

AMENDMENT NO. 2 TO SERVICE AGREEMENT

This Amendment No. 2 to Service Agreement (“Amendment No. 2”) is dated January 28, 2025 and is between Contractor(s) listed in Exhibit A “List of Contractors” (“Contractor(s)”), and the County of Fresno, a political subdivision of the State of California (“County”).

Recitals

A. County, through its Department of Behavioral Health (DBH), is a Mental Health Plan (MHP) as defined in Title 9 of the California Code of Regulations (C.C.R.), Section 1810.226.

B. On June 20, 2023, the County and the Contractor entered into County Agreement No. 23-285 (“Agreement”), for qualified agencies to operate Full-Service Partnership (FSP) program sites for culturally competent and linguistically accessible specialty mental health services for target cultural/ethnic/linguistic unserved and/or underserved populations with a serious mental disturbance (SED) and/or serious mental illness (SMI).

C. On April 9, 2024, the County and the Contractor entered into Amendment No. 24-151 to the Agreement (“Amendment No. 1”), to increase the specialty mental health services maximum compensation budget amount.

D. The County and the Contractor now desire to amend the Agreement to increase the Mental Health Services Act (MHSA) maximum compensation of the Agreement to add housing support funds due to an increase in the number of persons served who lack housing stability and would benefit from housing support services.

The parties therefore agree as follows:

1. Section 4.3 of the Agreement located on page nine (9), lines three (3) through line seven (7) is deleted in its entirety and replaced with the following:

“4.3 Cost Reimbursement Maximum Compensation. The maximum compensation payable to the Contractor(s) under this Agreement for the period of July 1, 2023 through June 30, 2024 is Forty Two Thousand and No/100 Dollars (\$42,000.00). The maximum compensation payable to the Contractor(s) under this Agreement for the period of July 1,

1 2024 through June 30, 2025 is Seventy Two Thousand and No/100 Dollars
2 (\$72,000.00).”

3 2. A portion of subsection 4.5 of the Agreement located on page nine (9), lines seventeen
4 (17) through twenty-one (21) is deleted and replaced with the following:

5 “4.5 **Total Maximum Compensation.** In no event shall the maximum contract amount
6 for all the services provided by the Contractor(s) to County under the terms and
7 conditions of this Agreement be in excess of Seven Million, Three Hundred Sixty-Four
8 Thousand, and No/100 Dollars (\$7,364,000.00) during the entire term of this
9 Agreement.”

10 3. All references in the Agreement to Exhibit H shall be deemed references to
11 “Revised Exhibit H,” which is attached and incorporated by this reference.

12 4. When both parties have signed this Amendment No. 2, the Agreement, Amendment No.
13 1, and this Amendment No. 2 together constitute the Agreement.

14 5. The Contractor represents and warrants to the County that:

15 a. The Contractor is duly authorized and empowered to sign and perform its
16 obligations under this Amendment.

17 b. The individuals signing this Amendment on behalf of the Contractor are duly
18 authorized to do so and his or her signature on this Amendment legally binds the
19 Contractor to the terms of this Amendment.

20 6. 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 individual
23 signing this Agreement to represent their signature, including but not limited to
24 (1) a digital signature; (2) a faxed version of an original handwritten signature; or
25 (3) an electronically scanned and transmitted (for example by PDF document)
26 version of an original handwritten signature.

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

1 Agreement 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
3 the valid 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,
6 Division 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 Agreement is not conditioned upon the parties conducting the transactions
12 under it by electronic means and either party may sign this Agreement with an
13 original handwritten signature.

14 7. The Agreement as amended by this Amendment No. 2 is ratified and continued. All
15 provisions of the Agreement not amended by this Amendment No. 2 remain in full force and
16 effect. This Amendment No. 2 is effective upon execution.

17 [SIGNATURE PAGE FOLLOWS]
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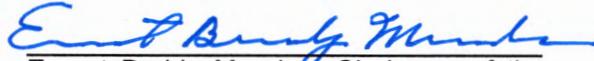
1 The parties are signing this Amendment No. 2 on the date stated in the introductory
2 clause.

3 CONTRACTOR(S)

COUNTY OF FRESNO

4 See Exhibit A "List of Contractors"

5 Subsequent signature pages are attached.



6 Ernest Buddy Mendes, Chairman of the
7 Board of Supervisors of the County of
8 Fresno

8 **Attest:**

9 Bernice E. Seidel
10 Clerk of the Board of Supervisors County
11 of Fresno, State of California

11 By: 

12 Deputy

13 For accounting use only:

14 Org No.: 5630
15 Account No.: 7295
16 Fund No.: 0001
17 Subclass No.: 10000
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1 The parties are executing this Amendment No. 2 to Agreement No. 23-285 on the date
2 stated in the introductory clause.

