

**L.A. CADA PROPOSAL FOR CITY OF HERMOSA BEACH MOBILE MENTAL HEALTH  
CRISIS RESPONSE TEAM PILOT PROGRAM – 2024**

**EXHIBIT A – SCOPE OF SERVICES**

**Description of Services**

L.A. CADA will provide an evidenced-based response model for mental health and behavior-related calls primarily involving the City's unhoused residents. The pilot program will serve individuals within the City of Hermosa Beach and will be limited to calls within the City's geographic limits, encompassing 1.4 square miles but lessons learned and data will serve to inform future Mobile Crisis Outreach Teams (MCOTs) in the SPA 8 region.

Services will include, but are not limited to:

1. Welfare checks;
2. Basic immediate needs such as water, food, and clothing;
3. Triage, screening, and assessment;
4. Emotional support;
5. Crisis intervention and de-escalation;
6. Risk assessment;
7. Risk of harm to self (e.g. eating disorders, non-compliance with taking medications);
8. Suicide prevention and intervention;
9. Psycho-social support;
10. Peer support services;
11. Referral to local area resources including coordination with medical and behavioral health services and homeless services providers and resources, including housing assistance referrals;
12. Priority access to L.A. CADA's substance use disorder treatment programs based on the level of acuity/level of care according to the American Society for Addiction Medicine (ASAM) assessment. Placement at L.A. CADA treatment facilities cannot be guaranteed. If treatment beds are not available at the time, L.A. CADA will make appropriate referrals and/or service connections to other providers; and
13. Mental health follow-ups and other program requirements will be provided according to Guidelines for Behavioral Health Crisis Care by the Substance Abuse Mental Health Services Administration (SAMHSA).

The calls eligible for diversion and alternate response will include non-medical, non-criminal, and non-safety calls such as mental health related public assists; welfare checks; and mental health transports. It is the intent of the program to be able to deliver onsite mental health services and to place patients on an emergency 72-hour (5150) hold, if necessary, without the response or support by law enforcement, fire department, or emergency medical services. This will serve the goal of reducing over-utilization of City resources, especially for non-emergency repeated consumers of services. Placement on 5150 holds will only be made upon assessment and recommendation by a Lanterman-Petris-Short (LPS) designated clinician. However, one of the goals of this program is ultimately to avoid having to place patients on 5150 holds if at all possible.

The program will divert mental health and crisis calls originating either through the 911 system or the non-emergency line of the Hermosa Beach Police Department. The calls will be routed either by mobile phone or radio to the civilian alternate response team.

L.A. CADA and the City will collaborate to develop specific policies, procedures, and protocols

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governing the all aspects of the alternative crisis response program, including, but not limited to, dispatch protocols, exclusionary criteria, etc. These program policies and procedures will be agreed-upon by all Parties and, once finalized, will become part of the Professional Services Agreement executed thereafter.

L.A. CADA will also provide follow-up services, in coordination with partner agencies. These could include recommendations for utilizing the MCOT during time periods in which the team is not responding to calls. L.A. CADA will develop policies, procedures, and protocols, and will execute Memoranda of Understanding as necessary, with partner agencies, including but not limited to County departments and service providers, to ensure call follow-up. Policies and procedures for follow-up at the following levels should be included:

1. Short Term Follow Up: Offered to individuals at high risk (i.e., a caller with thoughts of self-harm, has an actual plan and does not meet criteria for an emergency rescue). The follow-up or call is made within 24 hours after the initial call.
2. Standard Follow Up: Offered to high risk individuals (i.e., a caller that has thoughts of self-harm, but has recent hospitalizations and exposure to trauma). The follow-up call or calls are made 1-3 days after the initial crisis call.
3. Extended Follow Up: Offered to individuals who are high risk and/or who have received standard follow-up care and need continued assistance (e.g. developing a safety plan and/or connecting to resources). The follow-up calls are made 1 week after the last call.

L.A. CADA will assist the City in ensuring that the program follows both Los Angeles County and SAMHSA guidance so that the pilot program may have the best opportunity for success and so that in the future it may be scaled and duplicated to address mental health and homelessness in our region. It is the intent of L.A. CADA and the City that the pilot program will also be structured in a manner that would position the program to qualify for Medi-Cal, Medicare, or private insurance reimbursement, subject to all the approvals, licensure, certifications, and/or accreditations necessary to achieve such qualification. It is understood that funding of the program via Medi-Cal, Medicare, or private insurance reimbursement is not guaranteed.

