

AGREEMENT

This Agreement is made and entered into this 21st day of June 2022, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and The Fresno Center, a California non-profit corporation, whose address is 4879 E. Kings Canyon Road, Fresno, CA 93727, hereinafter referred to as "CONTRACTOR," (collectively the "parties").

WITNESSETH:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) component, and through input from the community stakeholder process, recognizes the need to provide a Holistic Wellness Program to promote the wellness and recovery of individuals based on complementary, culturally based holistic practices and education to all age groups of unserved and/or underserved culturally diverse populations in Fresno County; and

WHEREAS, COUNTY, through its DBH, is a Mental Health Plan (MHP), as defined in Title 9 of the California Code of Regulations (CCR), section 1810.226; and

WHEREAS, CONTRACTOR, is qualified, willing and able to provide services required by the COUNTY, pursuant to the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of their mutual covenants and conditions, the parties hereto agree as follows:

1. SERVICES

A. CONTRACTOR shall perform all services and fulfill all responsibilities as set forth in Exhibit A "Summary of Services", attached hereto and incorporated herein by reference.

B. CONTRACTOR shall also perform all services and fulfill all responsibilities as specified in COUNTY's Request for Proposal (RFP) No. 22-040, dated February 11, 2022, and Addendum No. One (1) to COUNTY's RFP No. 22-040, dated February 23, 2022, hereinafter collectively referred to as COUNTY Revised RFP No. 22-040, and CONTRACTOR's response to said RFP No. 22-040, dated March 9, 2022, all incorporated herein by reference and made part of this Agreement.

C. CONTRACTOR shall align services and practices with the vision, mission, and guiding principles of the DBH, as further described in Exhibit B, "Fresno County Department

1 of Behavioral Health Guiding Principles of Care Delivery", attached hereto and by this reference
2 incorporated herein and made part of this Agreement.

3 D. In the event of any inconsistency among these documents, the inconsistency shall
4 be resolved by giving precedence in the following order: 1) to this Agreement, including all Exhibits, 2) to
5 the Revised RFP No. 22-040, and 3) to the Response to the Revised RFP No. 22-040. A copy of
6 COUNTY's Revised RFP No. 22-040, and CONTRACTOR's response, shall be retained and made
7 available during the term of this Agreement by COUNTY's DBH.

8 **2. TERM**

9 The Agreement shall become effective July 1, 2022 and shall terminate on the 30th of
10 June, 2025. This Agreement may be extended for two (2) additional consecutive twelve (12) month
11 periods upon written approval of both parties no later than thirty (30) days prior to the first day of the next
12 extension period. The DBH Director, or designee, is authorized to execute such written approval on
13 behalf of COUNTY based on CONTRACTOR's satisfactory performance.

14 **3. TERMINATION**

15 A. Non Allocation of Funds - The terms of this Agreement, and the services to be
16 provided thereunder, are contingent on the approval of funds by the appropriating government agency.
17 Should sufficient funds not be allocated, the services provided may be modified, or this Agreement
18 terminated at any time by giving CONTRACTOR thirty (30) days advance written notice.

19 B. Breach of Contract - COUNTY may immediately suspend or terminate this
20 Agreement in whole or in part, where in the determination of COUNTY there is:

- 21 1) An illegal or improper use of funds;
22 2) A failure to comply with any term of this Agreement;
23 3) A substantially incorrect or incomplete report submitted to COUNTY;
24 4) Improperly performed service.

25 In no event shall any payment by COUNTY constitute a waiver by COUNTY of any
26 breach of this Agreement or any default which may then exist on the part of CONTRACTOR. Neither
27 shall such payment impair or prejudice any remedy available to COUNTY with respect to the breach or
28 default. COUNTY shall have the right to demand of CONTRACTOR the repayment to COUNTY of any

1 funds disbursed to CONTRACTOR under this Agreement, which in the judgment of COUNTY were not
2 expended in accordance with the terms of this Agreement. CONTRACTOR shall promptly refund any
3 such funds upon demand or, at COUNTY's option, such repayment shall be deducted from future
4 payments owing to CONTRACTOR under this Agreement.

5 C. Without Cause - Under circumstances other than those set forth above, this
6 Agreement may be terminated by CONTRACTOR or COUNTY upon thirty (30) days advance written
7 notice of an intention to terminate the Agreement. COUNTY's DBH Director, or designee, is authorized to
8 execute such written notice on behalf of COUNTY.

9 **4. COMPENSATION**

10 For actual services provided as identified in the terms and conditions of this Agreement,
11 including Exhibit A, COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive
12 compensation in accordance with Exhibit C, "Budget Summary," attached hereto and by this reference
13 incorporated herein. Payment shall be made upon certification or other proof satisfactory to COUNTY's
14 DBH that services have actually been performed by CONTRACTOR as specified in this Agreement.