3
4 **CONTRACTOR:**

5 THE FRESNO CENTER
6

7
8 

9 _____
10 Pao Yang, President and CEO

11
12 

13 _____
14 Jensen Vang, Chief Financial Officer

15
16 The Fresno Center
17 4879 E. Cesar Chavez Boulevard
18 Fresno, CA 93727
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Exhibit A

List of Contractors

Contractor	Exhibit B subpart
<p>1. The Fresno Center</p> <p>Business Type: Private, non-profit, 501 (c)(3) corporation</p> <p>Business Address: 4879 E. Cesar Chavez Blvd Fresno, CA 93727</p> <p>Contact: Pao Yang, President/CEO</p> <p>Service Address: 4879 E. Cesar Chavez Blvd Fresno, CA 93727</p> <p>Target Population: Southeast Asian Children/Youth, Adult and Older Adult</p> <p>Level of Care: Outpatient/Intensive Case Management and Full Service</p> <p>Partnership</p>	Exhibit B-1

Specialty Mental Health Outpatient Rates for Contracted Providers

Field Based	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$988.85
Physicians Assistant	\$443.50
Nurse Practitioner	\$491.73
RN	\$401.65
Certified Nurse Specialist	\$491.73
LVN	\$211.00
Pharmacist	\$473.34
Licensed Psychiatric Technician	\$180.89
Psychologist/Pre-licensed Psychologist	\$397.68
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$257.35
Occupational Therapist	\$342.58
Mental Health Rehab Specialist	\$193.62
Peer Recovery Specialist	\$203.30
Other Qualified Providers - Other Designated MH staff that bill medical	\$193.62

FSP/AOT/TBS	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$1,140.98
Physicians Assistant	\$511.73
Nurse Practitioner	\$567.38
RN	\$463.45
Certified Nurse Specialist	\$567.38
LVN	\$243.47
Pharmacist	\$546.16
Licensed Psychiatric Technician	\$208.72
Psychologist/Pre-licensed Psychologist	\$458.87
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$296.95
Occupational Therapist	\$395.28
Mental Health Rehab Specialist	\$223.41
Peer Recovery Specialist	\$234.58
Other Qualified Providers - Other Designated MH staff that bill medical	\$223.41

**Fresno County Department of Behavioral Health
Specialty Mental Health Services Outpatient Rates**

FSP and AOT	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$1,176.12
Physicians Assistant	\$527.47
Nurse Practitioner	\$584.86
RN	\$477.73
Certified Nurse Specialist	\$584.86
LVN	\$250.97
Medical Assistant	\$172.52
Pharmacist	\$562.98
Licensed Psychiatric Technician	\$215.15
Psychologist/Pre-licensed Psychologist	\$473.00
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$306.09
Occupational Therapist	\$407.45
Mental Health Rehab Specialist	\$230.28
Peer Recovery Specialist	\$241.80
Other Qualified Providers - Other Designated MH staff that bill medical	\$230.28

Flat Rate Type	Unit	Maximum Units That Can Be Billed	Rate
Interactive Complexity	15 min per unit	1 per allowed procedure per provider per person	\$18.32
Sign Language/Oral Interpretive Services	15 min per unit	Variable	\$30.92

Exhibit H

Revised Exhibit H

Living Well Center-FSP-Cultural Specific Services
The Fresno Center
Fiscal Year (FY) 2023-24

PROGRAM EXPENSES					
1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101			\$ -		\$ -
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.00	\$ -		\$ -
Acct #	Program Position	FTE	Admin	Program	Total
1116				\$ -	-
1117				-	-
1118				-	-
1119				-	-
1120				-	-
1121				-	-
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		0.00		\$ -	\$ -
			Admin	Program	Total
Direct Personnel Salaries Subtotal		0.00	\$ -	\$ -	\$ -
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement			\$ -	-
1202	Worker's Compensation		-		-
1203	Health Insurance		-		-
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Direct Employee Benefits Subtotal:			\$ -	\$ -	\$ -
Direct Payroll Taxes & Expenses:					
Acct #	Description		Admin	Program	Total
1301	OASDI		\$ -	\$ -	\$ -
1302	FICA/MEDICARE		-		-
1303	SUI		-		-
1304	Other (specify)		-	-	-
1305	Other (specify)		-	-	-
1306	Other (specify)		-	-	-
Direct Payroll Taxes & Expenses Subtotal:			\$ -	\$ -	\$ -
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:			Admin	Program	Total

Exhibit H

Revised Exhibit H

	\$	-	\$	-	\$	-
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DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	#DIV/0!	#DIV/0!