L.A. CADA will work with Harbor Interfaith to identify and serve those individuals who have the greatest needs in a responsive way. L.A. CADA will work collaboratively among multiple stakeholders, including City staff, CES providers, and SPA8 providers, and the South Bay Cities Council of Governments to coordinate and leverage homeless services, provide more comprehensive coverage, and identify all target individuals.

To the extent possible, L.A. CADA will have the ability to connect with the Los Angeles County Coordinated Entry System, Electronic Health Record (EHR) System or other centralized and secure data collection portal. It is the intent of L.A. CADA to leverage Measure H, County, or other funding and relationships (to the extent they are available to L.A. CADA) for motel vouchers, rapid re-housing, supportive services, crisis, and bridge housing, interim housing, permanent housing, and other service categories.

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In addition to English, L.A. CADA will make its best effort to provide services to clients in Spanish, Vietnamese, Korean, and Chinese (Mandarin and Cantonese), subject to availability of qualified staff.

Once selected, L.A. CADA will work to assist with community education and outreach or communication with City leadership or governing bodies, as necessary.

This Scope of Services includes the minimum work to be accomplished. Once selected, this Scope of Services may be modified and refined during negotiations with the City.

**Teams and Operations**

The Hermosa Beach Mobile Crisis Outreach Teams (MCOTs) will provide services with two teams.

- **Team 1:**
  - The City Hermosa Beach
    - Monday – Thursday, 9:00 AM – 8:00 PM
- **Team 2:**
  - The City of Hermosa Beach
    - Saturday – Tuesday, 11:00 AM – 10:00 PM

*Team 1* will consist of at least a 1.0 FTE *licensed eligible behavioral health clinician* (regulated by the California Board of Behavioral Sciences), a 1.0 FTE culturally sensitive Peer Support Specialist/EMT, a 0.5 FTE Substance Use Disorder Counselor, and 0.5 FTE Case Manager.

*Team 2* will consist of at least a 1.0 FTE *licensed eligible behavioral health clinician* (regulated by the California Board of Behavioral Sciences), a 1.0 FTE culturally sensitive Peer Support Specialist/EMT, a 0.5 FTE Substance Use Disorder Counselor, and a 0.5 FTE Case Manager.

The above-listed hours of operation for Teams 1 and 2 are merely illustrative and are subject to further negotiation and flexibility according to the needs of the City and L.A. CADA.

Each MCOT will deliver services using vehicles equipped with the necessary supplies to operate the program and provide basic needs assistance for clients. The assigned vehicles will provide a safe space to sit with, talk to, and provide care for clients and the necessary supplies to provide the care services required by the program, including basic needs provisions, personal protective equipment, and basic first aid supplies. L.A. CADA understands that it is responsible for all operational and maintenance costs of the vehicles. The vehicles will include basic provisions to support clients and a safe clean space to sit with, talk to, and provide transport for compliant clients. Vehicles will be available to the program during agreed-upon hours of operation.

For clients who need additional services, the MCOTs can use the assigned vehicle to transport clients directly to a licensed facility, other service provider, or family residence. MCOT staff will provide a warm hand-off to needed community service providers in close proximity to the client's desired location. L.A. CADA understands that direct communication with providers may include a

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conference call to arrange follow-up crisis support and an appointment for client follow-up support (as needed). Each client will be made aware of and asked to sign informed consent to the follow-up arrangement. As part of the implementation plan, L.A. CADA shall work with the participating cities to develop approaches to balance MCOT's services within a city and transport of clients to other locations.

Final program plans addressing confidentiality, participant protection, and adverse events and final forms such as consent forms will be agreed upon by the City and L.A. CADA.

**Project Data**

L.A. CADA will assist the City in gathering and monitoring performance data for the purpose of measuring ongoing performance and project outcomes. L.A. CADA will be available for weekly meetings during the first month of the program and then monthly thereafter. The meetings will be held to coordinate and troubleshoot the delivery of services offered through the program.

