

AMENDMENT I TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as "Amendment I", is made and entered into this 20th day of June, 2023, by and between the 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 address is PO Box 12107, Fresno, California, 93776, hereinafter referred to as "CONTRACTOR" (collectively the "parties").

WHEREAS the parties entered into that certain Agreement, identified as COUNTY Agreement No. 18-686, effective December 11, 2018, hereinafter referred to as "Agreement", whereby CONTRACTOR agreed to provide supervised after hours/overnight stay services, linkage, targeted case management, assessments and other specialty mental health services for adults referred from local hospital emergency departments and California Welfare and Institutions Code 5150 facilities; and

WHEREAS the Agreement is being extended for two additional years through this Amendment due to the Department of Health Care Service's implementation of California Advancing and Innovating Medi-Cal (CalAIM);

WHEREAS the parties now desire to amend the Agreement regarding changes as stated below.

NOW, THEREFORE, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is hereby acknowledged, the parties agree as follows:

1. That the existing COUNTY Agreement No. 18-686, section two (2), "SERVICES" shall be revised by adding the following at Page three (3), Line twenty-seven (27), after the word "Agreement.":

"K. The Contractor shall comply with all applicable regulations regarding the Department of Health Care Services' implementation of California Advancing and Innovating Medi-Cal (CalAIM)."

2. That the existing COUNTY Agreement No. 18-686, section three (3), "TERM" shall be revised by adding the following at Page four (4), Line six (6), after the word "performance.":

"This Agreement shall be extended for an additional twelve (12) month period beginning

1 July 1, 2023 through June 30, 2024. This agreement may be extended for no more than a one-year
2 period only upon written approval of both parties at least 30 days before the first day of the one-year
3 extension period. The COUNTY's DBH Director or designee is authorized to sign the written approval
4 on behalf of the COUNTY based on the CONTRACTOR(s)'s satisfactory performance. The extension
5 of this Agreement by the COUNTY is not a waiver or compromise of any default or breach of this
6 Agreement by the CONTRACTOR(s) existing at the time of the extension whether or not known to the
7 COUNTY."

8 3. That the existing COUNTY Agreement No. 18-686, page six (6), Section four (4), line
9 five (5) beginning with the word "In", and ending on page six (6), line thirteen (13) with the number
10 "\$1,436,162" be deleted and the following inserted in its place:

11 "The maximum amount payable to CONTRACTOR for the period July 1, 2023 through
12 June 30, 2024 shall not exceed One Million One Hundred Forty-One Thousand Four Hundred Forty
13 and No/100 (\$1,141,440.00). If the Agreement is extended for an additional one-year period, the
14 maximum amount payable to the CONTRACTOR for the period July 1, 2024 through June 30, 2025
15 shall not exceed One Million One Hundred Forty-One Thousand Four Hundred Forty and No/100
16 (\$1,141,440.00).

17 In no event shall the maximum contract amount for the full contract term from January
18 1, 2019 through June 30, 2025, for all services provided by CONTRACTOR to County under the terms
19 and conditions of this Agreement be in excess of Seven Million Seven Hundred Thirty-Five Thousand
20 Three Hundred Sixty-Nine and No/100 (\$7,735,369)."

21 4. That all references to Exhibit B shall be deemed references to Revised Exhibit B.
22 Revised Exhibit B is attached and incorporated by this reference.

23 5. That the existing COUNTY Agreement No. 18-686, page six (6), Section four (4), line
24 twenty-four (24) beginning with the word "Travel", and ending on page six (6), line twenty-six (26) with
25 the word "rate" be deleted in its entirety.

26 6. That the existing COUNTY Agreement No. 18-686, section five (5), Page eight (8), Line
27 Twenty-four (24), starting with the word "If" and ending on page nine (9), line nine (9) with the word
28 "COUNTY" be deleted in its entirety.