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	30,000
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	2,500
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	1,500
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify): Client Flexible Support Expenditure Support	4,000
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 38,000

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ -
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	-
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ -

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	-
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ -

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (Student Stipends)	4,000
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 4,000

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	<small>Contract Budget Narrative</small>	

Exhibit H

Revised Exhibit H

Administrative Overhead		
6001	Use this line and only this line for approved indirect cost rate	\$ -
Administrative Overhead		
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ -

INDIRECT COST RATE	0.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	s	\$ -
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	\$ 42,000
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PROGRAM FUNDING SOURCES

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		\$ 42,000
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 42,000

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:	\$ 42,000
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NET PROGRAM COST:	\$ -
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Living Well Center-FSP-Cultural Specific Services
 The Fresno Center
 Fiscal Year (FY) 2023-24

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Contract Budget Narrative

Exhibit H

Revised Exhibit H

Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %

Living Well Center-FSP-Cultural Specific Services
 The Fresno Center
 Fiscal Year (FY) 2023-24 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		-	
Administrative Positions		-	
1101	0	-	
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
1121	0	-	
1122	0	-	
1123	0	-	
1124	0	-	
1125	0	-	
1126	0	-	
1127	0	-	
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
Direct Employee Benefits			
1201	Retirement	-	
1202	Worker's Compensation	-	
1203	Health Insurance	-	
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		-	
1301	OASDI	-	
1302	FICA/MEDICARE	-	
1303	SUI	-	
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		38,000	
2001	Child Care	-	
2002	Client Housing Support	30,000	Client Housing Support Expenditures (SFC 70) For cost of providing housing supports. including housing subsidies for permanent, transitional and temporary housing: master leases; motel and other housing vouchers and shelters; rental security deposits: first and last month rental payments; and eviction prevention and other fiscal housing supports. Estimated @ \$30,000 annually.
2003	Client Transportation & Support	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2004	Clothing, Food, & Hygiene	2,500	Clothing, Food & Hygiene (SFC 72) To provide supports to clients, which may include food vouchers and other items necessary for daily living (such as, clothing, hygiene, etc.). Estimated @ \$2,500 annually
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	1,500	Household Items (SFC 72) To provide supports for clients with household items need. Estimated at \$1,500
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (specify): Client Flexible Support Expenditure Support	4,000	Client Flexible Support Expenditures Support (SFC 72) To provide supports to clients and their caregivers, may include vouchers, goods, services, and other family support services. Also maybe use for personal/community integration to assist clients in achieving their treatment goals and in supporting their integration into the larger community. Items may include, but are not limited to socialization and recreational activities. This funding may also be used for medical, dental and optical care, prescriptions, and laboratory tests when the client does not have insurance to pay for such care. Estimated @ \$4,000 annually
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

3000: DIRECT OPERATING EXPENSES			
		-	
3001	Telecommunications	-	
3002	Printing/Postage	-	
3003	Office, Household & Program Supplies	-	
3004	Advertising	-	
3005	Staff Development & Training	-	
3006	Staff Mileage	-	
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	-	
3009	Other (specify)	-	
3010	Other (specify)	-	
3011	Other (specify)	-	
3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT			
		-	
4001	Building Maintenance	-	
4002	Rent/Lease Building	-	
4003	Rent/Lease Equipment	-	
4004	Rent/Lease Vehicles	-	
4005	Security	-	
4006	Utilities	-	
4007	Other (specify)	-	
4008	Other (specify)	-	
4009	Other (specify)	-	
4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES			
		4,000	
5001	Consultant (Network & Data Management)	-	
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	-	
5005	Other (Student Stipends)	4,000	To train 4 graduate students in mental health work force @ 500 per semester for 2 semesters x 4 students = \$4,000
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

6000: INDIRECT EXPENSES			
		-	
6001	Administrative Overhead	-	
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):		Contract Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used	-	
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
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)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	42,000
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	42,000
BUDGET CHECK:	-

Living Well Center-FSP-Cultural Specific Services

The Fresno Center
Fiscal Year (FY) 2024-25

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101			\$ -	\$ -	\$ -
1102			-	-	-
1103			-	-	-
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
1121			-	-	-
1122			-	-	-
1123			-	-	-
1124			-	-	-
1125			-	-	-
1126			-	-	-
1127			-	-	-
1128			-	-	-
1129			-	-	-
1130			-	-	-
1131			-	-	-
1132			-	-	-
1133			-	-	-
1134			-	-	-
1135			-	-	-
Personnel Salaries Subtotal		0.00	\$ -	\$ -	\$ -
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ -	\$ -	\$ -
1202	Worker's Compensation		-	-	-
1203	Health Insurance		-	-	-
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-

