND RECOMMENDED FOR  
11 APPROVAL:

12  
13 By *Dawan Utecht*

14 Dawan Utecht, Director  
15 Department of Behavioral Health

16  
17  
18  
19 Fund/Subclass: 0001/10000

20 Organization: 56304782

21 Account/Program: 7295/0

**Mental Health Services Act (MHSA)  
Overnight Stay Facility  
Scope of Work**

ORGANIZATION: WestCare California, Inc.

ADDRESS: 1505 N. Chestnut, Fresno, CA 93776

SITE ADDRESS: 2772 S. Martin Luther King Blvd, Fresno, CA 93706

SERVICES: **Overnight stay services, clinical response services, peer support services, discharge services, transportation and linkage to appropriate mental health programs.**

CONTRACT PERIOD: Upon Execution through June 30, 2018,

CONTRACT AMOUNT: FY 2017-18 \$819,090

**SCHEDULE OF SERVICES:**

CONTRACTOR'S staff shall be available to provide Overnight Stay Facility services to consumers seven days a week, 24 hours a day

Contractor(s) shall provide services on eleven (11) County observed holidays in each calendar year as follows:

New Year's Day  
Martin Luther King, Jr. Holiday  
President's Day  
Cesar Chavez Day  
Memorial Day  
Independence Day  
Labor Day  
Veterans Day  
Thanksgiving Day  
Day after Thanksgiving Day  
Christmas Day

**TARGET POPULATION:**

Adult and older adult consumers receiving services from Fresno County emergency departments (ED)/designated 5150 facilities who are discharged to the Overnight Stay Facility upon the ED/designated 5150 facility determination that a higher level of care is not necessary and linkage to outpatient and related services are required. Some consumers may be referred for post hospitalization case management from acute care psychiatric facilities when there is no identified plan for linkage.

**PROJECT DESCRIPTION:**

The Overnight Stay Facility program will provide 24 hour-7 days per week overnight stay services, clinical response services, peer support services, discharge services, transportation and linkage to appropriate mental health programs to adults and older adults who are deemed appropriate for the Overnight Stay Facility pursuant to discharge from designated hospital emergency departments' designated 5150 facilities and/or psychiatric facilities.



The CONTRACTOR'S Overnight Stay Facility will provide the services described below. CONTRACTOR will provide services to approximately 1,200 consumers annually during the term of the contract. Extended consumer stays will be allowed for homeless consumers that utilize the overnight stay program on nights when linkages to services are not available. Contractors case management staff will follow-up the following morning with extended stay/homeless consumers to provide the necessary linkages to services.

**CONTRACTOR'S RESPONSIBILITIES:**

CONTRACTOR shall:

1. Provide services to consumers discharged from local hospital Emergency Department's (ED)/designated 5150 facilities as requested by the County. The CONTRACTOR may expand to provide services to other agencies in the County of Fresno as needed or if requested to do so by COUNTY, Department of Behavioral Health (DB-I).
2. Provide transportation of consumers from ED to Overnight Stay Facility. CONTRACTOR shall arrive at ED/designated 5150 facility on average within thirty minutes of ED/designated 5150 facility request. CONTRACTOR shall then meet with appropriate ED/ designated 5150 facility or Crisis Psychiatric Response Services (CPRS) staff and greet consumer. CONTRACTOR shall learn the consumers discharge plan from the ED staff at the designated 5150 facility and assist the consumer in the appropriate linkage to services the following morning.
3. Provide supervision of consumers who are being discharged from the emergency department /designated 5150 facility. Provide for the basic care of consumers i.e.: food, bedding, shower/bath, medication supervision, etc.
4. Provide direct assistance with needed linkages including transportation or follow up care as prescribed by the discharging ED's designated 5150 facility. Linkages will occur as close as possible to the next business day.
5. Maintain staffing including, but not be limited to: program supervisor, clinician for emergency consultations, facility staffing ratio as State and Federal regulations require that will provide the needed supervision of consumers in the overnight sleeping arrangement. Staffing must include peer/family support and linkage specialists for the purpose of assisting the consumer to treatment/intervention during business hours.
6. Ensure that the safety of the community, consumer and staff are a priority.
7. Have a process in place for each consumer who utilizes the overnight-stay facility to ensure consumer is actively participating in services. CONTRACTOR will make telephone contacts with each participant's service provider once a week for up to 45 days. Consumers who are not keeping appointments or following through on referrals will be contacted directly, twice weekly at a minimum. Consumers who drop out will be located and motivational interviewing techniques will be used to encourage their return to their treatment program. CONTRACTOR will contact participants at least once a month until the individual has consistently participated in an outpatient program for 3 months and is functioning at a lower level of care
8. Ensure service delivery is culturally sensitive and appropriate for consumer and consumer's family.
9. Provide family support services through Peer Support Specialists and Linkage Specialists to aid in the recovery of the consumer as well as to educate and engage the whole family.
10. Maintain the procedures needed to handle overflow consumers. Maintain adequate space to handle any overflow of consumers into the facility. If the number of consumers exceeds the 1:6 staff to consumer ratio, an on-call Peer Support Specialist will be notified to report to work.