The selected provider shall provide monthly reports with data outlining clients served and the types of services provided. Information to be included in the monthly reports includes, but is not limited to, the following:

1. Number of individuals engaged;
2. Number of street outreach contacts;
3. Percentage of individuals engaged who are placed into interim housing;
4. Percentage of individuals engaged who are referred to and placed into permanent housing;
5. Number of referrals to support services;
6. Percentage of individuals engaged who access one or more supportive services; and
7. Overall improvements in physical health, mental health, and substance use of the individuals served.

Other data as requested may be included in the monthly reports. It is understood that the above-listed types of information and data that may be included in the required reports is subject to further negotiation and agreement between L.A. CADA and the City.

**Project Goals/Objectives**

Goal 1: Decrease the number of unduplicated individuals experiencing homelessness in Hermosa Beach from 34 to 0

- Objective 1.1: Ensure that all 34 unduplicated participants are offered mobile mental health and crisis response services, relative to their specific presenting problem or crisis, either by call for response or proactive contact, during the project performance period.
- Objective 1.2: Regardless of insurance coverage or ability to pay, ensure that all 34 unduplicated participants are assessed and offered and/or connected to immediate mental health and crisis stabilization services until connection to ongoing social

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services are secured.

- Objective 1.3: Provide follow-up with all service recipients within 24 hours for individuals classified as high risk and within three days for all other individuals.
- Objective 1.4: Provide follow-up to all service recipients within one week to ensure proper connection to, and encourage, acceptance of after care and ongoing social and medical services.

Goal 2: Establish an alternate response model that safely diverts the estimated 25% of annual qualified non-medical, non-criminal, and non-safety mental health and crisis calls from the Hermosa Beach Police Department to a mobile mental health and crisis response team.

- Objective 2.1: Provide a response time that meets or exceeds the Hermosa Beach Police Department average response time for all diverted mobile mental health and crisis calls.
- Objective 2.2: Ensure that the Mobile Crisis Response Pilot Program team reports feeling completely safe or is able to rapidly obtain the support of Hermosa Beach Police Department on all calls for service.
- Objective 2.3: Ensure that all individuals receiving services related to the project during the project performance period report are being satisfied with the services received.
- Objective 2.3: Ensure that all third parties initiating services related to the project during the project performance period report are being satisfied with the services received.

Notwithstanding the above-referenced goals and objectives, it is understood that the purpose of this program and proposal is to provide alternative crisis responses in the form of Hermosa Beach MCOTs. The goals and objectives of this program, including but not limited to, the provision of homeless services, is subject to further negotiation and agreement between L.A. CADA and the City.

**Schedule of Work**

The contract is expected to be executed in December 2023, with services starting in February 2024. The project will end on September 29, 2024.

**Contract Type and Compensation**

The compensation for the work identified in this Scope of Services will be as follows:

- Labor Costs will be invoiced on a flat-rate basis provided that the relevant positions is filled. The invoiced amounts for labor will be based on the specific budgeted rates for each position,

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as agreed-upon by L.A. CADA and the City, and as reflected in the attached Budget, Exhibit B.

- Operational Costs (i.e., Direct Costs) will be compensated on a time and materials (cost reimbursement) basis, according to monthly invoicing that reflects the actual costs incurred for these expenditures.

The final Professional Services Agreement will reflect these compensation terms and will be based on a monthly not-to-exceed amount, as agreed upon by the City and L.A. CADA and reflected in the attached Budget, Exhibit B.

**Staffing Pattern**

**Program/Site Manager.** This position is **50% FTE.**

**Program Supervisor.** This position is **25% FTE.**

**Case Manager.** This position is **75% FTE.**

**Administrative/Reporting.** This position is **50% FTE.**

**Two (2) Mental Health Clinicians.** Each position is **100% FTE.**

**Two (2) Peer Support/EMT.** Each position is **100% FTE.**

**SUD Counselor.** This position is **100% FTE.**

Staffing vacancies will be filled within a reasonable timeframe, subject to further negotiation and agreement between L.A. CADA and the City.

