### AMENDMENT I TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as "Amendment I", is made and entered into this 6th day of June , 2017, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and KINGS VIEW CORPORATION, a California Non-profit, 501 (c) (3) Corporation, whose address is 7170 N. Financial Drive, Suite 1100, Fresno, CA 93720, hereinafter referred to as "CONTRACTOR".

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 15-257, effective July 1, 2015, hereinafter referred to as "Agreement", whereby CONTRACTOR agreed to operate a Projects for Assistance in Transition from Homelessness (PATH) program to deliver integrated mental health and supportive housing services to adults who are homeless, or who are at imminent risk of becoming homeless, and have a severe mental illness and/or co-occurring disorder, in an effort to enable this client population to live in the community and to avoid homelessness, hospitalization and/or jail detention; and

WHEREAS, the parties now 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, the parties agree as follows:

- 1. That in the existing COUNTY Agreement No. 15-257, all text in reference to "Exhibit A" shall be replaced with the text "Revised Exhibit A". Revised Exhibit A is attached hereto and incorporated herein by this reference.
- 2. That in the existing COUNTY Agreement No. 15-257, all text in reference to "Exhibit B" shall be replaced with the text "Revised Exhibit B". Revised Exhibit B is attached hereto and incorporated herein by this reference.;
- 3. That the existing COUNTY Agreement No. 15-257, Section Four (4) "COMPENSATION", Page Three (3), Line Twenty-One (21) beginning with the word "The" and ending on Page Four (4), Line Two (2) with the word "reference." be deleted and the following inserted in its place:

"The maximum amount of compensation paid to CONTRACTOR by COUNTY

shall not exceed Five Hundred Thirty Thousand and No/100 Dollars (\$530,000) during the twelve (12) month period of July 1, 2015 through June 30, 2016. The maximum amount of compensation paid to CONTRACTOR by COUNTY shall not exceed Five Hundred Ninety Thousand One Hundred Eighty-Two and No/100 Dollars (\$590,182) during the twelve (12) month periods of July 1, 2016 through June 30, 2017, July 1, 2017 through June 30, 2018, July 1, 2018 through June 30, 2019, and July 1, 2019 through June 30, 2020. In no event shall total maximum compensation for this Agreement paid to CONTRACTOR by COUNTY exceed Two Million Eight Hundred Ninety Thousand Seven Hundred Twenty-Eight and No/100 Dollars (\$2,890,728).

It is understood by the CONTRACTOR and COUNTY that during the twelve month period of July 1, 2015 through June 30, 2016, CONTRACTOR estimates to generate Eighty-Five Thousand Seven Hundred Twenty-Seven and No/100 Dollars (\$85,727) in Medi-Cal Federal Financial Participation (FFP) and Twelve Thousand and No/100 Dollars (\$12,000) in client rent and transportation reimbursements to offset CONTRACTOR's program costs as set forth in the budget, attached hereto as Revised Exhibit B and incorporated herein by reference. It is further understood by the CONTRACTOR and COUNTY that during the twelve month periods of July 1, 2016 through June 30, 2017, July 1, 2017 through June 30, 2018, July 1, 2018 through June 30, 2019, and July 1, 2019 through June 30, 2020, CONTRACTOR estimates to generate One Hundred Thousand, Six Hundred Forty-Nine and No/100 Dollars (\$100,649) in Medi-Cal FFP and Nine Thousand and No/100 Dollars (\$9,000) in client rent and transportation reimbursements to offset CONTRACTOR's program costs as set forth in the Revised Exhibit B."

- 4. That the existing COUNTY Agreement No. 15-257, Section Four (4)
  "COMPENSATION", Sub-section "G", beginning on Page Five (5), Line Twenty-Five (25) with the word "The" and ending on Page Six (6), Line Two (2) with the word "designee." be deleted in its entirety.
- 5. That the existing COUNTY Agreement No. 15-257, Section Ten (10) "INSURANCE", Sub-section B. "Automobile Insurance", Page Eleven (11), Line Twenty-One (21), the words "One Million Dollars (\$1,000,000)." be deleted and the following inserted in its place:

"Five Hundred Thousand Dollars (\$500,000)."

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6. That the existing COUNTY Agreement No. 15-257, Section Ten (10)

"INSURANCE", Page Twelve (12), Line Twenty-Six (26), the words "Contracts Division" be deleted and the following inserted in its place:

"Mental Health Contracted Services"

COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend the Agreement; and that upon execution of this Amendment I, the Agreement and Amendment I 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 I shall become effective upon execution.

- 3 -

1	IN WITNESS WHEREOF, the parties hereto have	ve executed this Amendment I as of the day and year
2	first hereinabove written.	
3	ATTEST:	
4		
5	KINGS VIEW CORPORATION	COUNTY OF FRESNO
6		N A
7	By Seon forman	By Vi Pade
8		Chairman, Board of Supervisors
10	Print Name: Leon Hoover	Date: 10-10-17
11	Title: CEO	DEDNICE E COMPET. CI. I
12	Chairman of the Board, or	BERNICE E. SEIDEL, Clerk Board of Supervisors
13	President or any Vice President	
14		By Susan Bishop, Deputy
15		by serson change, tachery
16 17		Date: 10-10-17
18	111	
19	By f. Sh	
20	Print Name: Jim S Roopinger	
21		
22	Title: Executive Director	
23	Executive Director	
24		
25	Mailing Address: P.O. Box 28923	
26	Fresno, CA 93729	
27	Phone No.: (559) 256-0100 Contact: Leon Hoover, CEO	PLEASE SEE ADDITIONAL
28		SIGNATURE PAGES ATTACHED

APPROVED AS TO LEGAL FORM: DANIEL C. CEDERBORG

By Janelle F. Kully

APPROVED AS TO ACCOUNTING FORM: OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/ TREASURER-TAX COLLECTOR

By Cels Ecologia

REVIEWED AND RECOMMENDED FOR APPROVAL:

By Dawen Wecht

Dawan Utecht, Director Department of Behavioral Health

Fund/Subclass: 0001/10000 Organization: 56302184 Account/Program: 7294/0

Fiscal Year (FY)	Program Cost	M/C FFP	Client Reimbursement
FY 2015-16:	\$530,000	\$85,727	\$12,000
FY 2016-17:	\$590,182	\$100,649	<b>\$9,</b> 000
FY 2017-18:	\$590,182	\$100,649	<b>\$9,</b> 000
FY 2018-19:	\$590,182	\$100,649	\$9,000
FY 2019-20:	\$590,182	\$100,649	\$9,000

# PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) PROGRAM Scope of Work

ORGANIZATION: Kings View Corporation

ADDRESS: PO Box 28923, Fresno, CA 93729;

7170 N. Financial Drive, Suite 110, Fresno CA 93720

SITE ADDRESS: 4910 E. Ashlan Avenue, Suite 118, Fresno, CA 93726

SERVICES: Mental Health, Outreach, Case Management and Supportive Housing Services

HOURS OF OPERATION: 8am to 5pm, Monday through Friday

PROJECT DIRECTOR: Brenda Kent, LMFT Phone Number: (559) 459-0334

CONTRACT PERIOD: July 1, 2015 – June 30, 2020

CONTRACT AMOUNT: \$530,000 FY 2015-16

\$590,182 FY 2016-17 \$590,182 FY 2017-18 \$590,182 FY 2018-19 \$590,182 FY 2019-20

### **TARGET POPULATION:**

Participation in the PATH Program is on a client voluntary basis. The target population to be served under this Agreement are adult clients (18 year and older) who are suffering from severe mental illness and substance abuse (co-occurring disorders), and are homeless or at imminent risk of becoming homeless.

