

FIRST AMENDMENT TO AGREEMENT FOR SHORT-DOYLE AND MENTAL HEALTH SERVICES ACT (MHSA) SUPPORTIVE HOUSING SERVICES BETWEEN THE COUNTY OF SANTA CLARA AND ABODE SERVICES FOR FISCAL YEAR 2020

The Agreement between County of Santa Clara (“COUNTY”), a political subdivision of the State of California, and Abode Services (“CONTRACTOR”) is hereby amended as follows effective July 1, 2019:

1. The following Exhibits are hereby added to **Section I. SCOPE**:

Exhibit (FY20) A5 Renascent Place Permanent Supportive Housing Program, U-TBD

Exhibit (FY20) B5 Estimated Budget, Renascent Place Permanent Supportive Housing Program, U-TBD

2. The following Exhibits are hereby replaced in their entirety under **Section I. SCOPE**:

Exhibit (FY20) B-Summary Program Budget Summary

Exhibit (FY20) 1 Caseloads

Exhibit (FY20) 2 Staffing

Except as set forth herein, all other terms and conditions of the Agreement shall remain in full force and effect; provided, however, in the event of any conflict between the terms of this FIRST Amendment and the Agreement, the terms of this FIRST Amendment shall control. The Agreement as amended by this FIRST Amendment constitutes the entire Agreement of the parties concerning the subject matter herein and supersedes all prior oral and written agreements, representations, and understandings concerning such subject matter.

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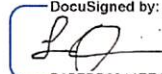
Approved: 08/13/2019

IN WITNESS HEREOF, the parties execute this FIRST Amendment as follows:

COUNTY OF SANTA CLARA

ABODE SERVICES


AUG 13 2019
S. Joseph Simitian, President Date
Board of Supervisors, County of Santa Clara

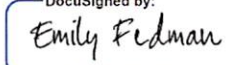
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6/27/2019
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Louis Chicoine Date
Executive Officer

Signed and certified that a copy of this document has been delivered by electronic or other means to the President, Board of Supervisors.

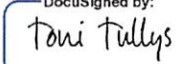
Attest:


AUG 13 2019
Megan Doyle Date
Clerk of the Board of Supervisors


APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

7/9/2019
BEECD44FA6BA42B...
Emily L. Fedman Date
Deputy County Counsel

APPROVED:

DocuSigned by:

7/9/2019
AB2AABE6ED30409...
Toni Tullys, MPA Date
Director, Behavioral Health Services Department

APPROVED:

DocuSigned by:

7/15/2019
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John Cookinham Date
Chief Financial Officer
County of Santa Clara Health System

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EXHIBIT (FY20) A5
August 13, 2019 – June 30, 2020

Contractor Name	Abode Services
Reporting Unit	U-TBD
Program Name	Renascent Place Permanent Supportive Housing Program
Program Location Address	2450 Senter Road San Jose, CA 95111
Program Contact Person	Kara Carnahan
Program Contact Person Telephone	(510) 270-1190
COUNTY Program Contact	Lauren Gavin (408) 793-2549

I. Program Goals and Outcomes

A. Goals

1. The COUNTY's Renascent Place Permanent Supportive Housing (PSH) program (the program) is funded under the County General Fund. The CONTRACTOR shall implement the program in accordance with California Code of Regulations (CCR) Title 9, division 1 and 24, and Code of Federal Regulations (CFR) 583.
2. The CONTRACTOR shall align the program to achieve these goals:
 - a. Reduce subjective suffering from mental illness
 - b. Increase meaningful use of time and capabilities in school, work, and activity
 - c. Reduce homelessness and increase safe and permanent housing
 - d. Increase access to substance abuse treatment
 - e. Increase natural networks of supportive relationships
 - f. Reduce incarceration/criminal justice involvement
 - g. Increase self-help and client/family involvement
 - h. Reduce stigma and discrimination
 - i. Reduce and/or prevent suicide risk
 - j. Increase the quality of services, including better outcomes
 - k. Enable families to provide a safe, stable, loving, and stimulating environment at home

B. Performance Targets, Metrics & Improvement Objectives

1. Service Delivery (Capacity)
 - a. The CONTRACTOR shall provide services to specific populations identified in Section III: Target Population of this Exhibit.
 - b. The CONTRACTOR shall provide services to the number of clients/caseload listed in Section III: Target Population of this Exhibit.
 - c. The CONTRACTOR shall provide the number of units of service (UOS) reflected in the budget exhibit for this program.
 - d. The CONTRACTOR shall meet staffing requirements as specified in Section IV: Staffing Requirements of this Exhibit.