1 7. That the existing COUNTY Agreement No. 18-686, page twelve (12), Section seven (7),
2 line twenty-five (25) beginning with the word "Any", and ending on page thirteen (13), line twelve (12)
3 with the word "Agreement" be deleted and the following inserted in its place:

4 "Except as provided in Section 3, "Termination", this Agreement may not be modified,
5 and no waiver is effective, except by written agreement signed by both parties. The CONTRACTOR
6 acknowledges that COUNTY employees have no authority to modify this Agreement except as
7 expressly provided in this Agreement.

8 Notwithstanding the above, non-material changes to services, staffing, and
9 responsibilities of the CONTRACTOR, as needed, to accommodate changes in the laws relating to
10 service requirements and specialty mental health treatment, may be made with the signed written
11 approval of COUNTY's DBH Director, or designee, and CONTRACTOR through an amendment
12 approved by COUNTY's County Counsel and the COUNTY's Auditor-Controller/Treasurer-Tax
13 Collector's Office. Said modifications shall not result in any change to the maximum compensation
14 amount payable to CONTRACTOR, as stated herein.

15 In addition, changes to line items and expense category subtotals, as set forth in Exhibit
16 B that when added together during the term of the agreement do not exceed ten percent (10%) of the
17 total maximum compensation payable to CONTRACTOR, may be made with the written approval of
18 CONTRACTOR and COUNTY's DBH Director or designee. These modifications shall not result in any
19 change to the maximum compensation amount payable to CONTRACTOR, as stated herein."

20 8. The parties agree that this Amendment may be executed by electronic signature as
21 provided in this section.

22 a. An "electronic signature" means any symbol or process intended by an
23 individual signing this Amendment to represent their signature, including but not limited
24 to (1) a digital signature; (2) a faxed version of an original handwritten signature; or (3)
25 an electronically scanned and transmitted (for example by PDF document) version of an
26 original handwritten signature.

27 b. Each electronic signature affixed or attached to this Amendment (1) is deemed
28 equivalent to a valid original handwritten signature of the person signing this

1 Amendment for all purposes, including but not limited to evidentiary proof in any
2 administrative or judicial proceeding, and (2) has the same force and effect as the valid
3 original handwritten signature of that person.

4 c. The provisions of this section satisfy the requirements of Civil Code section
5 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division
6 3, Part 2, Title 2.5, beginning with section 1633.1).

7 d. Each party using a digital signature represents that it has undertaken and
8 satisfied the requirements of Government Code section 16.5, subdivision (a),
9 paragraphs (1) through (5), and agrees that each other party may rely upon that
10 representation.

11 e. This Amendment is not conditioned upon the parties conducting the transactions
12 under it by electronic means and either party may sign this Amendment with an original
13 handwritten signature.

14 9. COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend the
15 Agreement, and that upon execution of this Amendment I, the Agreement and Amendment I together
16 shall be considered the Agreement.

17 The Agreement as amended by this Amendment I is ratified and continued. Except as
18 otherwise provided in this Amendment I, all other provisions of the Agreement remain unchanged and
19 in full force and effect. This Amendment I shall become effective July 1, 2023.

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

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4 The parties are signing this Agreement on the date stated in the introductory clause.

5 WESTCARE CALIFORNIA, INC.

COUNTY OF FRESNO

6
7 
8 _____
9 Chairman of Board, or President
10 1900 N Gateway Blvd Suite 101
11 Fresno, CA 93727

7 
8 _____
9 Sal Quintero, Chairman of the Board of
10 Supervisors of the County of Fresno

11 **Attest:**
12 Bernice E. Seidel
13 Clerk of the Board of Supervisors
14 County of Fresno, State of California

15 By: 
16 _____
17 Deputy

18 For accounting use only:

19 Org No.:56304782
20 Account No.:7295
21 Fund No.:0001
22 Subclass No.:10000
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24
25
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**Overnight Stay
Facility
Scope of Work**

ORGANIZATION: WestCare California, Inc.