Staff will be professionally trained in the delivery of trauma-informed, person-centered, and culturally responsive care using evidence-based practices endorsed by the National Alliance to End Homelessness, SAMHSA, the Centers for Disease Control and Prevention (CDC), and the National Alliance on Mental Illness (NAMI).

**Organization Qualifications, Related Experience, References**

Los Angeles Centers for Alcohol and Drug Abuse (L.A. CADA) is a nonprofit 501(c)3 behavioral healthcare provider established in 1971 to serve Los Angeles County. Our mission is *to save lives, unite families, and protect the community by providing access to non-profit, evidence-based behavioral services that address the needs of vulnerable and disadvantaged populations.* L.A. CADA is a BIPOC-led nonprofit agency (Black, Indigenous, People of Color) dedicated to equity for and BIPOC leadership by the marginalized communities we serve. We ground our services in social justice, healthcare equity, and adherence to CLAS National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, working to promote cultural humility into all agency services. L.A. CADA's service system is trauma-informed on every level. As a local agency, we have expertise in *local* homeless and frequently related behavioral health issues.

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The key to L.A. CADA’s homeless services approach is *the utilization of non-judgmental, trauma informed, recovery-oriented, and culturally/linguistically-appropriate multi-disciplinary teams. Our teams include Outreach Workers, Mental Health Clinicians, Case Managers, and skilled medical personnel.*

Together, they have the skills needed to engage and screen homeless individuals, and link them to critical services for targeted and intensive care coordination. Service linkage for this project will include priority placement in L.A. CADA’s extensive continuum of care: emergency housing beds, transitional housing beds, supportive services, including linkage to health care, permanent housing, and workforce development services.

As noted, L.A. CADA staff will use the evidence-based practices required to provide the highest quality and most effective response for homeless residents with behavioral health issues. The EBPs or elements of the EBPs to be used in this program are:

- *Motivational Interviewing*
- *Eight Principles of Harm Reduction*
- *Principles of Trauma-Informed Care*
- *Intensive Case Management*
- *Housing First I Low Barrier Access*
- *LGBTQ+-Affirming and LGBTQ+ Sensitive Care*
- *Cognitive Behavioral Therapy*
- *Assertive Community Treatment*
- *Risk-Need-Responsivity model for offender assessment and rehabilitation*
- *Relapse Prevention Therapy*
- *12 Step Facilitation Therapy*
- *CLAS National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare*
- *Medication Assisted Treatment for Opioid Use Disorder*
- *Peer Recovery Support*

L.A. CADA’s broad continuum of evidence-based care for homeless services and alcohol, drug, and mental health disorders includes:

- *232 state-licensed residential treatment beds*
- *16 state-licensed residential beds for mental health crisis stabilization*
- *244 Recovery Bridge Housing (RBH) beds for the homeless (including 45 beds in LGBTQ+ Affirming or exclusive programs; 32 beds co-located in the Los Angeles Mission on Skid Row; and 71 RBH beds in the San Gabriel Valley)*
- *Over 500 state-certified outpatient slots*
- *Jail-based treatment in Men’s Central Jail*
- *Court-based treatment referral and navigation (Alhambra, Pasadena, Bellflower, Downey, Long Beach, Norwalk, and East L.A. Municipal Courts, as well as L.A.’s “Rainbow” Court, the nation’s only LGBTQ+ Affirming Community Collaborative Court)*
- *School-based treatment in El Rancho School District and Whittier Unified School District*

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We are headquartered in SPA 7 and our program facilities are located in Alhambra, Pasadena, Altadena, Bellflower, Pico Rivera Santa Fe Springs, South Gate, Whittier, downtown Los Angeles, East Los Angeles, Hollywood, and Long Beach – with new facilities continuously in development. We employ a diverse staff of over 500 multidisciplinary behavioral healthcare workers. Agency employees include: addiction specialist M.D.s; physicians; psychiatrists; Nurse Practitioners; RNs; and LVNs; state licensed clinical therapists; registered SUD counselors; navigators/case managers; as well as dedicated peer mentors with lived recovery experience, and program support staff.