### PROJECT DESCRIPTION:

With funding through the Stewart B. McKinney Homeless Assistance Amendments Act of 1990, which authorizes a Federal grant program (Projects for Assistance in Transition from Homelessness (PATH)) to address the needs of people who are homeless and have severe mental illnesses and/or co-occurring disorders, Kings View is able to provide a PATH program for said target population. Kings View PATH program delivers services to clients who are suffering from severe mental illness and substance abuse (co-occurring disorders), and are homeless or at imminent risk of becoming homeless. The goal of the PATH program is to enable clients to live in the community and to avoid homelessness, hospitalization and/or jail detention. The PATH program is comprised of two components: 1) PATH – Outreach, Engagement, and Linkage Services (OEL); and 2) PATH – Specialty Mental Health Treatment Services (MH). Kings View's role is to provide outreach, engagement, and linkage services to 350 clients per year, of which 200 shall be enrolled in the PATH-OEL where they shall receive case management, linkage, consultation, peer support services, and supportive interim or bridge housing services. For clients enrolled in ongoing mental health treatment (30 clients at any given time) in PATH-MH, client shall receive intensive mental health treatment, case management, linkage, consultation, peer support services, and supportive housing services (housing to a maximum of 10 at any given time). Service goals are to help stabilize and transition clients into other County or community mental health programs.

The PATH program is a vital resource to the community as it seeks to reduce and end chronic homelessness. The PATH program shall serve as a front door for clients into continuum of care services and mainstream mental health, primary health care and the substance abuse services system.

Kings View shall provide: a partnership in which they commit to "meet the client where they are' in order to assist the enrolled clients achieve their personal recovery and wellness goals. Program shall collaborate with other agencies for provision of non-direct mental health services (Federal Qualified Health Clinics (FQHC), Public Guardian, Fresno County etc.). Services shall incorporate safety, emergency and crisis procedures in the field and in the organization's offices, personal services coordination, psychiatric services in the areas of medication, prescription, administration, monitoring and documentation, mental health services, linkage services, and supportive housing services. COUNTY'S administrative staff shall monitor and oversee program outcomes, coordinate reporting requirements, and execute contract.

### King View's RESPONSIBILITY:

- Shall provide two program components; one component shall consist of an outreach/linkage program, where clients are enrolled and linked to other services based on the needs of the client. The second component is mental health treatment services on an ongoing basis (up to 30 clients at any given time) inclusive of supportive housing services (maximum of 10 clients at any given time).
- 2 Provide a partnership in which the service provider commits to "meet the client where they are" in order to assist the enrolled clients achieve their personal recovery and wellness goals.
- 3 Collaborate with other agencies for provision of non-direct mental health services (FQHC, Public Guardian, etc.). These services are particularly needed to reach people with co-occurring chronic or medical conditions. Linkage must be provided for clients to the full range of services.
- 4 For clients enrolled in the mental health treatment component of the homeless program; client Plan of Care must include and identify at least, client current symptoms, treatment goals, and interventions.
- 5 Provide appropriate and as requested upon measurable outcomes, State Quarterly Performance Reports, and PATH annual report.

### Kings View PATH program shall provide the following staffing components:

- A. PATH outreach coordinator staff shall be available to provide crisis assessment and intervention, including telephone and face-to-face contact during working hours. Response to crisis shall be rapid and flexible. Coordinators shall collaborate with facilities and designated staff to provide emergency placement should crisis housing, short-term care and inpatient treatment (voluntary or involuntary) be needed. The vendor's staff shall provide support to the maximum extent possible, including accompanying the client to the County's Urgent Wellness Center and remain with the client during the assessment.
- B. The PATH MH program shall provide services for up to 30 clients in an ongoing basis. Services include; mental health individual/group therapy, case management linkage, referrals, education in the areas of medication prescription, administration, monitoring and documentation. In addition, program shall:
  - Assess each client's mental illness symptoms and behavior and prescribe appropriate medication as necessary. Medication for clients who do not have a third party payor shall be provided medication via Kings View's PATH program selected vendor and/or other resources such as samples, coupons and cost shall be the responsibility of Kings View.
  - Regularly review and document the client's mental illness symptoms as well as his/her response to the prescribed medications;
  - Educate the client and family members on the purpose of medication and any side effects; and
  - Monitor, treat and document any medication side effects.

- C. The PATH MH program's client to staff ratio shall be no more than 15 clients to each staff. A ratio of 1:15: or one staff serves no more than fifteen clients.
- D. Evaluate the staff's competency for performance purposes and establish medication policies and procedures that identify processes to administer medications to clients and train other staff and family members regarding medication education, medication delivery, medication side effects, observation of selfadministration of medication and medication monitoring.
- E. Assess and document the client's mental illness symptoms and behavior in response to medication and monitor for medication side effects during the provision of observed self-administration and during ongoing face-to-face contacts.
- F. Staff shall employ harm reduction and motivational interviewing techniques and principles.
- G. Kings View program staff shall reflect the target population culturally (cultural, linguistic, ethnic, age, gender, sexual orientation) and other social characteristics of the community that the program serves.

### il. PATH program shall employ the following strategies:

- A. Integrate physical and mental health services in collaboration with primary care physicians.
- B. Collaborate with community law enforcement, probation and courts.
- C. Provide education for clients and family and/or to other caregivers as appropriate to maximize individual choice about the nature of medications, the expected benefits and the potential side effects as well as alternatives to medications.
- D. Provide culturally competent evidence-based or promising clinical services that are integrated with overall service planning, supportive housing, and employment support, and/or education goals.
- E. Provide outreach to clients in both the metropolitan and rural areas to reach out to at minimum 350 homeless mentally ill adults, of which, 200 shall be enrolled for outreach services.
- F. Kings View Program Administrative staff shall participate in the Fresno/Madera Continuum of Care (FMCoC) as a member, COUNTY staff shall provide technical assistance if needed.
- G. The Program shall participate and utilize the Homeless Management Information System (HMIS) to enter client data. Through the FMCoC, the program shall participate in accessing the HMIS to enroll all clients onto the HMIS that is currently overseen by the Housing Authorities of the City and County of Fresno.
- H. Incorporate the Supplemental Security Income/Social Security Disability Income (SSI/SSDI), SSI/SSDI Outreach, Access and Recovery (SOAR) as part of the case management services. SOAR provides the program the tools to expedite access to Social Security disability benefits that result in improved housing and treatment outcomes.