SITE ADDRESS: 2772 S. Martin Luther King Blvd, Fresno, CA 93706 (Overnight Stay Facility)
3636 N. First Street Suite #123, Fresno, CA 93726 (Outpatient Facility)

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

SCHEDULE OF SERVICES:

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

Contractor 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:

Adults and older adults receiving services from emergency departments/5150 facilities who are in crisis but do not require a 5150 hold. The program will provide services client referred from local emergency departments and 5150 facilities including but not limited to: Fresno Community Regional Medical Center (CRMC), St. Agnes, Clovis Community Regional Medical Center and Exodus Crisis Stabilization Center.

PROJECT DESCRIPTION:

The overnight stay program will provide individuals who present at the ED in crisis, but do not require a 5150 hold the opportunity to be voluntarily discharged to the care of SOS where they may spend the night, receive a meal, a shower, a place to sleep, and be assessed and linked the following day to an appropriate mental health or co-occurring treatment service. The program will also provide mental health assessment, crisis intervention, targeted case management, bridge medication support and other short-term, specialty mental health services delivered by qualified staff with the goal to increase engagement, address symptoms and bridge the gap while the consumer awaits admission to other services in the community. This will reduce ED recidivism and lengths of stay in the emergency department or crisis stabilization unit. Individuals may stay at the SOS facility for up to four nights consecutively when necessary to enhance the probability that a successful linkage will occur. Because at least 80% of individuals of the population to be served are homeless, this opportunity for a longer stay may enable housing to be secured as well as mental health service linkage. When individuals are housed first, the likelihood of initiating and staying with treatment services is enhanced, they are less likely to be lost to follow-up and the opportunity to build a helpful therapeutic alliance is strengthened. The SOS program is an established bridge and permanent supportive housing provider in Fresno County and has long-term and ongoing partnerships with housing providers including Fresno Housing Authority and Turning Point.

CONTRACTOR'S RESPONSIBILITIES:

CONTRACTOR shall:

1. Provide services to individuals 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. Transport individuals referred by local ED/5150 facilities to the overnight stay facility. Response time to the ED is expected to be less than 30 minutes from referral call from ED. Individuals are transported as necessary 24 hours per day, 7 days per week, including holidays. Individuals will additionally be transported by staff to the Outpatient Center every morning for assessment and other services. SOS case managers are expected to facilitate linkage services of all kinds by accompanying the consumer in a program vehicle to various necessary appointments, including navigation of the mental health system in order to support engagement and follow through.
3. Provide overnight stay and linkage to appropriate levels of care the following business day. Services can be anywhere from 24 hours up to four nights if a client arrives at the facility on a Friday of a holiday weekend and linkage cannot be provided until regular business hours are resumed. The overnight stay shall be between the hours of 8pm-8am; however, the hours of 8am to 8pm will be used for linkage, targeted case management, assessments and other mental health services as needed.
4. Engage individuals at the EDs where they have been admitted.
5. Be notified by ED staff or County's CPRS staff assigned at the ED of the pending discharge of a

consumer.

6. Encourage individual to accept the offer to stay overnight and be provided transportation and assistance to outpatient services the following day, or the following business day when applicable.
7. Provide supervision of individuals who are being discharged from the emergency department/designated 5150 facility. Provide for the basic care of individuals i.e.: food, bedding, shower/bath, medication supervision, etc.
8. Maintain staffing including, but not be limited to: program supervisor, clinician, case manager, peer support specialist, personal service coordinator, data/program assistant and medical director.
9. Ensure that the safety of the community, consumer and staff are a priority.
10. Have a process in place for each individual who utilizes the overnight-stay facility to ensure the individual is actively participating in services. CONTRACTOR will make telephone contacts with each participant's service provider once a week for up to 45 days. Individuals who are not keeping appointments or following through on referrals will be contacted directly, twice weekly at a minimum. Individuals 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
11. Ensure service delivery is culturally sensitive and appropriate for individuals and their families
12. Provide family support services through Peer Support Specialists and Linkage Specialists to aid in the recovery of the individual as well as to educate and engage the whole family.

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

At minimum, one performance indicator will be identified for each of the four CARF domains listed below.