### Related Experience

L.A. CADA has been a part of Los Angeles County’s Specialty Substance Use Disorder Treatment System operated within the Department of Public Health since the mid 1980’s. We are a major provider of L.A. County homeless treatment beds for adults with alcohol, drug, and mental health disorders, as well as the largest provider of *Recovery Bridge Housing* (RBH) for the homeless in Los Angeles County. L.A. CADA is the L.A. County Service Planning Area (SPA) 7 provider for *Community Engagement and Navigation Services* (CENS), delivering needs assessment and service navigation for local residents, including the homeless. All L.A. CADA programs work closely with the L.A. County Coordinated Entry System (CES) for the homeless in the Service Planning Areas (SPAs) that L.A. CADA serves (SPAs 3; 4; 6; 7; and 8). Our agency is a *CES Access Point* in SPA 7.

We have been awarded two contracts to provide Interim Bridge Housing programs in the cities of Hawthorne and Montebello. (Tiny Homes)

L.A. CADA is currently contracted with the San Gabriel Valley Council of Governments for a similar Alternative Crisis Response program which launched over 12 months ago. Currently, there is one full-time team servicing a cohort including the cities of South Pasadena, San Marino, and Arcadia. Additionally, a full-time team in the city of La Verne which came online December 2023. The services provided are similar in scope to what is outlined in this proposal.

We deliver similar homeless outreach services for the *Alhambra Homeless Outreach Mental Evaluation Team – the Home Team* and Homeless outreach for the cities of Hawthorne, West Covina, Glendora, Arcadia, San Dimas, and Rosemeade. L.A. CADA outreach workers provide street outreach, needs assessment, and service navigation for homeless residents many of whom have behavioral health issues. The project is part of our agency’s 50-year history in the delivery of services addressing community homelessness and behavioral health disorders.

L.A. CADA also understands that the ethnic breakdown, in our service areas, of homeless people was 02% Asian, 33% Black, 48% Latinx; 01% Pacific Islander; 15% White; and 02% mixed race. 2 This indicates strong need for the culturally responsive services provided by L.A. CADA. We know that 81% of the homeless here identified as heterosexual, with the rest identifying as either gay or lesbian (02%), bisexual (03%) or nonconforming (14%). This indicates need for LGBTQ+ Affirming Recovery Bridge Housing provided by L.A. CADA. Our HIV prevention and testing services may also be needed as the number of homeless people who self-report they are HIV-positive or have AIDS has jumped 40% in 2020 numbers. Approximately 07% of the homeless in our service areas self-report substance use issues and 26% reported mental health issues, indicating need for a homeless services provider that is addiction treatment and co-occurring disorders-capable. L.A.

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CADA recognizes that not all homeless people are willing to self-report substance use and mental health issues to strangers, therefore the number of people with these issues may be an undercount.

Another similar L.A. CADA project that conducts homeless services is the *Priority Access Diversion Program in Long Beach*. This project is a collaboration between the Long Beach City Prosecutor, the Long Beach Department of Public Health, the Los Angeles Public Defenders Office, and L.A. CADA. Our agency identifies homeless defendants at highest risk in Long Beach. In lieu of continued criminal prosecution for violations common to the homeless (loitering, vagrancy, trespassing, possession of controlled substances or paraphernalia, failures to appear, etc.), L.A. CADA is asked to intervene before or at the time of arraignment. We offer defendants whole person care with priority placement in our treatment programs, housing, or both. As this project proceeds in its fourth full year, L.A. CADA and the City of Long Beach are working to the greatest extent possible to deliver these services pre-arrest or pre-indictment. All participants are homeless with multiple prior criminal convictions. L.A. CADA's experience and expertise with homeless persons involved in the criminal justice system is an innovative asset to Supplement to Existing Homeless Services Program. In all of these projects, L.A. CADA has a demonstrated track record for meeting contractual budgets, scope, and schedule.

### CES and Care Coordination

L.A. CADA is a long- time participant in the L.A. County Coordinated Entry System as 95% of its residential treatment clients are homeless at service intake. As noted, L.A. CADA is a CES Access Point in Service Planning Area (SPA) 7. L.A. CADA is familiar with CES procedures/resources, including the *CES Triage Tool* and the *Vulnerability Index Service Prioritization Decision Assistance Tool* (VI-SPDAT), as well as CES reporting requirements. For the proposed project, L.A. CADA will designate staff to attend SPA 3 and SPA 7 CES meetings and will work closely with local Access Centers and Access Points to process referrals of homeless individuals in need of project services. These agencies will include *Union Station Homeless Services* (serving adults) and *Sycamores* (serving TAY). L.A. CADA will facilitate warm hand-offs for homeless residents via L.A. CADA assigned vehicles and driver, providing transportation to housing and other needed resources ensured through formal Memorandum of Understanding (MOU) that L.A. CADA will put in place with community partners.