Employee Benefits Subtotal:					\$	-	\$	-	\$	-
Payroll Taxes & Expenses:										
Acct #	Description	Admin	Direct	Total						
1301	OASDI	\$ -	\$ -	\$ -						
1302	FICA/MEDICARE	-	-	-						
1303	SUI	-	-	-						
1304	Other (specify)	-	-	-						
1305	Other (specify)	-	-	-						
1306	Other (specify)	-	-	-						
Payroll Taxes & Expenses Subtotal:		\$ -	\$ -	\$ -						
EMPLOYEE SALARIES & BENEFITS TOTAL:		\$ -	\$ -	\$ -						

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	60,000
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	2,500
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	1,500
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify): Client Flexible Support Expenditure Support	4,000
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 68,000

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ -
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	-
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
OPERATING EXPENSES TOTAL:		\$ -

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	-

4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	-
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ -

5000: SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify): Student Stipend	4,000
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
SPECIAL EXPENSES TOTAL:		\$ 4,000

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ -
6002	Professional Liability Insurance	-
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)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ -

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		\$ 72,000
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify)	0	-	-
8010	Other (Specify)	0	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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		\$ 72,000
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 72,000

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:	\$ 72,000
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NET PROGRAM COST:	\$ -
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**Living Well Center-FSP-Cultural Specific Services
The Fresno Center
Fiscal Year (FY) 2024-25 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		-	
Employee Salaries		-	
1101	0	-	
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
1121	0	-	
1122	0	-	
1123	0	-	
1124	0	-	
1125	0	-	
1126	0	-	
1127	0	-	
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
1135	0	-	
Employee Benefits		-	
1201	Retirement	-	
1202	Worker's Compensation	-	
1203	Health Insurance	-	
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Payroll Taxes & Expenses:		-	
1301	OASDI	-	
1302	FICA/MEDICARE	-	
1303	SUI	-	
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: CLIENT SUPPORT		68,000	
2001	Child Care	-	
2002	Client Housing Support	60,000	Client Housing Support Expenditures (SFC 70) For cost of providing housing supports. including housing subsidies for permanent, transitional and temporary housing; master leases; motel and other housing vouchers and shelters; rental security deposits: first and last month rental payments; and eviction prevention and other fiscal housing supports. Estimated @ \$60,000 annually.
2003	Client Transportation & Support	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2004	Clothing, Food, & Hygiene	2,500	Clothing, Food & Hygiene (SFC 72) To provide supports to clients, which may include food vouchers and other items necessary for daily living (such as, clothing, hygiene, etc.). Estimated @ \$2,500 annually
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	1,500	Household Items (SFC 72) To provide supports for clients with household items need. Estimated at \$1,500
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (specify): Client Flexible Support Expenditure Support	4,000	Client Flexible Support Expenditures Support (SFC 72) To provide supports to clients and their caregivers, may include vouchers, goods, services, and other family support services. Also maybe use for personal/community integration to assist clients in achieving their treatment goals and in supporting their integration into the larger community. Items may include, but are not limited to socialization and recreational activities. This funding may also be used for medical, dental and optical care, prescriptions, and laboratory tests when the client does not have insurance to pay for such care. Estimated @ \$4,000 annually
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

3000: OPERATING EXPENSES			
3001	Telecommunications	-	
3002	Printing/Postage	-	
3003	Office, Household & Program Supplies	-	
3004	Advertising	-	
3005	Staff Development & Training	-	
3006	Staff Mileage	-	
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	-	
3009	Other (specify)	-	
3010	Other (specify)	-	
3011	Other (specify)	-	
3012	Other (specify)	-	

4000: FACILITIES & EQUIPMENT			
4001	Building Maintenance	-	
4002	Rent/Lease Building	-	
4003	Rent/Lease Equipment	-	
4004	Rent/Lease Vehicles	-	
4005	Security	-	
4006	Utilities	-	
4007	Other (specify)	-	
4008	Other (specify)	-	
4009	Other (specify)	-	
4010	Other (specify)	-	

5000: SPECIAL EXPENSES		4,000	
5001	Consultant (Network & Data Management)	-	
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	-	
5005	Other (specify): Student Stipend	4,000	To train 4 graduate students in mental health work force @ 500 per semester for 2 semesters x 4 students = \$4,000
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

6000: ADMINISTRATIVE EXPENSES			
6001	Administrative Overhead	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6002	Professional Liability Insurance	-	
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			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
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)	-	

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	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	72,000
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	72,000
BUDGET CHECK:	-