### III. The PATH program shall provide the following specific services as it relates to mental health treatment services:

- A. Program shall provide an outreach component, engaging homeless mentally ill and/or those at risk of homelessness and provide appropriate linkage/referral as needed. Within the Outreach component, the program shall enroll at minimum 200 clients within a twelve-month period.
- B. Program shall provide a mental health treatment component, in which referrals shall be approved by the Department of Behavioral Health. The mental health treatment component shall service up to 30 adult

- clients at any given time, on an ongoing basis throughout the contract term who are seriously mentally ill and who are homeless, or at risk of being homeless and/or have a co-occurring disorder.
- C. CONTRACTOR shall have the flexibility to increase service intensity to a client in response to a client's needs. Staff shall have the capacity to provide as many contacts as needed to clients experiencing significant problems in daily living.
- D. Implement mental health service strategies to reduce the number of days a client experiences hospitalization, incarceration and homelessness.
- E. Provider shall operate a multidisciplinary treatment team including licensed/unlicensed mental health professionals, case managers. Peer support specialist and other specialist to support client needs in reaching his/her goals.
- F. Staff shall be available to provide symptom assessment, personal service coordination and supportive counseling to assist clients to cope with and gain mastery of symptoms and disabilities due to mental illness and/or substance abuse. These services shall include, but not be limited to, the following:
  - Ongoing assessment of the client's mental illness symptoms and response to treatment;
  - Education of the client regarding his/her mental illness and the effects (including side effects) of prescribed medications;
  - Symptom management efforts directed to help the client identify the symptoms and their occurrence patterns and development of methods (internal, behavioral, adaptive) to lessen their effects; and
  - Provision, both on a planned and on an "as needed" basis, of such psychological support as is necessary to help clients accomplish their personal goals and to cope with the stresses of day-today living.
- G. Provide training and instruction, including individual support, problem solving, skill development, modeling and supervision, in home and community settings, to teach the client to:
  - Carry out personal hygiene tasks;
  - Perform household chores, including housekeeping, cooking, laundry and shopping;
  - Develop or improve money management skills;
  - Use community transportation;
  - Providing training and assistance to clients in locating, securing, maintaining and financing safe,
     clean and affordable housing which is appropriate to their levels of functioning; and
  - Providing training and instruction, including individual support, problem solving, skill development, modeling and supervision, in home and community settings.
- H. Provide treatment services that is appropriate as it relates to age, culture, gender and language services and when possible accommodations for physical disability(ies) to clients.
- I. Assign a case manager (Personal Services Coordinator) within 24 hours of accepting the case and the development of a tentative client centered Plan of Care to meet the client's needs.
- J. Ensure that the team members are able to have on hand, in their possession, during regular working hours (and when appropriate) an adequate amount of petty cash with which to make emergency purchases of food, shelter, clothing, prescriptions, transportation, or other items and services as needed for clients. This may include security deposits, rent subsidy, and other items needed by clients. Kings View shall provide policies and procedures as to the handling of petty cash.
- K. Provide frequent contacts, with clients where they live or are most comfortable, in order to assist them in accessing behavioral and physical health care, financial, education, vocational, rehabilitative, or other needed community services, especially as these services relate to meeting the client's mental health and housing needs.

- L. Link clients to appropriate social services, legal advocacy and other representation, provide transportation as necessary and serve as a "representative payee" or refer client to other payee services for client's SSI/SSD benefits.
- M. Develop and support the client's participation in recreational and social activities and positive social relationships and activities in a community setting. Staff shall provide support and help individual clients to establish positive social relationships and activities in community settings. Such services shall include, but not to be limited to, assisting clients in:
  - Developing social skills and, where needed, the skills to develop meaningful personal relationships;
  - Planning appropriate and productive use of leisure time including familiarizing clients with available social and recreational opportunities and increasing their use of these activities;
  - · Interacting with landlords, neighbors and others effectively and appropriately;
  - · Developing assertiveness and self-esteem; and
  - Using existing self-help centers, self-help groups and other social, church and recreational groups to combat isolation and withdrawal experienced by many persons coping with severe and persistent mental illness.
- N. Provide alcohol, tobacco and drug abuse services as needed, this shall include, but is not limited to, individual and group interventions to assist clients in:
  - Identifying alcohol, tobacco and drug abuse effects and patterns;
  - Recognizing the interactive effects of alcohol, tobacco and drug use, psychiatric symptoms, and psychotropic medications;
  - Developing motivation for decreasing alcohol, tobacco and drug use;
  - Developing coping skills and alternatives to minimize alcohol, tobacco and drug use;
  - Achieving periods of abstinence and stability;
  - · Attending appropriate recovery or self-help meetings; and
  - · Achieving an alcohol and drug free lifestyle, if possible.
- O. Provide information, in an educational format, on the use of alcohol, tobacco, prescribed medications, and other drugs of abuse and the impact that chemicals have on the ability to function in major life areas. Information shall also include eating disorders, gambling, overspending, and sexual and other addictions, as appropriate.
- P. Make appropriate referrals and linkages to addiction services that are beyond that of the Homeless program to individuals with coexisting alcohol, tobacco and drug abuse and other addictive symptoms.
- Q. Minimize client involvement with the criminal justice system, with services to include, but not be limited to:
  - · Helping the client identify precipitants to the client's criminal involvement;
  - Providing necessary treatment, support and education to help eliminate any unlawful activities or criminal involvement that may be a consequence of the client's mental illness; and
  - Collaborating with police, court personnel and jail/prison officials and psychiatric staff to ensure appropriate use of legal and mental health services.
- R. Assist client, family and other members of the client's social network to relate in a positive and supportive manner through such means as:
  - Education about the client's illness and their role in the therapeutic process;
  - Supportive counseling;
  - Intervention to resolve conflict;
  - · Referral, as appropriate, of the family to therapy, self-help and other family support services; and
  - Provision to the client's other support systems with education and information about serious mental illnesses and treatment services and supports.

- S. Coordinate services with other community mental health and non-mental health providers, as well as other medical professionals. Methods for service coordination and communication between program and other service providers serving the same clients shall be developed and implemented consistent with Fresno County confidentiality rules.
- T. Initiate voluntary commitment, should there be a need; program staff shall work with County staff within the Adult Services Division. County staff shall sign the involuntary commitment papers.
- U. Provide appropriate client data, as required and requested by PATH grant, State, and County, such data reports include quarterly performance reports, Behavioral Health Board annual update report and quarterly reports, inclusive of demographics, caseload, and measureable outcomes.
- V. Provide assistance and advocacy in obtaining available public assistance benefits, general relief, SSI/SSDI and accessing needed behavioral health and physical health care for clients.
- W. Provide whatever direct assistance is reasonable and necessary to ensure that the client obtains the basic necessities of daily life, including transportation. Program shall have vehicles available to staff to transport clients to appointments and social group activities. Bus token/passes shall be made available by the vendor to encourage and empower client to utilize public transportation to their scheduled appointments.
- X. Ensure billable Mental Health Specialty Services meet any/all County, State, Federal regulations including any utilization review and quality assurance standards.