11. Extended consumer stays will be allowed for homeless consumers that utilize the overnight stay program on nights when linkages to services are not available. CONTRACTOR'S case management staff will follow-up the following morning with extended stay/homeless consumers to provide the necessary linkages to services.
12. The Overnight Stay facility program will provide 24-hour, 7-days-per-week overnight services, clinical response services, peer support services, discharge services, transportation and linkage to appropriate mental health programs to adults and older adults who are deemed appropriate for the Overnight Stay Facility pursuant to discharge from designated hospital emergency departments/designated 5150 facilities.

**COUNTY RESPONSIBILITIES:**

**COUNTY shall:**

1. Provide program and budget oversight through the County Department of Behavioral Health (DBH), Contracted Services Division to the CONTRACTOR'S Overnight Stay Facility. In addition to contract monitoring of the program, oversight includes, but not limited to, coordination with the State Department of Mental Health, Mental Health Services Act in regard to program administration and outcomes.
2. Participate in evaluating the progress of the overall program and the efficiency of collaboration with the CONTRACTOR staff and be available to the CONTRACTOR for ongoing consultation.
3. Receive and analyze statistical data outcome information from vendor throughout the term of contract on a monthly basis. DBH will notify the vendor when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but may also include, as appropriate, consumer and staff interviews, chart reviews, and other methods of obtaining required information.
4. Recognize that cultural competency is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective. To assist the vendor efforts towards cultural and linguistic competency, DBH shall provide the following at no cost to CONTRACTOR):
  - A. Technical assistance and mandatory cultural competency training including sexual orientation and sensitivity training for vendor personnel, at minimum once per year. County will provide mandatory training regarding the special needs of this diverse population. Sexual orientation and sensitivity to gender differences is a basic cultural competence principle and shall be included in the cultural competency training. Literature suggests that the mental health needs of lesbian, gay, bisexual, transgender (LGBT) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice, and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation.
  - B. Technical assistance for vendor in translating behavioral health and substance abuse services information into DBH's threshold languages (Spanish, Laotian, Cambodian and Hmong). Translation services and costs associated will be the responsibility of the vendor.

## PROGRAM OUTCOMES

The following items listed below represent program outcomes to be tracked by the vendor during the term of the Agreement:

- CONTRACTOR shall track response time to emergency departments/ designated 5150 facility by Overnight Stay Facility team members.
- CONTRACTOR shall track the amount of time it takes to place consumers from the emergency departments/designated 5150 facility to the Overnight Stay Facility.
- CONTRACTOR shall track referral source.
- CONTRACTOR shall track consumers with behavioral health disorders who are frequent users of hospital emergency departments/designated 5150 facility and monitor the recidivism rate of those consumers.
- CONTRACTOR shall monitor, report and track appropriate linkage successes and challenges
- CONTRACTOR shall track, report, and monitor follow up contacts with consumers.
- CONTRACTOR shall track clinical outcomes by discharge placement.
- CONTRACTOR shall track total discharges and discharge reasons
- CONTRACTOR will develop a satisfaction survey, approved by DBH that complies with the mandated State performance outcome and quality improvement reports/outcomes. At a minimum, eighty percent (80%) of consumers will report satisfaction with the program services.
- CONTRACTOR will identify services provided to each consumer on a monthly basis.