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2. Performance Measures:

- a. 80% of clients enrolled in Intensive Case Management (ICM) will work with the Intensive Case Manager aggressively to obtain housing within sixty (60) days of enrollment.
- b. 75% of clients enrolled in ICM will have access to sufficient resources to meet their basic needs.
- c. 75% of clients will have incomes equal to or greater than \$850 per month within one hundred eighty (180) days of enrollment in ICM.
- d. 100% of clients enrolled in ICM will be connected to a medical home within sixty (60) days.
- e. 75% of clients in need of behavioral health services will be referred to and/or assisted to utilize behavioral health services within ninety (90) days of being housed.

C. Measurement Method

1. Quarterly Reviews: The CONTRACTOR shall submit a quarterly report demonstrating performance in the above metrics. The CONTRACTOR will review run charts that demonstrate monthly performance from the start date of the contracted services and will include discussion of improvement activities related to the targeted performance.
2. Quality Improvement Plan (QIP): The CONTRACTOR will submit an annual QIP for review and approval as set forth by the COUNTY. The CONTRACTOR will assess performance per above targets, metrics and improvement objectives, and address needed improvements in the QIP.
3. The CONTRACTOR shall follow the COUNTY's data reporting requirements (described in Section V of this Exhibit). Methods may include collection and reporting of the following data:
 - a. Client and Service Information (CSI) data
 - b. COUNTY data system
 - c. Data Collection & Reporting (DCR) data
 - d. Milestones of Recovery Scale (MORS)
 - e. Homeless Management Information Systems (HMIS)
 - f. Service Prioritization Decision Assessment Tool (SPDAT)
 - g. Other data reporting requirements as requested by the Behavioral Health Services Department (BHSD)

II. Program Description

- A. Intent: The program is intended to provide ICM services for chronically homeless individuals and families who will become tenants of the Renascent Place Development.
- B. The program utilizes the United States Department of Housing and Urban Development's (HUD) definition of chronic homeless as published in the Federal Register on December 4, 2015 in 24 CFR Parts 91 and 578. Chronically homeless individuals and families are defined as follows:
 1. An individual or family who
 - a. Is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter;
 - b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter continuously for at least one (1) year or on at least four (4) separate occasions in the last three (3) years that totals to one (1) year; and

- c. Can be diagnosed with one (1) or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of two (2) or more of those conditions.
2. An individual is a person who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, for fewer than ninety (90) days and met all of the criteria in Section II(B)(1) of this Exhibit, before entering that facility.
 3. A family is a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in Section II (B) (1) of this Exhibit, including a family whose composition has fluctuated while the head of household has been homeless.
- C. Description of Services
1. Supportive Services and Housing Assistance
 - a. Assessment and Planning
 - 1) Conduct assessments to identify needs, eligibility for entitlement programs (e.g., General Assistance), and self-sufficiency needs;
 - 2) Maintain appropriate levels of engagement and sustain client's belief in recovery; and
 - 3) Develop client-centered service plans to obtain and retain housing, improve health conditions, improve daily living activities, increase meaningful daily activities, and to achieve long-term stability.
 - b. Housing Attainment and Retention
 - 1) Help clients obtain and maintain permanent housing by assisting with rental application processes, appeals, and making referrals to services that would facilitate tenancy (e.g., financial education programs for those who have been accepted on a credit appeal);
 - 2) Assist clients with their move-ins including coordinating furniture and move-in kits;
 - 3) Prior to and during tenancy, provide clients with the skills/knowledge that are necessary to be successful tenants;
 - 4) Mediate disputes between the participant, property management and/or other residents;
 - 5) Respond to crises identified by the client, the property management/owner, or other persons (as appropriate) within one (1) business day; and
 - 6) Perform wellness checks when needed.
 - c. Health and Behavioral Health
 - 1) Provide or help clients access primary care, specialty care, dental care, and behavioral health services; and
 - 2) Coordinate health services or support health care providers in their efforts to coordinate health services.
 - d. Income and Other Supportive Services
 - 1) Assist clients in applying for assistance programs, including but not limited to, benefits, entitlement programs assistance, and utilities discounts;