### IV. The PATH program shall provide specific services as it relates to housing:

Success in the community is critically enhanced by obtaining and retaining housing. For clients enrolled into the PATH program, for ongoing treatment services, shall receive supported independent housing opportunities and support services (maximum of 10) who accept housing. The program shall empower clients to take an active role in the recovery process and provide housing options and maintain clients in independent living by providing needed services, accessing resources and encouraging clients to be independent, productive and responsible. The program shall be responsible to negotiate and establish relationships with apartment owners/landlords and/or utilize alternative housing resources such as MHSA Housing Program residential facilities, Housing Authority programs such as the Shelter Plus Care vouchers, and other available housing programs within the community.

- A. The vendor shall provide whatever direct assistance is reasonable and necessary to ensure that the client obtains the basic necessities of daily life, including but not limited to:
  - · Safe, clean, affordable housing;
  - Food and clothing;
  - Appropriate financial support, which may include housing deposits, Supplemental Security Income, Social Security Disability Insurance, General Relief, and money management services.
- B. Program shall have rapid access to client assistance funds for purchase of furniture, and other items needed by clients.
- C. Ensure clients maintain their respective housing and utilize supportive housing resources by providing supportive and independent housing, as appropriate.
- D. Assist clients in coordinating rents, leases, general relief and work with housing owners/landlords. Program staff shall send written notice to owners/landlords of housing facilities that explains the financial responsibility program and the client (tenant) for payment of rent and utilities within 24 hours or the following business day.

E. A completed client rental agreement shall document the amount of rent and the minimum utility expense that a client is required to pay. Program staff shall also provide a monthly receipt to client of the payment received and collected.

### **COUNTY RESPONSIBILITIES:**

- Provide oversight of the PATH program. In addition to contract monitoring of program, oversight includes, but not limited to, coordination with the State Department of Health Care Services, Projects for Assistance in Transition from Homelessness (PATH) program in regard to program administration and outcomes. The PATH program administrative staff shall meet with the Department liaison on a monthly basis to discuss program client issues, concerns, measureable outcomes and reports, and any other items.
- 2. Assist the CONTRACTOR in making linkages with the total mental health system. This shall be accomplished through regularly scheduled meetings as well as formal and informal consultation
- 3. Participate in evaluating the progress of the overall program and the efficiency of collaboration with the program administrative staff and shall be available to the contractor for ongoing consultation.
- 4. Receive and analyze statistical data outcome information throughout the term of contract. DBH shall notify the program when additional participation is required. The performance outcome measurement process shall not be limited to survey instruments but shall also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining required information.
- 5. Recognize that cultural competence 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. County shall assist program towards cultural and linguistic competency. DBH shall provide the following at no cost to vendor(s):
  - A. Technical assistance regarding cultural competency requirements and sexual orientation training.
  - B. Mandatory cultural competency training including sexual orientation and sensitivity training for program personnel, at minimum once per year. County shall provide mandatory training regarding the special needs of this diverse population and shall be included in the cultural competence training(s). 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.
  - C. Technical assistance for CONTRACTOR in translating behavioral health and substance abuse services information into DBH's threshold languages (Spanish, Laotian, Cambodian and Hmong). Translation services and costs associated shall be the responsibility of the vendor.

## Projects for Assistance Transitions from Homelessness(PATH) Kings View Corporation FISCAL YEAR 2016 - 2017

Budget Categories -		Total Proposed Budget						
Line Ite	m Description (Must be itemized)	OEL FTE %	SMHS FTE %	OEL Admin	OEL	SMHS Admin	SMHS	Total
PERSC	NNEL SALARIES			i i		Ť	ĺ	
0001	Program Direction	0.045	0.005		7,550		1,250	\$8,800
0002	Program Manager	0.60	0.06		63,000		6,300	\$69,300
0003	Case Managers	1.20	0.80		50,856		33,904	\$84,760
0004	Outreach Engagement Linkage (OEL)	2.00			65,208			\$65,208
0005	Financial Analyst	0.07	0.0010	3,128		49		\$3,177
0006	Administrative Support	0.26	0.08	10,275		3,162		\$13,437
0007	Operations Manager	0.04	0.00	2,410		62		\$2,472
ļ		1						\$0
	SALARY TOTAL	4.21	0.95	\$202	2,427	\$44,1	727	\$247,154
PAYRO	DLL TAXES:							
0031	FICA/MEDICARE			1,210	14,276	250	3,172	\$18,908
0032	SUI			158	1,866	33	414	\$2,471
0033	Workers Compensation			395	4,666	82	1,036	\$6,179
	PAYROLL TAX TOTAL			\$22	,571	\$4,9	87	\$27,558
EMPLO	YEE BENEFITS:							
0041	Retirement			201	2,370	42	526	\$3,139
0042	Health Insurance (medical, vision, life, dental)			2,578	30,418	534	6,757	\$40,287
	EMPLOYEE BENEFITS TOTAL			\$35	.567	\$7,8	159	\$43,426
	SALARY & BENEFITS GRAND TOTAL		_	\$269	0,565	\$57,	573	\$318,138

FACILI	ITIES/EQUIPMENT EXPENSES:	OEL	SMHS	Total
1010	Rent/Lease Building	20,290	4,454	\$24,744
1011	Rent/Lease Equipment	1,920	1,280	\$3,200
1012	Utilities	2,952	648	\$3,600
1013	Building Maintenance	4,264	936	\$5,200
1015	Rent/Lease Vehicles	9,490	3,510	\$13,000
	FACILITY/EQUIPMENT TOTAL	\$38,916	\$10,828	\$49,744
OPER/	ATING EXPENSES:			
1060	Telephone	5,340	3,560	\$8,900
1062	Postage	120	30	\$150
1066	Office Supplies & Equipment	5,940	1,593	\$7,533
1069	Program Supplies - Therapeutic	<b>I</b>	1,000	\$1,000
1072	Staff Mileage/vehicle maintenance	3,650	1,350	\$5,000
1076	Other - Program Supplies - Outreach	4,000		\$4,000
1077	Other - Staff Recruitment/Background Checks	800	200	\$1,000
	OPERATING EXPENSES TOTAL	\$19,850	\$7,733	\$27,583