## CULTURAL & LINGUISTIC COMPETENCE:

As related to Cultural and Linguistic Competence, the CONTRACTOR:

- A. Shall be required to ensure compliance with Title 6 of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and Executive Order 12250 of 1979 which prohibits recipients of federal financial assistance from discriminating against persons based on race, color, national origin, sex, disability or religion. This is interpreted to mean that a limited English proficient (LEP) individual is entitled to equal access and participation in federally funded programs through the provision of comprehensive and quality bilingual services.
- B. Shall develop and implement policies and procedures for ensuring access and appropriate use of trained interpreters and material translation services for all LEP consumers, including, but not limited to, assessing the cultural and linguistic needs of its consumers, training of staff on the policies and procedures, and monitoring its language assistance program. CONTRACTOR'S procedures must include ensuring compliance of any sub-contracted providers with these requirements.
- C. Agree that minors shall not be used as interpreters.
- D. Shall be required to conduct and submit to County an annual cultural and linguistic needs assessment to promote the provision and utilization of appropriate services for its diverse consumer population. The needs assessment report shall include findings and a plan outlining the proposed

services to be improved or implemented as a result of the assessment findings, with special attention to addressing cultural and linguistic barriers and reducing racial, ethnic, language, abilities, and gender and age disparities.

- E. Shall develop internal systems to meet the cultural and linguistic needs of the vendor's consumer census including the incorporation cultural competency in the vendor's mission; establishing and maintaining a process to evaluate and determine the need for special-administrative, clinical, welcoming, billing, etc. - initiatives related to cultural competency

- F. Shall develop recruitment and retention initiatives to establish contracted program staffing that is reflective and responsive to the needs of the program and target population.

CONTRACTOR shall establish designated staff person to coordinate and facilitate the integration of cultural competency. The designated person will provide an array of communication tools to distribute information to staff relating to cultural competency issues

- G. Shall keep abreast of evidence-based and best practices in cultural competency in mental health care and treatment to ensure that the vendor (s) maintains current information and an external perspective in its policies. The CONTRACTOR will evaluate the effectiveness of strategies and programs in improving the health status of cultural-defined populations. CONTRACTOR shall communicate their policies to COUNTY for review of adherence with said evidenced-based practices and best practices in cultural competency in mental health care and treatment.

CONTRACTOR shall provide translation services for program services in accordance with the requirements noted in Paragraph 30 of this Agreement.

- H. CONTRACTOR'S staff will assume that the population served may not be in heterosexual relationships. Gender sensitivity and sexual orientation must be covered in annual training.

- I. Will utilize existing community supports, referrals to transgender support groups, etc., when appropriate.

- J. Shall deliver services in the consumer's home community, drawing on formal and informal resources to promote the consumer's successful participation in the community. Community resources include not only mental health and co-occurring disorders professionals and provider agencies, but also social, religious and cultural organizations and other natural community support networks.

- K. Shall be required to annually attend the Cultural Competence as well as the Compliance training provided by DBH.

- L. Will report its efforts to evaluate cultural and linguistic activities as part of the vendor's ongoing quality improvement efforts in the monthly activities report. Reported information may include consumers' complaints and grievances, results from consumer satisfaction surveys, and utilization and other clinical data that may reveal health disparities as a result of cultural and linguistic barriers.

- M. Shall recruit and hire staff that have demonstrated experience working with culturally and linguistically underserved minority populations and have knowledge about the culture and languages of these intended groups as well as other diverse communities.