- 2) Help clients access employment services, job training, and/or volunteering opportunities;
 - 3) Identify, encourage, and help clients connect to social support networks; and
 - 4) Assist clients with transportation needs.
- e. Other
- 1) Oversee the transfer of clients to step-down programs when their stability and health no longer necessitate ICM services;
 - 2) Provide reports and data, as requested, based on services and referrals provided;
 - 3) Reconnect participants to ICM services when warranted by the status of their tenancy and/or their health conditions;
 - 4) Record all services in HMIS or other management information system; and
 - 5) Adhere to HMIS standards:
 - a) Collect and maintain all client records in HMIS;
 - b) Enter data into the HMIS within 24-hours of enrollment, complete the Standardized Client Informed Consent & Release of Information Authorization form in accordance with HMIS policies;
 - c) Ensure the accuracy of information entered into HMIS;
 - d) Create, maintain, and secure onsite client files;
 - e) Complete the SPDAT on enrolled clients quarterly; and
 - f) Run reports through HMIS to verify client's current status and program involvement.

2. Housing

- a. The CONTRACTOR's clients will have access to various rental subsidies or subsidized units, some of which may be provided by the COUNTY. The CONTRACTOR is not expected to administer rental subsidies or payments. For its chronically homeless clients, the program may have access to rental subsidies and other permanent housing resources available through the Care Coordination Project.
- b. The CONTRACTOR will also be the primary service provider for one hundred sixty (160) chronically homeless individuals who become tenants of the program. The program will have one hundred sixty (160) units for chronically homeless individuals. These units are subsidized with project-based vouchers from the Housing Authority of the County of Santa Clara (HACSC).
 - 1) The CONTRACTOR shall maintain an office in coordination with the program's property manager. The CONTRACTOR shall maintain the program's office hours to at least forty (40) hours per week, including time spent assisting clients with appointments.
 - 2) The CONTRACTOR shall coordinate services with the program's property manager and resident services staff. Coordination among the ICMs, property management, and resident services is intended to improve housing stability among chronically homeless tenants and to maintain a safe and harmonious living environment for all residents at the program. To support these goals, the CONTRACTOR's coordination activities shall include, but are not limited to, the following:
 - a) (For the one hundred sixty [160] units) Working as a team to meet initial lease-up goals and to fill vacant units as quickly as possible;

- b) With appropriate releases in place, participating in joint meetings and case conferencing; and
- c) Establishing and refining operating policies and procedures to support effective and efficient operations and communication.

D. Person-Centered Approach

The CONTRACTOR will utilize a person-centered approach that will include the use of Transformational Care Planning (TCP). The CONTRACTOR will implement TCP as the model for service delivery and treatment/care planning. All clinical staff will be trained in TCP and will practice to TCP standards and philosophy. Staff will develop a case formulation and TCP treatment/care plan as delineated in the BHSD's TCP curriculum. The BHSD will offer TCP training and support for training trainers. The CONTRACTOR will be responsible for ensuring their staff is trained.

E. Discharge from Services

Clients shall not be discharged without consultation and approval from the Care Coordination Project Manager or COUNTY Supportive Housing Services Manager.

F. Referrals

1. The CONTRACTOR will accept referrals from the Care Coordination Project Manager. All referrals will come from the community queue in HMIS.
2. The CONTRACTOR will comply with a Feedback Loop Process to ensure that referral sources are notified of the status of the referral, provided the appropriate sections of the Assessment, and informed of outcomes and/or next steps.

G. Cultural and Linguistic Skills

1. At a minimum, services shall be made available in the six (6) threshold languages (Spanish, Vietnamese, Mandarin, Tagalog, Cantonese, and Farsi).
2. The CONTRACTOR shall describe their ability to meet these cultural and linguistic requirements both ongoing and during periods where there are gaps in care due to unplanned circumstances within their agencies.
3. The CONTRACTOR shall have the capability to provide an interpreter for non-English speaking participants as needed.
4. The CONTRACTOR shall describe their efforts to acquire and maintain appropriate staffing in order to meet the needs of the diverse population of Santa Clara County.