	CIAL SERVICES EXPENSES					
1082	Liability Insurance			2,880	2,020	\$4,900
1083	Administrative Overhead			37,342	16,310	\$53,652
1085	Professional Liability Insurance			2,884	721	\$3,605
	FINANCIAL SERVICES TOTAL			\$43,106	\$19,051	\$62,157
SPECIA	AL EXPENSES (Consultant/Etc.):					
1090	Consultant (network & data management)			12,680	2,880	\$15,560
1091	HMIS			1,500		\$1,500
0005	Psychiatric Services				30,000	\$30,000
1092	Medication Supports		- 1		250	\$250
1093	Other - One Time Emergency Housing			10,000		\$10,000
	SPECIAL EXPENSES TOTAL			\$24,180	\$33,130	\$57,310
FIXED /	ASSETS					
1190	Computers & Software			9,660	2,090	\$11,750
	FIXED ASSETS TOTAL		ĺ	\$9,660	\$2,090	\$11,750
NON M	EDI-CAL CLIENT SUPPORT EXPENSES:					=
2000	Client Housing Support Expenditures (SFC 70)				49,000	\$49,000
2002.1				2,500		\$2,500
	Client Transportation & Support (SFC 72)		1	11,000		\$11,000
	Education Support (SFC 72)		1	500		\$500
	Employment Support (SFC 72)		- 1	500	1	\$500
	NON MEDI-CAL CLIENT SUPPORT TOTAL			\$14,500	\$49,000	\$63,500
	TOTAL PROGR	RAM EXP	NSES	\$410,777	\$179,405	\$590,182
			i i h	69,60%	30.40%	
			L	03.0076	001-4070	
			ſ	OEL OEL	SMHS	Total
		Units of				Total
MEDI-0	CAL REVENUE.	Units of Service	Rate			Total
_	•	Service		OEL	SMHS \$ Amount	Total
3000	Mental Health Services	Service 2101	4,50	OEL	SMHS \$ Amount 9,455	Total \$9,455
3000 3100	Mental Health Services Case Management	Service		OEL	SMHS \$ Amount	Total \$9,455 \$32,441
3000 3100 3200	Mental Health Services Case Management Crisis Services	Service 2101 8,651	4,50 \$3,75	OEL	\$ Amount 9,455 32,441	Total \$9,455 \$32,441 \$1,350
3000 3100 3200 3300	Mental Health Services Case Management	Service 2101 8,651 200	4,50 \$3.75 \$6.75	OEL	\$ Amount 9,455 32,441 1,350	Total \$9,455 \$32,441 \$1,350 \$24,800
3000 3100 3200	Mental Health Services Case Management Crisis Services Medication Support Collateral	2101 8,651 200 3,100	4,50 \$3,75 \$6,75 \$8,00	OEL	\$ Amount 9,455 32,441 1,350 24,800	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450
3000 3100 3200 3300 3400	Mental Health Services Case Management Crisis Services Medication Support	2101 8,651 200 3,100 2,100	4,50 \$3,75 \$6,75 \$8,00 \$4,50	OEL	\$ Amount 9,455 32,441 1,350 24,800 9,450	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905
3000 3100 3200 3300 3400 3500	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development	2101 8,651 200 3,100 2,100 4,201	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50	OEL	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50	OEL	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation Estimated Medi-Cal Billing Totals	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50 \$4,50	OEL \$ Amount	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50	OEL \$ Amount	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	OEL \$ Amount	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$18,900 \$134,200 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	OEL \$ Amount \$0	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals  Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible  MEDI-CAL REVENUE TOTAL	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	OEL \$ Amount \$0.	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700 OTHEF	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals  Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible  MEDI-CAL REVENUE TOTAL  R REVENUE:	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	OEL \$ Amount \$0	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 \$134,200 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200 \$100,649 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals  Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE  Other - PATH Other - Client Reimbursements	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	OEL \$ Amount \$0 \$0	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,900 \$18,900 \$134,200 \$100,649 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700 OTHER 4000 4100	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	OEL \$ Amount \$0.	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 \$134,200 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,900 \$18,900 \$134,200 \$100,649 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700 OTHER 4000 4100	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE: Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL FUNDS:	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	OEL \$ Amount \$0 \$0 307,403	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200 \$100,649 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700 OTHER 4000 4100	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  R REVENUE: Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL FUNDS: Community Services & Supports Funds	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	OEL \$ Amount \$0 \$0 307,403 \$307,403	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,900 18,900 \$134,200 \$100,649 \$100,649  9,000 \$9,000	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200 \$100,649 \$100,649 \$307,403 \$9,000 \$316,403
3000 3100 3200 3300 3400 3500 3600 3700 OTHER 4000 4100	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE: Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL FUNDS:	Service 2101 8,651 200 3,100 2,100 4,201 4,200 4,200 26,652	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50 \$1,50 \$1,50 \$1,50 \$1,00 \$	OEL \$ Amount \$0 \$0 307,403	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649 \$100,649	

## Projects for Assistance Transitions from Homelessness(PATH) Kings View Corporation FISCAL YEAR 2017 - 2018

Budget	Categories -				Total Prop	osed Budget		. 1
		OEL.	SMHS	OEL				
Line Ite	m Description (Must be itemized)	FTE %	FTE %	Admin	OEL	SMHS Admin	SMHS	Total
PERSO	NNEL SALARIES:							
0001	Program Direction	0.043	0.007		7,777		1,288	\$9,065
0002	Program Manager	0.57	0.057		61,800		6,180	\$67,980
0003	Case Managers	1.20	0.80		52,382		34,921	\$87,303
0004	Outreach Engagement Linkage (OEL)	2 00			67,164			\$67,164
0005	Financial Analyst	0.07	0.0010	3,222	i .	50		\$3,272
	Administrative Support	0.26	0.08	10,583		3,257		\$13,840
	Operations Manager	0.04	0.00	2,482		64		\$2,546
0006	Administrative Support	}	'					\$0
0007	Title	1					j	\$0
	SALARY TOTAL	4.18	0.95	\$20	5,410	\$45,	760	\$251,170
PAYRO	LL TAXES:							
0031	FICA/MEDICARE			1,246	14,468	239	3,262	\$19,215
0032	SUI			163	1,891	31	427	\$2,512
0033	Workers Compensation			407	4,728	84	1,060	\$6,279
	PAYROLL TAX TOTAL			\$22	,903	\$5,1	103	\$28,006
EMPLO	YEE BENEFITS:						1	
0041	Retirement			207	2,402	43	538	\$3,190
0042	Health Insurance (medical, vision, life, dental)			2,606	30,260	539	6,783	\$40,1 <u>88</u>
	EMPLOYEE BENEFITS TOTAL			\$35	,475	\$7,9	903	\$43,378
	SALARY & BENEFITS GRAND TOTAL			\$26	3,788	\$58,	766	\$322,554

FAOU	TICO/FOLUBRISHT EVERNORS	OEL	SMHS	Total
	TIES/EQUIPMENT EXPENSES.	01.050	1.110	005.000
1010	Rent/Lease Building	21,052	4,148	\$25,200
1011	Rent/Lease Equipment	2,706	594	\$3,300
1012	Utilities	3,280	820	\$4,100
1013	Building Maintenance	4,510	1,034	\$5,544
1015	Rent/Lease Vehicles	10,840	4,010	\$14,850
$\overline{}$	FACILITY/EQUIPMENT TOTAL	\$42,388	\$10,606	\$52,994
OPER.	ATING EXPENSES:		<u> </u>	<u> </u>
1060	Telephone	5,280	3,660	\$8,940
1062	Postage	100	30	\$130
1066	Office Supplies & Equipment	6,016	1,737	\$7,753
1069	Program Supplies - Therapeutic		1,200	\$1,200
1072	Staff Mileage/vehicle maintenance	3,650	1,250	\$4,900
1076	Other - Program Supplies - Outreach	4,409		\$4,409
1077	Other - Staff Recruitment/Background Checks	800	200	\$1,000
i —	OPERATING EXPENSES TOTAL	\$20,255	\$8,077	\$28,332