**Overnight Stay Program  
WestCare California, Inc.  
FY2017-2018**

| Budget Categories -                              |                                 | FTE % | Total Proposed Budget |           |           |
|--------------------------------------------------|---------------------------------|-------|-----------------------|-----------|-----------|
| Line Item Description (Must be itemized)         |                                 |       | Admin.                | Direct    | Total     |
| PERSONNEL SALARIES:                              |                                 |       |                       |           |           |
| 0001                                             | Program Supervisor              | 1.00  |                       | \$55,000  | \$55,000  |
| 0002                                             | Case Manager                    | 3.00  |                       | \$120,000 | \$120,000 |
|                                                  |                                 |       |                       |           |           |
| 0003                                             | Peer Support Specialists/Driver | 5.00  |                       | \$111,800 | \$111,800 |
| 0004                                             | Personal Service Coordinators   | 4.00  |                       | \$120,640 | \$120,640 |
|                                                  |                                 |       |                       |           |           |
| 0005                                             | Data/Program Assistant          | 1.00  |                       | \$29,120  | \$29,120  |
| 0006                                             | Medical Director                | 0.17  |                       | \$33,270  | \$33,270  |
| 0007                                             | LCSW                            | 1.00  |                       | \$55,000  | \$55,000  |
|                                                  |                                 |       |                       |           |           |
| 0008                                             | Temp Help/Overtime              |       |                       | \$2,500   | \$2,500   |
| 0009                                             | Title                           | 0.00  |                       |           | \$0       |
| 0010                                             | Title                           | 0.00  |                       |           | \$0       |
| 0011                                             | Title                           | 0.00  |                       |           | \$0       |
| 0012                                             | Title                           | 0.00  |                       |           | \$0       |
| SALARY TOTAL                                     |                                 | 15.17 | \$0                   | \$527,330 | \$527,330 |
| PAYROLL TAXES:                                   |                                 |       |                       |           |           |
| 0030                                             | OASDI                           |       |                       |           | \$0       |
| 0031                                             | FICA/MEDICARE                   |       | \$0                   | \$34,487  | \$34,487  |
| 0032                                             | SUI                             |       | \$0                   | \$8,965   | \$8,965   |
| PAYROLL TAX TOTAL                                |                                 |       | \$0                   | \$43,452  | \$43,452  |
| EMPLOYEE BENEFITS:                               |                                 |       |                       |           |           |
| 0040                                             | Retirement                      |       | 0                     | \$15,820  | \$15,820  |
| 0041                                             | Workers Compensation            |       | 0                     | \$10,863  | \$10,863  |
| Health Insurance (medical, vision, life, dental) |                                 |       |                       |           |           |
| 0042                                             |                                 |       | \$0                   | \$35,331  | \$35,331  |
| EMPLOYEE BENEFITS TOTAL                          |                                 |       | \$0                   | \$62,014  | \$62,014  |

|                                     |                                        |           |
|-------------------------------------|----------------------------------------|-----------|
| SALARY & BENEFITS GRAND TOTAL       |                                        | \$632,796 |
| FACILITIES/EQUIPMENT EXPENSES:      |                                        |           |
| 1010                                | Rent/Lease Building                    | \$16,900  |
| 1011                                | Rent/Lease Equipment                   | \$16,464  |
| 1012                                | Utilities                              | \$11,000  |
| 1013                                | Building Maintenance                   | \$2,100   |
| 1014                                | Equipment purchase                     | \$0       |
| FACILITY/EQUIPMENT TOTAL            |                                        | \$46,464  |
| OPERATING EXPENSES:                 |                                        |           |
| 1060                                | Telephone                              | \$6,500   |
| 1061                                | Answering Service                      | \$0       |
| 1062                                | Postage                                | \$100     |
| 1063                                | Printing/Reproduction                  | \$150     |
| 1064                                | Publications                           | \$0       |
| 1065                                | Legal Notices/Advertising              | \$0       |
| 1066                                | Office Supplies & Equipment            | \$4,800   |
| 1067                                | Household Supplies                     | \$3,000   |
| 1068                                | Food                                   | \$250     |
| 1069                                | Program Supplies - Therapeutic         | \$0       |
| 1070                                | Program Supplies - Medical             | \$750     |
| 1071                                | Transportation of Clients              | \$250     |
| 1072                                | Staff Mileage/vehicle maintenance      | \$4,000   |
| 1073                                | Staff Travel (Out of County)           | \$0       |
| 1074                                | Staff Training/Registration            | \$750     |
| 1075                                | Lodging                                | \$0       |
| 1076                                | Other - (Identify)                     | \$0       |
| 1077                                | Other - (Identify)                     | \$0       |
| OPERATING EXPENSES TOTAL            |                                        | \$20,550  |
| FINANCIAL SERVICES EXPENSES:        |                                        |           |
| 1080                                | Accounting/Bookkeeping                 | \$0       |
| 1081                                | External Audit                         | \$0       |
| 1082                                | Liability Insurance                    | \$0       |
| 1083                                | Administrative Overhead                | \$99,430  |
| 1084                                | Payroll Services                       | \$0       |
| 1085                                | Professional Liability Insurance       | \$2,400   |
| FINANCIAL SERVICES TOTAL            |                                        | \$101,830 |
| SPECIAL EXPENSES (Consultant/Etc.): |                                        |           |
| 1090                                | Consultant (network & data management) | \$0       |
| 1091                                | Translation Services                   | \$1,000   |
| 1092                                | Medication Supports                    | \$0       |
| SPECIAL EXPENSES TOTAL              |                                        | \$1,000   |
| FIXED ASSETS:                       |                                        |           |
| 1190                                | Computers & Software                   | \$0       |
| 1191                                | Furniture & Fixtures                   | \$500     |
| 1192                                | Other - (Identify)                     | \$0       |
| 1193                                | Other - (Identify)                     | \$0       |