H. Assessment of Placement and Disruption of Placement

1. The CONTRACTOR shall monitor licensed and unlicensed facilities where Santa Clara County beneficiaries are placed with a frequency of at least once quarterly.
2. The CONTRACTOR will monitor licensed and unlicensed facilities using a County-provided template, which will assist in the inspection of the facility for health and safety, as well as requirements for a therapeutic milieu.
3. The CONTRACTOR at the completion of each quarterly site visit will provide and review the findings with the BHSD Division Director or designated BHSD staff, consulting as needed on an environment of care issues, and client complaints, etc.
4. The CONTRACTOR will notify the BHSD Division Director or designated BHSD staff immediately in the event of client safety issues, a negative CCR inspection, or any irregularities that might harm Santa Clara County clients.

III. Target Population

The target population is chronically homeless individuals and families who will become tenants of the Renascent Place development.

IV. Staffing Requirement

- A. The CONTRACTOR shall maintain the projected staffing as specified in Exhibit (FY20) 2 Staffing of this Agreement.
- B. The CONTRACTOR's staffing updates will be submitted to the BHSD on provided templates. If there is a staffing change in between reporting periods, the CONTRACTOR will notify the BHSD of the change, in a timely manner.
 1. Notice of changes in key personnel. The CONTRACTOR shall inform the BHSD Director, in writing, of any changes to the CONTRACTOR's Executive Director, Program Director, or fiscal staff.
 2. Notice of changes in direct service staff.
 - a. The CONTRACTOR shall inform the BHSD in writing, by email, of any changes in the CONTRACTOR's clinical staff through the use and submission of the Personnel Action Request County/Contract Agencies (PARCCA) form within three (3) business days of a program staffing change occurrence (e.g., new hire, departure, etc.). The current form is available on <https://www.sccgov.org/sites/bhd-p/QI/DecisionSupport/Pages/DecisionSupport.aspx>.
 - b. A Staff Certification Report must be submitted to the BHSD Contract Monitor on a quarterly basis.
 - 1) Reduction or elimination in the full time equivalent (FTE) of program staff requires prior approval of the BHSD Director or designee.
 - 2) The CONTRACTOR shall notify the BHSD Director or designee of any changes in program staff that affect the ability to provide services in languages specified in this AGREEMENT. This includes new personnel as a result of new hire or turnover for counseling positions. The CONTRACTOR shall send documentation of certification/registration/license to the BHSD.
- C. Clinical Supervision
 1. As the system moves toward a more robust clinical supervision model and training program, the CONTRACTOR at a minimum will adhere to the following:
 - a. The CONTRACTOR will provide consistent, scheduled, and structured clinical supervision integrating principles of reflective practice facilitation and in accordance with the BHSD Clinical Supervision standards, which can be found here: <https://www.sccgov.org/sites/bhd/partners/Initiatives/ClinicalSupervision/Pages/Clinical-Supervision-Workgroup.aspx>
 - 1) Unlicensed staff on licensure track receive supervision in accordance to their licensure board requirements
 - 2) Licensed staff receive one (1) unit of supervision two (2) times/month
 - 3) Paraprofessionals and other practitioners receive one (1) unit of supervision weekly
 - 4) One (1) unit of supervision is defined as one (1) hour of individual or two (2) hours of group supervision
 - b. The number of supervisees assigned to a supervisor should be tied to licensure regulations, level of expertise and experience, years of professional practice, comfort level, complexity and intensity of services, qualifications, etc.
 - c. The CONTRACTOR will ensure that clinical supervisors receive supervision and feedback related to their supervision of direct service staff at a minimum monthly.

- d. The CONTRACTOR's service provider staff will participate in the 1-day training on Reflective Practice provided by the BHSD.
- e. The CONTRACTOR's clinical supervisors will participate in the 2-day training on Reflective Practice Facilitation provided by the BHSD.