4000	CIAL SERVICES EXPENSES.					
1082	Liability Insurance		T	3,650	1,350	\$5,000
1083	Administrative Overhead			37,342	16,310	\$53,652
1085	Professional Liability Insurance		- 1	3,034	666	\$3,700
	FINANCIAL SERVICES TOTAL			\$44,026	\$18,326	\$62,352
SPECIA	AL EXPENSES (Consultant/Etc.):		•	•		
1090	Consultant (network & data management)		I	13,120	2,880	\$16,000
1091	HMIS			1,500	·	\$1,500
1091	Psychiatric Services				30,000	\$30,000
1092	Medication Supports				250	\$250
1093	Other - One Time Emergency Housing			10,000		\$10,000
	SPECIAL EXPENSES TOTAL			\$24,620	\$33,130	\$57,750
FIXED /	ASSETS:		-		_	
1190	Computers & Software			1,200	500	\$1,700
	FIXED ASSETS TOTAL			\$1,200	\$500	\$1,700
NON M	EDI-CAL CLIENT SUPPORT EXPENSES:			· · ·		
2000	Client Housing Support Expenditures (SFC 70)				50,000	\$50,000
2002.1			ŀ	2,500		\$2,500
2002.2	Client Transportation & Support (SFC 72)			11,000		\$11,000
2002.3	Education Support (SFC 72)			500		\$500
	Employment Support (SFC 72)			500		\$500
	NON MEDI-CAL CLIENT SUPPORT TOTAL			\$14,500	\$50,000	\$64,500
	TOTAL PROGR	AM EXP	ENSES	\$410,777	\$179,405	\$590,182
				69.60%	30.40%	
			L	00.0070	00, 10,75	
			ĺ	OEL	SMHS	Total
	· · · · · · · · · · · · · · · · · · ·				I	
		Units of				-
MEDI-C	CAL REVENUE:	Units of Service	Rate	\$ Amount	\$ Amount	Total
MED1-0	CAL REVENUE:  Mental Health Services		Rate 4 50	\$ Amount	\$ Amount 9,455	
		Service		\$ Amount		
3000	Mental Health Services	Service 2101	4 50	\$ Amount	9,455	\$9,455 \$32,441
3000 3100	Mental Health Services Case Management	Service 2101 8,651	4 50 \$3.75	\$ Amount	9,4 <b>5</b> 5 32,441	\$9,455 \$32,441 \$1,350 \$24,800
3000 3100 3200	Mental Health Services Case Management Crisis Services	Service 2101 8,651 200	4 50 \$3.75 \$6.75 \$8.00 \$4.50	\$ Amount	9,455 32,441 1,350 24,800 9,450	\$9,455 \$32,441 \$1,350 \$24,800 \$9,450
3000 3100 3200 3300	Mental Health Services Case Management Crisis Services Medication Support	\$ervice 2101 8,651 200 3,100	4 50 \$3.75 \$6.75 \$8.00	\$ Amount	9,455 32,441 1,350 24,800	\$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment	Service 2101 8,651 200 3,100 2,100 4,201 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50	\$ Amount	9,455 32,441 1,350 24,800 9,450 18,905 18,900	\$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900
3000 3100 3200 3300 3400 3500	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50		9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900	\$9,456 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$18,900
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation Estimated Medi-Cal Billing Totals	Service 2101 8,651 200 3,100 2,100 4,201 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$ Amount	9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200	\$9,456 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50		9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900	\$9,456 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$0	9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	\$9,456 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200 \$100,649
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50		9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200	\$9,455 \$32,441 \$1,350 \$24,800 \$9,450
3000 3100 3200 3300 3400 3500 3600 3700	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$0	9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	\$9,456 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$0	9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	\$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$0 \$0	9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	\$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$134,200 \$100,649 \$307,403
3000 3100 3200 3300 3400 3500 3600 3700	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE: Other - PATH	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$0 \$0	9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	\$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,900 \$18,900 \$134,200 \$100,649 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700 OTHER 4000 4100	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals  Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE: Other - PATH Other - Client Reimbursements	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$0 \$0	9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	\$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,900 \$18,900 \$134,200 \$100,649 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700 OTHER 4000 4100	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE: Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL  FUNDS:	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$0 \$0 307,403 \$307,403	9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649 \$100,649	\$9,456 \$32,441 \$1,350 \$24,800 \$9,450 \$18,900 \$18,900 \$134,200 \$100,649 \$100,649 \$307,403 \$9,000 \$316,403
3000 3100 3200 3300 3400 3500 3600 3700 OTHER 4000 4100	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals  Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE: Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4 50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$0 \$0	9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	\$9,456 \$32,441 \$1,350 \$24,800 \$9,450 \$18,900 \$18,900 \$134,200 \$100,649 \$100,649

## Projects for Assistance Transitions from Homelessness(PATH) Kings View Corporation FISCAL YEAR 2018 - 2019

Budget Categories - Total Proposed Budget					_			
		OEL	SMHS	0EL			· <u> </u>	
Line Ite	π Description (Must be itemized)	FTE %	FTE %	Admin	OEL	SMHS Admin	SMHS	Total
PERSO	NNEL SALARIES.							
0001	Program Direction	0.030	0,005		5,510		927	\$6,437
0002	Program Manager	0 54	0.053		59,600		5,875	\$65,475
0003	Case Managers	1.20	0.80		53,953		35,969	\$89,922
0004	Outreach Engagement Linkage (OEL)	2.00			69,179	ŀ		\$69,179
l	Financial Analyst	0 07	0.0010	3,319		52		\$3,371
l	Administrative Support	0.26	0.08	10,900	1	3,355		\$14,255
0005	Operations Manager	0.04	0.00	2,556		66		\$2,622
0006								\$0
0007	Title							\$0
	SALARY TOTAL	4.14	0.94	\$20	5,017	\$46,	244	\$251,261
PAYRO	LL TAXES:							
0031	FICA/MEDICARE			1,283	14,401	246	3,292	\$19,222
0032	SUI			168	1,882	32	430	\$2,512
0033	Workers Compensation			419	4,706	80	1,076	\$6,281
	PAYROLL TAX TOTAL			\$22	2,859	\$5,1	156	\$28,015
<b>EMPLQ</b>	YEE BENEFITS:							
0041	Retirement			213	2,391	44	543	\$3,191
0042	Health Insurance (medical, vision, life, dental)			2,684	30,119	556	6,843	\$40,202
	EMPLOYEE BENEFITS TOTAL			\$35	5,407	\$7,8	986	\$43,393
	SALARY & BENEFITS GRAND TOTAL	· <del>-</del>		\$26	3,283	\$59,	386	\$322,669