|                                       |                                                |                  |
|---------------------------------------|------------------------------------------------|------------------|
| FIXED ASSETS TOTAL                    |                                                | \$500            |
| NON MEDI-CAL CLIENT SUPPORT EXPENSES: |                                                |                  |
| 2000                                  | Client Housing Support Expenditures (SFC 70)   | \$0              |
| 2001                                  | Client Housing Operating Expenditures (SFC 71) | \$0              |
| 2002.1                                | Clothing, Food & Hygiene (SFC 72)              | \$12,500         |
| 2002.2                                | Client Transportation & Support (SFC 72)       | \$2,500          |
| 2002.3                                | Education Support (SFC 72)                     | \$0              |
| 2002.4                                | Employment Support (SFC 72)                    | \$0              |
| 2002.5                                | Respite Care (SFC 72)                          | \$0              |
| 2002.6                                | Household Items                                | \$950            |
| 2002.7                                | Utility Vouchers (SFC 72)                      | \$0              |
| 2002.8                                | Child Care (SFC 72)                            | \$0              |
| NON MEDI-CAL CLIENT SUPPORT TOTAL     |                                                | \$15,950         |
| <b>TOTAL PROGRAM EXPENSES</b>         |                                                | <b>\$819,090</b> |

| MEDI-CAL REVENUE:                                                     |                                                  | Units of Service | Rate   | \$ Amount |
|-----------------------------------------------------------------------|--------------------------------------------------|------------------|--------|-----------|
| 3000                                                                  | Mental Health Services (Individual/Family/Group) | 0                | \$0.00 | \$0       |
| 3100                                                                  | Case Management                                  | 0                | \$0.00 | \$0       |
| 3200                                                                  | Crisis Services                                  | 0                | \$0.00 | \$0       |
| 3300                                                                  | Medication Support                               | 0                | \$0.00 | \$0       |
| 3400                                                                  | Collateral                                       | 0                | \$0.00 | \$0       |
| 3500                                                                  | Plan Development                                 | 0                | \$0.00 | \$0       |
| 3600                                                                  | Assessment                                       | 0                | \$0.00 | \$0       |
| 3700                                                                  | Rehabilitation                                   | 0                | \$0.00 | \$0       |
| Estimated Medi-Cal Billing Totals                                     |                                                  | 0                |        | \$0       |
| Estimated % of Federal Financial Participation Reimbursement          |                                                  |                  | 0.00%  | \$0       |
| Early and Periodic Screening, Diagnostic, and Treatment Reimbursement |                                                  |                  | 0.00%  | \$0       |
| MEDI-CAL REVENUE TOTAL                                                |                                                  |                  |        | \$0       |

## OTHER REVENUE:

|                     |                    |     |
|---------------------|--------------------|-----|
| 4000                | Other - (Identify) | \$0 |
| 4100                | Other - (Identify) | \$0 |
| 4200                | Other - (Identify) | \$0 |
| 4300                | Other - (Identify) | \$0 |
| OTHER REVENUE TOTAL |                    | \$0 |

## MHSA FUNDS:

|                              |                                       |                  |
|------------------------------|---------------------------------------|------------------|
| 5000                         | Prevention & Early Intervention Funds | \$0              |
| 5100                         | Community Services & Supports Funds   | \$0              |
| 5200                         | Innovation Funds                      | \$0              |
| 5300                         | Workforce Education & Training Funds  | \$0              |
| MHSA FUNDS TOTAL             |                                       | \$819,090        |
| <b>TOTAL PROGRAM REVENUE</b> |                                       | <b>\$819,090</b> |