- a. Access to care: The ability of clients to receive the right service at the right time. Examples include:
 1. Timeliness of bridging prescriptions
 2. Timeliness of identifying clients with a serious mental illness
 3. Timeliness between client referral for assessment and completion of assessment; assessment to first treatment service; and, first treatment service to next follow-up
 4. Timeliness of subsequent follow-up visits
 5. Timeliness of response to sick call/health service requests
- b. Effectiveness: Objective results achieved through health care services. Examples include:

1. Effectiveness of crisis interventions
2. Effectiveness of treatment interventions (medical and behavioral health indicators)
3. Effectiveness of discharge planning (such as percentage of clients successfully linked to County programs, community providers, and/or other community resources after release)
4. Timely continuity of verified community prescriptions for medication(s), upon client's release
5. Effectiveness of transportation coordination, upon release

- c. Efficiency: The demonstration of the relationship between results and the resources used to achieve them.

Examples include:

1. Cost per client
2. Number of units of services per FTE by discipline
3. Number of clients served per general population
4. Comparison of numbers served against industry standards

- d. Satisfaction and Compliance: The degree to which clients, County, and other stakeholders are satisfied with the services.

Examples include:

1. Audits and other performance and utilization reviews of health care services and compliance with agreement terms and conditions
2. Surveys of persons served, family members, other health care providers, and other stakeholders

Revised Exhibit B

Supervised Overnight Stay**WestCare California, Inc.****Fiscal Year (FY) 2023-2024****PROGRAM EXPENSES**

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Supervisor	1.00		\$ 56,700	\$ 56,700
1102	Case Manager	3.00		123,600	123,600
1103	Peer Support Specialists/Driver	5.00		156,000	156,000
1104	Personal Service Coordinators	4.00		133,120	133,120
1105	Data/Program Assistant	1.50		48,360	48,360
1106	Medical Director	0.17		33,270	33,270
1107	LCSW (Mental Health Clinician)	2.00	-	116,000	116,000
1108	Temp Help/Overtime	0.00	-	850	850
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal		16.67	\$ -	\$ 667,900	\$ 667,900
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement			\$ 20,037	\$ 20,037
1202	Worker's Compensation			46,486	46,486
1203	Health Insurance			44,749	44,749
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ -	\$ 111,272	\$ 111,272
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1301	OASDI				\$ -
1302	FICA/MEDICARE			43,681	43,681
1303	SUI			11,354	11,354
1304	Employee Training Tax				-
1305	Other (Specify)		-	-	-
1306	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ -	\$ 55,035	\$ 55,035
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ -	\$ 834,207	\$ 834,207

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	3,000
2004	Clothing, Food, & Hygiene	15,000
2005	Education Support	
2006	Employment Support	
2007	Household Items for Clients	1,000
2008	Medication Supports	
2009	Program Supplies - Medical	
2010	Utility Vouchers	
2011	Other (Specify)	
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
DIRECT CLIENT CARE TOTAL		\$ 19,000

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 13,200
3002	Printing/Postage	136
3003	Office Supplies & Equipment	6,000
3004	Advertising	
3005	Staff Training/Registration	500
3006	Staff Mileage/Vehicle Maintenance	8,000
3007	Subscriptions & Memberships	
3008	Program Supplies-Medical	1,000
3009	Transportation of Clients	250
3010	Required Insurance Coverages	
3011	Household Supplies	5,000
3012	Food	250
OPERATING EXPENSES TOTAL:		\$ 34,336

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 2,900
4002	Rent/Lease Building	52,600
4003	Rent/Lease Equipment	29,300
4004	Rent/Lease Vehicles	
4005	Security	
4006	Utilities	20,000
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 104,800

5000: SPECIAL EXPENSES		
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Revised Exhibit B

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	
5002	HMIS (Health Management Information System)	
5003	Contractual/Consulting Services CFO	
5004	Translation Services	500
5005	Administrative Overhead	
5006	Other (Specify)	
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 500

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 143,797
6002	Professional Liability Insurance	4,800
6003	Accounting/Bookkeeping	
6004	External Audit	
6005	Insurance (Specify):	
6006	Payroll Services	
6007	Depreciation (<i>Provider-Owned Equipment to be Used for Program Purposes</i>)	
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 148,597