15 The maximum amount payable to CONTRACTOR for the period effective July 1, 2022
16 through June 30, 2023 shall not exceed Eight Hundred Ninety Six Thousand Seven Hundred Nineteen
17 and No/100 Dollars (\$896,719.00).

18 The maximum amount payable to CONTRACTOR for the period effective July 1, 2023
19 through June 30, 2024 shall not exceed Eight Hundred Ninety Six Thousand Seven Hundred Nineteen
20 and No/100 Dollars (\$896,719.00).

21 The maximum amount payable to CONTRACTOR for the period effective July 1, 2024
22 through June 30, 2025 shall not exceed Eight Hundred Ninety Six Thousand Seven Hundred Nineteen
23 and No/100 Dollars (\$896,719.00).

24 If this agreement is renewed for an additional one-year period pursuant to Section 2,
25 TERM, for the period July 1, 2025 through June 30, 2026, in no event shall actual services performed be
26 in excess of Eight Hundred Ninety Six Thousand Seven Hundred Nineteen and No/100 Dollars
27 (\$896,719.00).

28 If this agreement is renewed for an additional one-year period pursuant to Section 2,

1 TERM, for the period July 1, 2026 through June 30, 2027, in no event shall actual services performed be
2 in excess of Eight Hundred Ninety Six Thousand Seven Hundred Nineteen and No/100 Dollars
3 (\$896,719.00).

4 In no event shall services performed under this Agreement be in excess of Four Million
5 Four Hundred Eighty-Three Thousand, Five Hundred Ninety-Five and No/100 Dollars (\$4,483,595). It is
6 understood that all expenses incidental to CONTRACTOR's performance of services under this
7 Agreement shall be borne by CONTRACTOR.

8 Except as provided below regarding State payment delays, payments shall be made by
9 COUNTY to CONTRACTOR in arrears, for services provided during the preceding month, within forty-five
10 (45) days after the date of receipt, verification, and approval of CONTRACTOR's invoices by COUNTY's
11 DBH.

12 If CONTRACTOR should fail to comply with any provision of this Agreement, COUNTY
13 shall be relieved of its obligation for further compensation. All final invoices shall be submitted by
14 CONTRACTOR within sixty (60) days following the final month of service for which payment is claimed.
15 No action shall be taken by COUNTY on claims submitted beyond the sixty (60) day closeout period. Any
16 compensation which is not expended by CONTRACTOR pursuant to the terms and conditions of this
17 Agreement shall automatically revert to COUNTY.

18 The services provided by CONTRACTOR under this Agreement are funded in whole or in
19 part by the State of California. In the event that funding for these services is delayed by the State
20 Controller, COUNTY may defer payment to CONTRACTOR. The amount of the deferred payment shall
21 not exceed the amount of funding delayed by the State Controller to COUNTY. The period of time of the
22 deferral by COUNTY shall not exceed the period of time of the State Controller's delay of payment to
23 COUNTY plus forty-five (45) days.

24 **5. INVOICING**

25 CONTRACTOR shall invoice COUNTY in arrears by the tenth (10th) day of each month for
26 actual expenses incurred and services rendered in the previous month electronically to
27 dbh-invoices@fresnocountyca.gov and dbhinvoicereview@fresnocountyca.gov, with a carbon copy email
28 to the assigned COUNTY's DBH Staff Analyst.

1 CONTRACTOR shall submit to the COUNTY by the tenth (10th) of each month a detailed
2 general ledger (GL), itemizing costs incurred in the previous month. Failure to submit GL reports and
3 supporting documentation shall be deemed sufficient cause for COUNTY to withhold payments until there
4 is compliance, as further described in Section Five (5) herein. Supporting documentation shall include but
5 is not limited to receipts, invoices received, and documented administrative / overhead costs. No
6 reimbursement for services shall be made until invoices, reports and outcomes are received, reviewed
7 and approved by COUNTY's DBH. Support documents will be made available upon request.

8 At the discretion of COUNTY's DBH Director or designee, if an invoice is incorrect or is
9 otherwise not in proper form or substance, COUNTY's DBH Director or designee shall have the right to
10 withhold payment as to only that portion of the invoice that is incorrect or improper after five (5) days prior
11 notice to CONTRACTOR. CONTRACTOR agrees to continue to provide services for a period of ninety
12 (90) days after notification of an incorrect or improper invoice. If after the ninety (90) day period, the
13 invoice(s) is still not corrected to COUNTY's DBH satisfaction, COUNTY's DBH Director or designee may
14 elect to terminate this Agreement, pursuant to the termination provisions stated in Paragraph Three (3) of
15 this Agreement. In addition, for invoices received ninety (90) days after the expiration of each term of this
16 Agreement or termination of this Agreement, at the discretion of COUNTY's DBH Director or designee,
17 COUNTY's DBH shall have the right to deny payment of any additional invoices received.

18 CONTRACTOR must maintain such financial records for a period of three (3) years or until
19 any dispute, audit or inspection is resolved, whichever is later. CONTRACTOR will be responsible for
20 any disallowances related to inadequate documentation.