FACILI	TIES/EQUIPMENT EXPENSES:	OEL .	SMHS	Total
1010	Rent/Lease Building	21,760	3,840	\$25,600
1011	Rent/Lease Equipment	2,706	594	\$3,300
1012	Utilities	3,280	820	\$4,100
1013	Building Maintenance	4,510	1,034	\$5,544
1015	Rent/Lease Vehicles	10,840	4,010	\$14,850
	FACILITY/EQUIPMENT TOTAL	\$43,096	\$10,298	\$53,394
OPER/	ATING EXPENSES:		_	_
1060	Telephone	5,280	3,660	\$8,940
1062	Postage	100	30	\$130
1066	Office Supplies & Equipment	6,322	1,525	\$7,847
1069	Program Supplies - Therapeutic		1,200	\$1,200
1072	Staff Mileage/vehicle maintenance	3,650	1,250	\$4,9 <b>0</b> 0
1076	Other - Program Supplies - Outreach	4,900	'	\$4,900
1077	Other - Staff Recruitment/Background Checks	800	200	\$1,000
	OPERATING EXPENSES TOTAL	\$21,052	\$7,865	\$28,917

FINANCIAL	SERVICES	EXPENSES:

FINANC	CIAL SERVICES EXPENSES:					
1082	Liability Insurance			3,650	1,350	\$5,000
1083	Administrative Overhead			37,342	16,310	\$53,652
1085	Professional Liability Insurance			3,034	666	\$3,700
ABE AL	FINANCIAL SERVICES TOTAL			\$44,026	\$18,326	\$62,352
	AL EXPENSES (Consultant/Etc.):					
1090	Consultant (network & data management)		1	13,120	2,880	\$16,000
1091	HMIS		- 1	1,500		\$1,500
1091 1092	Psychiatric Services		- 1		30,000	\$30,000
1092	Medication Supports		- 1		250	\$250
1093	Other - One Time Emergency Housing			10,000		\$10,000
ENVER	SPECIAL EXPENSES TOTAL			\$24,620	\$33,130	\$57,750
700	ASSETS:					
1190	Computers & Software			1,200	400	\$1,600
	FIXED ASSETS TOTAL		1	\$1,200	\$400	\$1,600
	EDI-CAL CLIENT SUPPORT EXPENSES:	_				
2000	Client Housing Support Expenditures (SFC 70)		1		50,000	\$50,000
	Clothing, Food & Hygiene (SFC 72)		- 1	2,500		\$2,500
	Client Transportation & Support (SFC 72)			10,000		\$10,000
	Education Support (SFC 72)			500		\$500
2002.4	Employment Support (SFC 72)  NON MEDI-CAL CLIENT SUPPORT TOTAL			500	250 000	\$500
		AM EVD	NOTO	\$13,500	\$50,000	\$63,500
	TOTAL PROGR	(AW EXP	=N2E2	\$410,777	\$179,405	\$590,182
			L	69.60%	30.40%	
				OEL	SMHS	Total
		Units of	$\overline{}$			
MEDI-0	CAL REVENUE:	Service	Rate	\$ Amount	\$ Amount	Total
3000	Mental Health Services	2101	4.50		9,455	\$9,455
3100	Case Management	8,651	\$3,75		32,441	\$32,441
3200	Crisis Services	200	\$6.75		1,350	\$1,350
3300	Medication Support	3,100	\$8.00		24,800	\$24,800
3400	Collateral	2,100	\$4.50		9,450	<b>\$9,45</b> 0
3500	Plan Development	4,201	\$4.50		18,905	\$18,905
3600	Assessment	4,200	\$4.50		18,900	\$18,900
3700	Rehabilitation	4,200	\$4.50		18,900	\$18,900
	(Vertabilitation)		7			
	Estimated Medi-Cal Billing Totals		,	\$0	\$134,200	\$134,200
		26,652	75.00%	\$0		
	Estimated Medi-Cal Billing Totals	26,652		\$0	\$134,200	\$134,200
	Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement	26,652	75.00%	\$0 \$0	\$134,200	\$134,200
	Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL	26,652	75.00%		\$134,200 \$100,649	\$134,200 \$100,649
OTHER	Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL REVENUE:	26,652	75.00%	\$0.	\$134,200 \$100,649	\$134,200 \$100,649 \$100,649
OTHEF	Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  R REVENUE: Other - PATH	26,652	75.00%		\$134,200 \$100,649 \$100,649	\$134,200 \$100,649 \$100,649 \$307,403
OTHEF	Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE: Other - PATH Other - Client Reimbursements	26,652	75.00%	\$0 307,403	\$134,200 \$100,649 \$100,649	\$134,200 \$100,649 \$100,649 \$307,403 \$9,000
OTHEF 4000 4100	Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  R REVENUE: Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL	26,652	75.00%	\$0.	\$134,200 \$100,649 \$100,649	\$134,200 \$100,649 \$100,649 \$307,403
OTHEF 4000 4100 MHSA	Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  R REVENUE: Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL FUNDS:	26,652	75.00%	\$0 307,403 \$307,403	\$134,200 \$100,649 \$100,649 	\$134,200 \$100,649 \$100,649 \$307,403 \$9,000 \$316,403
OTHEF 4000 4100 MHSA	Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  R REVENUE: Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL FUNDS: Community Services & Supports Funds	26,652	75.00%	\$0 307,403 \$307,403 103,374	\$134,200 \$100,649 \$100,649 9,000 \$9,000	\$134,200 \$100,649 \$100,649 \$307,403 \$9,000 \$316,403
OTHEF 4000 4100	Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  R REVENUE: Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL FUNDS:	26,652	75.00% 100.00%	\$0 307,403 \$307,403	\$134,200 \$100,649 \$100,649 	\$134,200 \$100,649 \$100,649 \$307,403 \$9,000 \$316,403

## Projects for Assistance Transitions from Homelessness(PATH) Kings View Corporation FISCAL YEAR 2019 - 2020

Budget Categories -		Total Proposed Budget						
l		0EL	SMHS	OEL				
Line Item Description (Must be itemized)		FTE %	FTE %	Admin	OEL	SMHS Admin	SMHS	Total
PERSONNEL SALARIES:								
0001	Program Direction	0.028	0.003		5,410		627	\$6,037
0002	Program Manager	0,50	0.047		57,500		5,400	\$62,900
0003	Case Managers	1.20	0.80		55,572		37,047	\$92,619
0004	Outreach Engagement Linkage (OEL)	2.00			70,217			\$70,217
0005	Financial Analyst	0.07	0.0010	3,419		54	1	\$3,473
	Administrative Support	0.26	0.08	11,227		3,456		\$14,683
0006	Operations Manager	0.04	0.00	2,633		68		\$2,701
0007	Title							\$0
	SALARY TOTAL	4.09	0.93	\$20	5,978	\$46,652		\$252,630
PAYRO	LL TAXES:							17
0031	FICA/MEDICARE			1,322	14,435	254	3,315	\$19,326
0032	SUI			173	1,887	33	434	\$2,527
0033	Workers Compensation			432	4,717	83	1,083	\$6,315
PAYROLL TAX TOTAL			\$22,966		\$5,202		\$28,168	
<b>EMPLO</b>	YEE BENEFITS:							
0041	Retirement			219	2,397	45	547	\$3,208
0042	Health Insurance (medical, vision, life, dental)			2,678	29,249	555	6,676	\$39,158
EMPLOYEE BENEFITS TOTAL		\$34,543		\$7,823		\$42,366		
	SALARY & BENEFITS GRAND TOTAL	•		\$26	3,487	\$59,	677	\$323,164