V. Data Reporting Requirements

- A. The CONTRACTOR is required to enter into the HMIS database all relevant information for the program participants, including the SPDAT, and to provide the appropriate reports on a timely basis. In addition, the CONTRACTOR will be required to enter in the COUNTY data system under the appropriate U-Code all relevant services and activities. These services will include: crisis intervention, medication management, and case management. The CONTRACTOR will provide reports as requested to the BHSD.
- B. Data Submission
 - 1. The CONTRACTOR shall collect treatment and service data for outcomes data reporting.
 - 2. When applicable, other data collection methods may include but not is limited to entering data into a database as specified by the COUNTY and electronic submission of data to the COUNTY using other formats such as Microsoft Excel.

VI. Training

- A. The CONTRACTOR will send all intensive case managers to required trainings for Care Coordination Project case management.
- B. The BHSD Co-Occurring standards expects all paraprofessional and professional practitioners to have the minimal core skills and trained according to the following 3-core skill levels:
 - 1. Co-Occurring Informed: This level of practice identifies the core skills needed to support treatment. At this level, the skills needed within the following domains were identified: screening, engagement, readiness and retention, education, advocacy, and collaboration.
 - 2. Co-Occurring Capable: This level of practice identifies the core skills needed to provide an integrated assessment and provide treatment to clients and their families facing mild to moderate co-occurring disorders. The domains identified for this level are: screening, assessment and diagnosis, and co-occurring capable treatment.
 - 3. Co-Occurring Enhanced: This level of practice identifies the expertise needed to provide fully integrated treatment to clients and their families challenged with moderate to severe co-occurring disorders. In this category the identified domains are: assessment and diagnosis, and integrated treatment.
- C. The CONTRACTOR will ensure that their program maintains appropriate levels of trained staff at each of the 3-core skill levels identified above.
- D. The BHSD will implement trainings to assist the CONTRACTOR in meeting these training standards which are outlined within the BHSD Behavioral Health Integration Core Skills and Training Recommendations Document.
- E. The CONTRACTOR may choose to attend co-occurring trainings outside of the BHSD network, however any training received must be in accordance with the BHSD standards as indicated within the BHSD Core Skills and Training Recommendations Document. During the quarterly contract performance review meetings, the CONTRACTOR will be expected to present documentation which demonstrates program staff are meeting and/or have acquired the level of co-occurring practice for their respective discipline.

VII. Client Satisfaction Survey

At least once, on an annual basis, the CONTRACTOR will conduct a Client Satisfaction Survey, and administer it to program participants and provide a summary of the results to the BHSD so

that feedback and input can be incorporated as appropriate for ongoing quality improvement efforts.

EXHIBIT (FY2020) B - Summary, Supportive Housing Services Division's Short-Doyle/MHSA

FY2020

SUBMISSION DATE: 6/17/19

July 1, 2019 - June 30, 2020

AGENCY NAME: Abode Services

SUBDIVISION: OSH, Adult
Cost Center 4391

	MAXIMUM FINANCIAL OBLIGATION	TOTAL		
	FEDERAL MEDI-CAL AMOUNT*	\$ 374,800		
	COUNTY GENERAL FUND	\$ 957,155		
	STATE EPSDT REVENUE	\$ -		
	MHSA	\$ -		
	OTHER	\$ 710,568		
	MAXIMUM FINANCIAL OBLIGATION	\$ 2,042,523		

SUBDIVISION: CGF, Eagle Park
Cost Center 4391

	MAXIMUM FINANCIAL OBLIGATION	TOTAL		
	FEDERAL MEDI-CAL AMOUNT*	\$ -		
	COUNTY GENERAL FUND	\$ 125,000		
	STATE EPSDT REVENUE	\$ -		
	MHSA	\$ -		
	OTHER	\$ -		
	MAXIMUM FINANCIAL OBLIGATION	\$ 125,000		

SUBDIVISION: HMIOT, OUT for Homeless MI
Cost Center 4391

	MAXIMUM FINANCIAL OBLIGATION	TOTAL		
	FEDERAL MEDI-CAL AMOUNT*	\$ -		
	COUNTY GENERAL FUND	\$ -		
	STATE EPSDT REVENUE	\$ -		
	MHSA	\$ -		
	OTHER	\$ 515,000		
	MAXIMUM FINANCIAL OBLIGATION	\$ 515,000		