The program will also refer clients, and where appropriate, provide transport to local Behavioral Health Urgent Care Centers (BHUCC), including *AMET* in Alhambra and *Montebello MT* in Montebello, *Stars Behavioral Health Group BHUCC* in Industry, the *LA County Community Mental Health Urgent Care Center* in Sylmar, as well as to L.A. CADA 24/7 behavioral health resources. When additional Behavioral Health Urgent Care Centers are established in SPA 3, these too will be engaged as a referral partner.

L.A. CADA references for this project are:

1. Alhambra City Manager, Jessica Binnquist  
111 S First Street, Alhambra, CA 91801  
[jbinnquist@cityofalhambra.org](mailto:jbinnquist@cityofalhambra.org)  
Phone: 626-570-5010

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2. Long Beach City Prosecutor, Doug Haubert  
411 W. Ocean Blvd. 8th Floor, Long Beach, CA 90802  
[prosecutor@longbeach.gov](mailto:prosecutor@longbeach.gov)  
(562) 570-5600

3. Nancy Chand, Deputy In-Charge, L.A. County Department of Mental Health  
210 W. Temple Street, 19th Floor  
Los Angeles, CA 90012  
(213) 974-2839  
[NRichards@pubdef.lacounty.gov](mailto:NRichards@pubdef.lacounty.gov)

4. Alhambra City Manager, Jessica Binnquist  
111 S First Street, Alhambra, CA 91801  
[jbinnquist@cityofalhambra.org](mailto:jbinnquist@cityofalhambra.org)  
Phone: 626-570-5010

5. Long Beach City Prosecutor, Doug Haubert  
411 W. Ocean Blvd. 8th Floor, Long Beach, CA 90802  
[prosecutor@longbeach.gov](mailto:prosecutor@longbeach.gov)  
(562) 570-5600

7. Dr. Gary Tsai, Director L.A. County Substance Abuse Prevention and Control (SAPC)  
1000 South Fremont Ave, Building A-9 East, 3rd Floor, Alhambra, CA 91803  
(626) 299-4101  
[GTsai@ph.lacounty.gov](mailto:GTsai@ph.lacounty.gov)

8. Steve Abramson, Chief Operations Officer, ChapCare (FQHC)  
455 W. Montana St. Pasadena, CA 91103  
(626) 993-1207  
[sabramson@chapcare.org](mailto:sabramson@chapcare.org)

9. Troy Vaughn, President / CEO  
Los Angeles Mission  
303 5th Street, Los Angeles, CA 90013  
(213) 629-1227  
[TVaughn@lamission.net](mailto:TVaughn@lamission.net)

10. Constance Gilkie, Executive Director & Founder  
Transformational Living Homes  
P.O. Box 40045, Long Beach, CA 90804  
(562) 673-9214  
[transforminglives2007@yahoo.com](mailto:transforminglives2007@yahoo.com)