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	
7003	Furniture & Fixtures	
7004	Leasehold/Tenant/Building Improvements	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES		\$ 1,141,440
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	LPHA			\$ -
8002	Mental Health Rehab Specialist			-
8003	Peer Recovery Specialist			-
8004	Medication Support			-
8005	Collateral			-
8006	Plan Development			-
8007	Assessment			-
8008	Rehabilitation			-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ 671,889
Estimated % of Clients who are Medi-Cal Beneficiaries				90%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				604,700
Federal Financial Participation (FFP) %			50%	302,350
MEDI-CAL FFP TOTAL				\$ 302,350

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
SUBSTANCE USE DISORDER FUNDS TOTAL		\$ -

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
REALIGNMENT TOTAL		\$ -

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention		839,090
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 839,090

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:	\$ 1,141,440
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NET PROGRAM COST:	\$ (0)
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Revised Exhibit B
Supervised Overnight Stay
WestCare California, Inc.
Fiscal Year (FY) 2023-2024 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		834,207	
Employee Salaries		667,900	
1101	Program Supervisor	56,700	
1102	Case Manager	123,600	
1103	Peer Support Specialists/Driver	156,000	
1104	Personal Service Coordinators	133,120	
1105	Data/Program Assistant	48,360	
1106	Medical Director	33,270	
1107	LCSW (Mental Health Clinician)	116,000	
1108	Temp Help/Overtime	850	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		111,272	
1201	Retirement	20,037	3% match to employee contribution
1202	Worker's Compensation	46,486	Workers Compensation expense based on employee classification
1203	Health Insurance	44,749	Employer health care cost
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
Payroll Taxes & Expenses:		55,035	
1301	OASDI	-	
1302	FICA/MEDICARE	43,681	FICA/MEDICARE for employee salaries
1303	SUI	11,354	SUI for employee salaries
1304	Employee Training Tax	-	
1305	Other (Specify)	-	
1306	Other (Specify)	-	
2000: CLIENT SUPPORT		19,000	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	3,000	Bus passes and gas for transporting clients
2004	Clothing, Food, & Hygiene	15,000	Includes client food, basic client items including but not limited to clothing and hygiene products
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	1,000	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (Specify)	-	
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	
3000: OPERATING EXPENSES		34,336	
3001	Telecommunications	13,200	Cost of cellphones, landline, and internet
3002	Printing/Postage	136	Includes business cards and postage
3003	Office Supplies & Equipment	6,000	Includes office supplies, cleaning supplies, program supplies, and staff PPE
3004	Advertising	-	
3005	Staff Training/Registration	500	Includes Pro-ACT, Motivational Interviewing, and other trauma informed training
3006	Staff Mileage/Vehicle Maintenance	8,000	Mileage reimbursement for staff travel, ongoing maintenance including oil changes, tires, damage repair
3007	Subscriptions & Memberships	-	

Revised Exhibit B

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
3008	Program Supplies-Medical	1,000	Medical supplies for clients including prescription costs, over the counter medications, and PPE
3009	Transportation of Clients	250	Auto insurance for program vehicle
3010	Required Insurance Coverages	-	All insurances required by Fresno County Contract specific to The Lodge
3011	Household Supplies	5,000	
3012	Food	250	food for client snacks/meals

4000: FACILITIES & EQUIPMENT		104,800	
4001	Building Maintenance	2,900	Minor repairs and maintenance to facility
4002	Rent/Lease Building	52,600	Monthly rent for The Lodge
4003	Rent/Lease Equipment	29,300	Rent of equipement for program use
4004	Rent/Lease Vehicles	-	Monthly lease expense
4005	Security	-	24/7 security patrol
4006	Utilities	20,000	Includes PGE and garbage
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		500	
5001	Consultant (Network & Data Management)	-	IT consulting services
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services CFO	-	
5004	Translation Services	500	Translation services when bilingual staff are not available
5005	Administrative Overhead	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		148,597	
6001	Administrative Overhead	143,797	10% De Minimis
6002	Professional Liability Insurance	4,800	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		-	
7001	Computer Equipment & Software	-	Replacement expense of staff computers and camera system for security
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	Replacement expense of HIPAA compliant devices including iPads for research collection
7003	Furniture & Fixtures	-	Replacement expense desks, common area furniture, and bed replacemetns
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