SUBDIVISION: OSH, Renascent Place
Cost Center 4391

	MAXIMUM FINANCIAL OBLIGATION	TOTAL		
	FEDERAL MEDI-CAL AMOUNT*	\$ 229,167		
	COUNTY GENERAL FUND	\$ 825,075		
	STATE EPSDT REVENUE	\$ -		
	MHSA	\$ -		
	OTHER	\$ 559,092		
	MAXIMUM FINANCIAL OBLIGATION	\$ 1,613,334		

AGENCY TOTAL

	MAXIMUM FINANCIAL OBLIGATION	TOTAL		
	FEDERAL MEDI-CAL AMOUNT*	\$ 603,967		
	COUNTY GENERAL FUND	\$ 1,907,230		
	STATE EPSDT REVENUE	\$ -		
	MHSA	\$ -		
	OTHER	\$ 1,784,660		
	MAXIMUM FINANCIAL OBLIGATION	\$ 4,295,857		

FY2020 Agreement:: Establish MFO (Maximum Financial Obligation)
VERSION 20-01: Addition of Renascent Place

SUBDIVISION: OSH, Renascent Place

REPORTING UNIT	MODE/ SERVICE FUNCTION	SERVICE FUNCTION NAME	PROGRAM NAME	UNITS OF SERVICE	RATE PER UNIT	MEDI-CAL FFP	EPSDT REVENUE	BASE COUNTY CONTRIBUTION	HUD OTHER REVENUE	TOTAL PROGRAM COSTS
U-TBD	15	Case Management, Brokerage	Outpatient Services	70.00%						
	15:01-06, 08-09	Medi-Cal/ FFP, County Match, EPSDT	CGF, Renascent Place	107,295	\$ 2.71	\$ 145,385	\$ -	\$ 145,385	\$ -	\$ 290,770
		Other/County		40,772	\$ 2.71	\$ -	\$ -	\$ 110,492	\$ -	\$ 110,492
		Total		148,067		\$ 145,385	\$ -	\$ 255,877	\$ -	\$ 401,262
U-TBD	15	Mental Health Services	Outpatient Services	28.00%						
	15:10-56, 59	Medi-Cal/ FFP, County Match, EPSDT	CGF, Renascent Place	42,918	\$ 3.46	\$ 74,248	\$ -	\$ 74,248	\$ -	\$ 148,496
		Other/County		16,309	\$ 3.46	\$ -	\$ -	\$ 56,429	\$ -	\$ 56,429
		Total		59,227		\$ 74,248	\$ -	\$ 130,677	\$ -	\$ 204,925
U-TBD	15	Medication Support	Outpatient Services	1.00%						
	15:60-69	Medi-Cal/ FFP, County Match, EPSDT	CGF, Renascent Place	1,533	\$ 6.85	\$ 5,250	\$ -	\$ 5,250	\$ -	\$ 10,500
		Other/County		582	\$ 6.85	\$ -	\$ -	\$ 3,990	\$ -	\$ 3,990
		Total		2,115		\$ 5,250	\$ -	\$ 9,240	\$ -	\$ 14,490
U-TBD	15	Crisis Intervention	Outpatient Services	1.00%						
	15:70-79	Medi-Cal/ FFP, County Match, EPSDT	CGF, Renascent Place	1,533	\$ 5.59	\$ 4,284	\$ -	\$ 4,284	\$ -	\$ 8,568
		Other/County		582	\$ 5.59	\$ -	\$ -	\$ 3,256	\$ -	\$ 3,256
		Total		2,115		\$ 4,284	\$ -	\$ 7,540	\$ -	\$ 11,824
U-TBD		Cost Reimbursement	CGF, Renascent Place							
	PAS-2	Medi-Cal/ FFP, County Match, EPSDT	CGF, Renascent Place	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		Other/County		-	\$ -	\$ -	\$ -	\$ 293,408	\$ 559,092	\$ 852,500
		Total		-		\$ -	\$ -	\$ 293,408	\$ 559,092	\$ 852,500
U-TBD	60	Client Flexible Support Expenditures	CGF, Renascent Place							
	60:72	Medi-Cal/ FFP, County Match, EPSDT	CGF, Renascent Place	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		Other/County		-	\$ -	\$ -	\$ -	\$ 128,333	\$ -	\$ 128,333
		Total		-		\$ -	\$ -	\$ 128,333	\$ -	\$ 128,333
Direct Service Parameters										
160 <---Active Caseload										
2.00 hrs <---Average Dosage/Month/Client										
TOTAL ESTIMATE						211,524	\$ 229,167	\$ 825,075	\$ 559,092	\$ 1,613,334
MFO (Maximum Financial Obligation)						TOTAL				
FEDERAL MEDI-CAL AMOUNT (FFP)*						\$ 229,167				
COUNTY GENERAL FUND						\$ 825,075				
STATE EPSDT REVENUE						\$ -				
MHSA REVENUE						\$ -				
OTHER						\$ 559,092				
MFO (Maximum Financial Obligation)						\$ 1,613,334				Cost Center 4391