**Hermosa Beach ACR - 9 Months Budget**  
**Exhibit B - Budget Proposal**

	Hourly Rate*	Task 1.1 Project Management		Task 1.2 Plan Development & Staff Onboarding		Task 2.1 Site Preparation		Task 2.2 Site Operation		Task 2.3 Closure of Site and Transition of Current Residents		STAFFING TOTAL (9 months)	
		Total Hours	Cost	Total Hours	Cost	Total Hours	Cost	Total Hours	Cost	Total Hours	Cost	Hours	Cost
Program / Site Manager	\$50.64	208	\$10,533.12	208	\$10,533.12	208	\$10,533.12	208	\$10,533.12	208	\$10,533.12	1,040	\$52,665.60
Program Supervisor	\$89.10		\$0.00		\$0.00	520	\$46,332.00		\$0.00		\$0.00	520	\$46,332.00
Case Manager	\$30.59	312	\$9,544.08	312	\$9,544.08	312	\$9,544.08	312	\$9,544.08	312	\$9,544.08	1,560	\$47,720.40
Mental Health Clinician	\$49.50		\$0.00		\$0.00		\$0.00	1560	\$77,220.00		\$0.00	1,560	\$77,220.00
Mental Health Clinician	\$49.50		\$0.00		\$0.00		\$0.00	1560	\$77,220.00		\$0.00	1,560	\$77,220.00
SUD Counselor	\$35.20		\$0.00		\$0.00		\$0.00	1560	\$54,912.00		\$0.00	1,560	\$54,912.00
Peer Support / EMT	\$26.46		\$0.00		\$0.00		\$0.00	1560	\$41,277.60		\$0.00	1,560	\$41,277.60
Peer Support / EMT	\$26.46		\$0.00		\$0.00		\$0.00	1560	\$41,277.60		\$0.00	1,560	\$41,277.60
Quality Control	\$29.70		\$0.00		\$0.00		\$0.00	780	\$23,166.00		\$0.00	780	\$23,166.00
												-	\$0.00
Fringe Benefit 25%			\$5,019.30		\$5,019.30		\$16,602.30		\$83,787.60		\$5,019.30	-	\$115,447.80
<b>PROVIDER TOTAL</b>		<b>520</b>	<b>\$25,096.50</b>	<b>520</b>	<b>\$25,096.50</b>	<b>1040</b>	<b>\$83,011.50</b>	<b>9100</b>	<b>\$418,938.00</b>	<b>520</b>	<b>\$25,096.50</b>	<b>11700</b>	<b>\$577,239.00</b>
[SUBCONTRACTOR]			\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	-	\$0.00
[SUBCONTRACTOR]			\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	-	\$0.00
[SUBCONTRACTOR]			\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	-	\$0.00
<b>SUBCONTRACTOR TOTAL</b>		<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>
<b>STAFFING TOTAL</b>		<b>520</b>	<b>\$25,096.50</b>	<b>520</b>	<b>\$25,096.50</b>	<b>1040</b>	<b>\$83,011.50</b>	<b>9100</b>	<b>\$418,938.00</b>	<b>520</b>	<b>\$25,096.50</b>	<b>11700</b>	<b>\$577,239.00</b>
<b>TIMELINE</b>		<b>XX - XX</b>		<b>XX-XX</b>		<b>XX-XX</b>		<b>XX-XX</b>		<b>XX-XX</b>			

<b>Direct Costs</b>													
Program Supplies (Narcan, PPE)							\$33,000.00						\$33,000.00
Office Supplies							\$6,666.67						\$6,666.67
Maintenance Supplies							\$16,666.67						\$16,666.67
Clients Food Costs							\$7,200.00						\$7,200.00
Lease Vehicles							\$21,000.00						\$21,000.00
Downpayment for Vehicles							\$4,000.00						\$4,000.00
Early Termination Fees for Vehicles							\$6,000.00						\$6,000.00
Gasoline and small repair for vehicles							\$8,280.00						\$8,280.00
Cell phone, Ipad and Laptops							\$2,950.00						\$2,950.00
Monthly Service for cell phone, Ipad							\$2,250.00						\$2,250.00
Medical Supplies							\$10,000.00						\$10,000.00
Liability Insurance							\$8,065.12						\$8,065.12
Indirect Costs 12% Approved NICR			\$3,011.58		\$3,011.58		\$25,090.79		\$50,272.56		\$3,011.58		\$84,398.09
<b>DIRECT COSTS TOTAL</b>			<b>\$3,011.58</b>		<b>\$3,011.58</b>		<b>\$151,169.25</b>		<b>\$50,272.56</b>		<b>\$3,011.58</b>		<b>\$210,476.55</b>
<b>PROJECT TOTAL</b>		<b>520</b>	<b>\$28,108.08</b>	<b>520</b>	<b>\$28,108.08</b>	<b>1040</b>	<b>\$234,180.75</b>	<b>9100</b>	<b>\$469,210.56</b>	<b>520</b>	<b>\$28,108.08</b>	<b>11700</b>	<b>\$787,715.55</b>