PROGRAM FUNDING SOURCES		
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)		
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP.
8001	LPHA	
8002	Mental Health Rehab Specalist	
8003	Peer Recovery Specialist	
8004	Medication Support	

Revised Exhibit B

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,141,440

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,141,440

BUDGET CHECK: -

Revised Exhibit B

Supervised Overnight Stay

WestCare California, Inc.

Fiscal Year (FY) 2024-2025

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Supervisor	1.00		\$ 56,700	\$ 56,700
1102	Case Manager	3.00		123,600	123,600
1103	Peer Support Specialists/Driver	5.00		156,000	156,000
1104	Personal Service Coordinators	4.00		133,120	133,120
1105	Data/Program Assistant	1.50		48,360	48,360
1106	Medical Director	0.17		33,270	33,270
1107	LCSW (Mental Health Clinician)	2.00	-	116,000	116,000
1108	Temp Help/Overtime	0.00	-	850	850
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal		16.67	\$ -	\$ 667,900	\$ 667,900
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement			\$ 20,037	\$ 20,037
1202	Worker's Compensation			46,486	46,486
1203	Health Insurance			44,749	44,749
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ -	\$ 111,272	\$ 111,272
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1301	OASDI				
1302	FICA/MEDICARE				43,681
1303	SUI				11,354
1304	Employee Training Tax				-
1305	Other (Specify)		-	-	-
1306	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ -	\$ -	\$ 55,035
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ -	\$ 779,172	\$ 834,207

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	3,000
2004	Clothing, Food, & Hygiene	15,000
2005	Education Support	
2006	Employment Support	
2007	Household Items for Clients	1,000
2008	Medication Supports	
2009	Program Supplies - Medical	
2010	Utility Vouchers	
2011	Other (Specify)	
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
DIRECT CLIENT CARE TOTAL		\$ 19,000

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 13,200
3002	Printing/Postage	136
3003	Office Supplies & Equipment	6,000
3004	Advertising	
3005	Staff Training/Registration	500
3006	Staff Mileage/Vehicle Maintenance	8,000
3007	Subscriptions & Memberships	
3008	Program Supplies-Medical	1,000
3009	Transportation of Clients	250
3010	Required Insurance Coverages	
3011	Household Supplies	5,000
3012	Food	250
OPERATING EXPENSES TOTAL:		\$ 34,336

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 2,900
4002	Rent/Lease Building	52,600
4003	Rent/Lease Equipment	29,300
4004	Rent/Lease Vehicles	
4005	Security	
4006	Utilities	20,000
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 104,800

5000: SPECIAL EXPENSES		
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Revised Exhibit B

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	
5002	HMIS (Health Management Information System)	
5003	Contractual/Consulting Services CFO	
5004	Translation Services	500
5005	Administrative Overhead	
5006	Other (Specify)	
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 500

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 143,797
6002	Professional Liability Insurance	4,800
6003	Accounting/Bookkeeping	
6004	External Audit	
6005	Insurance (Specify):	
6006	Payroll Services	
6007	Depreciation (<i>Provider-Owned Equipment to be Used for Program Purposes</i>)	
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 148,597

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	
7003	Furniture & Fixtures	
7004	Leasehold/Tenant/Building Improvements	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES		\$ 1,141,440
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Revised Exhibit B

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	LPHA			\$ -
8002	Mental Health Rehab Specialist			-
8003	Peer Recovery Specialist			-
8004				-
8005			-	-
8006			-	-
8007			-	-
8008			-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ 671,889
Estimated % of Clients who are Medi-Cal Beneficiaries				90%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				604,700
Federal Financial Participation (FFP) %			50%	302,350
MEDI-CAL FFP TOTAL				\$ 302,350