Prepared by Elaine Tsai

EXHIBIT (FY20) 1 CASELOADS

Exhibit A1	
July 1, 2019 - June 30, 2020	
CONTRACTOR	Abode Services
Division	Supportive Housing Services
Reporting Unit	U-381,U-2006
Program Name	Chronically Homeless Veterans Program
Location	40849 Fremont Blvd. Fremont CA, 94538
Program Monitor	Lauren Gavin (408) 793-2549

Expected Caseload

Reporting Unit #	U-381, U-2006
Active Caseload	60
Clients Per Year	60
Length of Stay (LOS)	12 months
Dosage	3.52 hours
LOS Comments:	Not applicable
Dosage Comments:	Not applicable

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Exhibit A2
July 1, 2019 - June 30, 2020

CONTRACTOR	Abode Services
Division	Supportive Housing Services
Reporting Unit	U-TBD
Program Name	Second Street Studios Permanent Supportive Housing Program
Location	40849 Fremont Blvd. Fremont, CA 94538
Program Monitor	Lauren Gavin (408) 793-2549

Expected Caseload

Reporting Unit #	U-TBD
Active Caseload	134
Clients Per Year	134
Length of Stay (LOS)	12 months
Dosage	0.99 hours
LOS Comments:	Not applicable
Dosage Comments:	Not applicable

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**Exhibit A3
July 1, 2019 - June 30, 2020**

CONTRACTOR	Abode Services
Division	Supportive Housing Services
Reporting Unit	Not applicable
Program Name	Eagle Park Permanent Supportive Housing Program
Location	40849 Fremont Blvd. Fremont, CA 94538
Program Monitor	Lauren Gavin (408) 793-2549

Expected Caseload

Reporting Unit #	Not applicable
Active Caseload	
Clients Per Year	
Length of Stay (LOS)	
Dosage	
LOS Comments: Not applicable	
Dosage Comments: Not applicable	

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**Exhibit A4
July 1, 2019 - June 30, 2020**

CONTRACTOR	Abode Services
Division	Supportive Housing Services
Reporting Unit	Not applicable
Program Name	Homeless Mentally Ill Outreach and Treatment Program
Location	40849 Fremont Blvd. Fremont, CA 94538
Program Monitor	Lauren Gavin (408) 793-2549

Expected Caseload

Reporting Unit #	Not applicable
Active Caseload	
Clients Per Year	
Length of Stay (LOS)	
Dosage	
LOS Comments: Not applicable	
Dosage Comments: Not applicable	

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Exhibit A5
August 13, 2019 - June 30, 2020

CONTRACTOR	Abode Services
Division	Supportive Housing Services
Reporting Unit	U-TBD
Program Name	Renascent Place Permanent Supportive Housing Program
Location	2450 Senter Road San Jose, CA 95111
Program Monitor	Lauren Gavin (408) 793-2549

Expected Caseload

Reporting Unit #	U-TBD
Active Caseload	160
Clients Per Year	160
Length of Stay (LOS)	Not applicable
Dosage	2 hours
LOS Comments:	Not applicable
Dosage Comments:	Not applicable

EXHIBIT (FY20) 2 STAFFING

Exhibit A1	
July 1, 2019 - June 30, 2020	
CONTRACTOR	Abode Services
Division	Supportive Housing Services
Reporting Unit	U-381, U-2006
Program Name	Chronically Homeless Veterans Program
Location	40849 Fremont Blvd. Fremont CA, 94538
Program Monitor	Lauren Gavin (408) 793-2549