FACIL	ITIES/EQUIPMENT EXPENSES:	OEL	SMHS	Total
1010	Rent/Lease Building	21,990	3,810	\$25,800
1011	Rent/Lease Equipment	2,706	594	\$3,300
1012	Utilities	3,280	820	\$4,100
1013	Building Maintenance	4,510	1,034	\$5,544
1015	Rent/Lease Vehicles	10,840	4,010	\$14,850
	FACILITY/EQUIPMENT TOTAL	\$43,326	\$10,268	\$53,594
OPER	ATING EXPENSES:			
1060	Telephone	5,280	3,660	\$8,940
1062	Postage	100	30	\$130
1066	Office Supplies & Equipment	5,788	1,464	\$7,252
1069	Program Supplies - Therapeutic		1,200	\$1,200
1072	Staff Mileage/vehicle maintenance	3,650	1,250	\$4,900
1076	Other - Program Supplies - Outreach	4,400		\$4,400
1077	Other - Staff Recruitment/Background Checks	800	200	\$1,000
	OPERATING EXPENSES TOTAL	\$20,018	\$7,804	\$27,822

FINANC	CIAL SERVICES EXPENSES:					
1082	Liability Insurance		T I	3,650	1,350	\$5,000
1083	Administrative Overhead			37,342	16,310	\$53,652
1085	Professional Liability Insurance			3,034	666	\$3,700
	FINANCIAL SERVICES TOTAL			\$44,026	\$18,326	\$62,352
SPECIA	AL EXPENSES (Consultant/Etc.):			·		
1090	Consultant (network & data management)			13,120	2,880	\$16,000
1091	HMIS		1	1,500		\$1,500
1091	Psychiatrist				30,000	\$30,000
1092	Medication Supports				250	\$250
1093	Other - One Time Emergency Housing			10,000		\$10,000
	SPECIAL EXPENSES TOTAL			\$24,620	\$33,130	\$57,750
FIXED A	ASSETS.					
1190	Computers & Software			1,400	200	\$1,600
	FIXED ASSETS TOTAL		i	\$1,400	\$200	\$1,600
M NON	EDI-CAL CLIENT SUPPORT EXPENSES					
2000	Client Housing Support Expenditures (SFC 70)			Ï	50,000	\$50,000
2002.1	Clothing, Food & Hygiene (SFC 72)		-	2,500		\$2,500
2002.2	Client Transportation & Support (SFC 72)		:	10,400		\$10,400
2002.3	Education Support (SFC 72)			500		\$500
2002.4	Employment Support (SFC 72)			500		\$500
	NON MEDI-CAL CLIENT SUPPORT TOTAL			\$13,900	\$50,000	\$63,900
	TOTAL PROGR	AM EXP	ENSES	\$410,777	\$179,405	\$590,182
			r	69.60%	30.40%	
			_			
			Г	051	CANUC	7-4-1
			Γ	OEL	SMHS	Total
		Units of		OEL	SMHS	Total
MEDI-C	CAL REVENUE:	Units of Service	Rate	OEL \$ Amount	SMHS \$ Amount	Total
MEDI-0	CAL REVENUE:  Mental Health Services		Rate 4,50			
	Mental Health Services	Service 2101	<u> </u>		\$ Amount	Total
3000	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Service	4.50		\$ Amount 9,455	Total \$9,455
3000 3100	Mental Health Services Case Management	Service 2101 8,651	4.50 \$3.75		\$ Amount 9,455 32,441	Total \$9,455 \$32,441
3000 3100 3200	Mental Health Services Case Management Crisis Services	2101 8,651 200	4,50 \$3.75 \$6.75		\$ Amount 9,455 32,441 1,350	Total \$9,455 \$32,441 \$1,350
3000 3100 3200 3300	Mental Health Services Case Management Crisis Services Medication Support	2101 8,651 200 3,100	4,50 \$3,75 \$6,75 \$8,00		\$ Amount 9,455 32,441 1,350 24,800	Total \$9,455 \$32,441 \$1,350 \$24,800
3000 3100 3200 3300 3400	Mental Health Services Case Management Crisis Services Medication Support Collateral	2101 8,651 200 3,100 2,100	4,50 \$3,75 \$6,75 \$8,00 \$4,50		\$ Amount 9,455 32,441 1,350 24,800 9,450	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900
3000 3100 3200 3300 3400 3500	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development	2101 8,651 200 3,100 2,100 4,201	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50		\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4.50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50		\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation Estimated Medi-Cal Billing Totals	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$ Amount	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$18,900
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50 \$4,50	\$ Amount	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$18,900 \$134,200
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation Estimated Medi-Cal Billing Totals	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3.75 \$6.75 \$8.00 \$4.50 \$4.50 \$4.50 \$4.50	\$ Amount	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$18,900 \$134,200 \$100,649
3000 3100 3200 3300 3400 3500 3600	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50 \$4,50	\$ Amount	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$18,900 \$134,200
3000 3100 3200 3300 3400 3500 3600 3700	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals  Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50 \$4,50	\$ Amount	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$18,900 \$134,200 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals  Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50 \$4,50	\$ Amount \$0	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$18,900 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700 OTHEF	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals  Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  R REVENUE: Other - PATH	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50 \$4,50	\$ Amount	\$ Amount 9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,900 \$18,900 \$134,200 \$100,649 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals  Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE: Other - PATH Other - Client Reimbursements	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50 \$4,50	\$ Amount \$0 \$0 307,403	\$ Amount  9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649  \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$184,200 \$100,649 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700 OTHEF 4000 4100	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE: Other - PATH Other - Client Reimbursements OTHER REVENUE TOTAL	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50 \$4,50	\$ Amount \$0	\$ Amount  9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,900 \$18,900 \$134,200 \$100,649 \$100,649
3000 3100 3200 3300 3400 3500 3600 3700 OTHEF 4000 4100	Mental Health Services Case Management Crisis Services Medication Support Collateral Plan Development Assessment Rehabilitation  Estimated Medi-Cal Billing Totals  Estimated % of Federal Financial Participation Reimbursement Estimated % of Clients Served that will be Medi-Cal Eligible MEDI-CAL REVENUE TOTAL  REVENUE: Other - PATH Other - Client Reimbursements	2101 8,651 200 3,100 2,100 4,201 4,200 4,200	4,50 \$3,75 \$6,75 \$8,00 \$4,50 \$4,50 \$4,50 \$4,50	\$ Amount \$0 \$0 307,403	\$ Amount  9,455 32,441 1,350 24,800 9,450 18,905 18,900 18,900 \$134,200 \$100,649  \$100,649	Total \$9,455 \$32,441 \$1,350 \$24,800 \$9,450 \$18,905 \$18,900 \$184,200 \$100,649 \$100,649