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
SUBSTANCE USE DISORDER FUNDS TOTAL		\$ -

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ (0)
REALIGNMENT TOTAL		\$ (0)

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention		839,090
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 839,090

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:	\$ 1,141,440
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NET PROGRAM COST:	\$ -
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Revised Exhibit B
Supervised Overnight Stay
WestCare California, Inc.
Fiscal Year (FY) 2024-2025 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		834,207	
Employee Salaries		667,900	
1101	Program Supervisor	56,700	
1102	Case Manager	123,600	
1103	Peer Support Specialists/Driver	156,000	
1104	Personal Service Coordinators	133,120	
1105	Data/Program Assistant	48,360	
1106	Medical Director	33,270	
1107	LCSW (Mental Health Clinician)	116,000	
1108	Temp Help/Overtime	850	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		111,272	
1201	Retirement	20,037	3% match to employee contribution
1202	Worker's Compensation	46,486	Workers Compensation expense based on employee classification
1203	Health Insurance	44,749	Employer health care cost
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
Payroll Taxes & Expenses:		55,035	
1301	OASDI	-	
1302	FICA/MEDICARE	43,681	FICA/MEDICARE for employee salaries
1303	SUI	11,354	SUI for employee salaries
1304	Employee Training Tax	-	
1305	Other (Specify)	-	
1306	Other (Specify)	-	
2000: CLIENT SUPPORT		19,000	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	3,000	Bus passes and gas for transporting clients
2004	Clothing, Food, & Hygiene	15,000	Includes client food, basic client items including but not limited to clothing and hygiene products
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	1,000	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (Specify)	-	
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	
3000: OPERATING EXPENSES		34,336	
3001	Telecommunications	13,200	Cost of cellphones, landline, and internet
3002	Printing/Postage	136	Includes business cards and postage
3003	Office Supplies & Equipment	6,000	Includes office supplies, cleaning supplies, program supplies, and staff PPE
3004	Advertising	-	
3005	Staff Training/Registration	500	Includes Pro-ACT, Motivational Interviewing, and other trauma informed training
3006	Staff Mileage/Vehicle Maintenance	8,000	Mileage reimbursement for staff travel, ongoing maintenance including oil changes, tires, damage repair
3007	Subscriptions & Memberships	-	

Revised Exhibit B

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
3008	Program Supplies-Medical	1,000	Medical supplies for clients including prescription costs, over the counter medications, and PPE
3009	Transportation of Clients	250	Auto insurance for program vehicle
3010	Required Insurance Coverages	-	All insurances required by Fresno County Contract specific to The Lodge
3011	Household Supplies	5,000	
3012	Food	250	food for client snacks/meals

4000: FACILITIES & EQUIPMENT		104,800	
4001	Building Maintenance	2,900	Minor repairs and maintenance to facility
4002	Rent/Lease Building	52,600	Monthly rent for The Lodge
4003	Rent/Lease Equipment	29,300	Rent of equipment for program use
4004	Rent/Lease Vehicles	-	Monthly lease expense
4005	Security	-	24/7 security patrol
4006	Utilities	20,000	Includes PGE and garbage
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		500	
5001	Consultant (Network & Data Management)	-	IT consulting services
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services CFO	-	
5004	Translation Services	500	Translation services when bilingual staff are not available
5005	Administrative Overhead	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		148,597	
6001	Administrative Overhead	143,797	10% De Minimis
6002	Professional Liability Insurance	4,800	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		-	
7001	Computer Equipment & Software	-	Replacement expense of staff computers and camera system for security
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	Replacement expense of HIPAA compliant devices including iPads for research collection
7003	Furniture & Fixtures	-	Replacement expense desks, common area furniture, and bed replacements
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP.	
8001	LPHA		
8002	Mental Health Rehab Specialist		
8003	Peer Recovery Specialist		
8004	0		
8005	0		
8006	0		
8007	0		

Revised Exhibit B

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
8008	0		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	1,141,440
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	1,141,440
BUDGET CHECK:	-