Staffing Requirement

1. Projected Staff (U-381, U-2006)

NO. OF FTEs	TITLE	TYPE OF LICENSE/ CERTIFICATION TRAINING	LANGUAGE CAPABILITY	
			Language	Bilingual Certified
QUALITY STAFF				
0.60	Program Manager			
DIRECT SERVICE STAFF				
3.00	Case Manager	MSW, BSW, or BA with 2 years of ICM experience		
0.25	Clinical Supervisor	MSW and a minimum of 3 years providing clinical supervision to MSWs		

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Exhibit A2
July 1, 2019 - June 30, 2020

CONTRACTOR	Abode Services
Division	Supportive Housing Services
Reporting Unit	U-TBD
Program Name	Second Street Studios Permanent Supportive Housing Program
Location	40849 Fremont Blvd. Fremont, CA 94538
Program Monitor	Lauren Gavin (408) 793-2549

Staffing Requirement

1. Projected Staff (U-TBD)

NO. OF FTEs	TITLE	TYPE OF LICENSE/ CERTIFICATION TRAINING	LANGUAGE CAPABILITY	
			Language	Bilingual Certified
QUALITY STAFF				
1.00	Program Manager			
1.00	Administration/Billing			
DIRECT SERVICE STAFF				
1.00	Clinical Supervisor			
2.00	Wellness Specialist			
4.00	Clinicians			
1.00	Resident Services Staff			
1.00	Harm Reduction Specialist			
1.00	Vocational Specialist			

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Exhibit A3 July 1, 2019 - June 30, 2020	
CONTRACTOR	Abode Services
Division	Supportive Housing Services
Reporting Unit	Not applicable
Program Name	Eagle Park Permanent Supportive Housing Program
Location	40849 Fremont Blvd. Fremont, CA 94538
Program Monitor	Lauren Gavin (408) 793-2549

Staffing Requirement

1. Projected Staff

NO. OF FTEs	TITLE	TYPE OF LICENSE/ CERTIFICATION TRAINING	LANGUAGE CAPABILITY	
			Language	Bilingual Certified
QUALITY STAFF				
0.25	Program Manager			
DIRECT SERVICE STAFF				
1.00	Clinical Housing Services Coordinator			

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Exhibit A4 July 1, 2019 - June 30, 2020	
CONTRACTOR	Abode Services
Division	Supportive Housing Services
Reporting Unit	Not applicable
Program Name	Homeless Mentally Ill Outreach and Treatment Program
Location	40849 Fremont Blvd. Fremont, CA 94538
Program Monitor	Lauren Gavin (408) 793-2549

Staffing Requirement

1. Projected Staff

NO. OF FTEs	TITLE	TYPE OF LICENSE/ CERTIFICATION TRAINING	LANGUAGE CAPABILITY	
			Language	Bilingual Certified
QUALITY STAFF				
0.50	Program Coordinator			
0.10	Clinical Supervisor			
DIRECT SERVICE STAFF				
2.50	Mental Health Outreach Workers	M.A.		
2.00	Peer Specialist			

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Exhibit A5
August 13, 2019 - June 30, 2020

CONTRACTOR	Abode Services
Division	Supportive Housing Services
Reporting Unit	U-TBD
Program Name	Renascent Place Permanent Supportive Housing Program
Location	2500 Senter Road San Jose, CA 95111
Program Monitor	Lauren Gavin (408) 793-2549

Staffing Requirement

1. Projected Staff

NO. OF FTEs	TITLE	TYPE OF LICENSE/ CERTIFICATION TRAINING	LANGUAGE CAPABILITY	
			Language	Bilingual Certified
QUALITY STAFF				
0.50	Senior Program Manager			
1.00	Program Manager			
0.50	Community Liaison			
1.00	Administrative/Billing			
DIRECT SERVICE STAFF				
1.00	Clinical Supervisor			
5.00	Clinical Housing Coordinator			
3.00	Resident Services Coordinator			
1.00	Harm Reduction Specialist			
1.00	Vocational Specialist			
2.00	Wellness Specialist			