21 CONTRACTOR shall provide a monthly activity report with each invoice, further described
22 in Section Thirteen (13). In addition, each monthly invoice will be in the format as identified in Exhibit C,
23 showing each budget line item, expenses incurred, and the balance remaining for each budget line item
24 for all services and items as identified in Exhibit C.

25 CONTRACTOR shall submit monthly staff reports that identify all direct services and
26 support staff, applicable licensure/certifications, and full time hours worked to be used as a tracking tool to
27 determine if CONTRACTOR's program is staffed according to the services provided under this
28 Agreement.

1 CONTRACTOR must attend COUNTY DBH's Business Office trainings on equipment
2 reporting for assets, intangible and sensitive minor assets, when offered.

3 **6. INDEPENDENT CONTRACTOR**

4 In performance of the work, duties, and obligations assumed by CONTRACTOR under this
5 Agreement, it is mutually understood and agreed that CONTRACTOR, including any and all of
6 CONTRACTOR's officers, agents, and employees will at all times be acting and performing as an
7 independent contractor, and shall act in an independent capacity and not as an officer, agent, servant,
8 employee, joint venturer, partner, or associate of COUNTY. Furthermore, COUNTY shall have no right to
9 control or supervise or direct the manner or method by which CONTRACTOR shall perform its work and
10 function. However, COUNTY shall retain the right to administer this Agreement so as to verify that
11 CONTRACTOR is performing its obligations in accordance with the terms and conditions thereof.
12 CONTRACTOR and COUNTY shall comply with all applicable provisions of law and the rules and
13 regulations, if any, of governmental authorities having jurisdiction over matters which are directly or
14 indirectly the subject of this Agreement.

15 Because of its status as an independent contractor, CONTRACTOR shall have absolutely
16 no right to employment rights and benefits available to COUNTY employees. CONTRACTOR shall be
17 solely liable and responsible for providing to, or on behalf of, its employees all legally required employee
18 benefits. In addition, CONTRACTOR shall be solely responsible and save COUNTY harmless from all
19 matters relating to payment of CONTRACTOR's employees, including compliance with Social Security,
20 withholding, and all other regulations governing such matters. It is acknowledged that during the term of
21 this Agreement, CONTRACTOR may be providing services to others unrelated to COUNTY or to this
22 Agreement.

23 **7. MODIFICATION**

24 Any matters of this Agreement may be modified from time to time by the written consent of
25 all the parties without, in any way, affecting the remainder.

26 Notwithstanding the above, changes to expense category (i.e., Salary & Benefits,
27 Facilities/Equipment, Operating, Financial Services, Special Expenses, Fixed Assets, etc.) subtotals in
28 the budgets, as set forth in Exhibit C, that do not exceed ten percent (10%) of the maximum

1 compensation payable to CONTRACTOR, may be made with the written approval of COUNTY's DBH
2 Director or designee.

3 In addition, changes to scope of services, staffing, and responsibilities of the
4 CONTRACTOR, as set forth in Exhibit A, may be made with the signed written approval of COUNTY's
5 DBH Director or designee and CONTRACTOR. Said changes shall not result in any change to the annual
6 maximum compensation amount payable to CONTRACTOR, as stated herein.

7 **8. NON-ASSIGNMENT**

8 Neither party shall assign, transfer or subcontract this Agreement nor their rights or duties
9 under this Agreement without the prior written consent of the other party.

10 **9. HOLD HARMLESS**

11 CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request,
12 defend COUNTY, its officers, agents and employees from any and all costs and expenses, including
13 attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in
14 connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or
15 employees of covenants and duties under this Agreement, and from any and all costs and expenses,
16 including attorney fees and court costs damages, liabilities, claims and losses occurring or resulting to
17 any person, firm or corporation who may be injured or damaged by the performance, or failure to perform,
18 of CONTRACTOR, their officers, agents or employees of covenants and duties under this Agreement.

19 CONTRACTOR agrees to indemnify COUNTY for Federal and/or State of California audit
20 exceptions resulting from noncompliance herein on the part of the CONTRACTOR.

21 **10. INSURANCE**

22 Without limiting COUNTY's right to obtain indemnification from CONTRACTOR or any third
23 parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect the following insurance
24 policies throughout the term of this Agreement:

25 A. **Commercial General Liability**

26 Commercial General Liability Insurance with limits of not less than Two Million
27 Dollars (\$2,000,000) per occurrence and an annual aggregate of Four Million
28 Dollars (\$4,000,000). This policy shall be issued on a per occurrence basis.
COUNTY may require specific coverages including completed operations, product
liability, contractual liability, Explosion-Collapse-Underground, fire legal liability or

1 any other liability insurance deemed necessary because of the nature of this
2 contract.

3 B. Automobile Liability

4 Comprehensive Automobile Liability Insurance with limits no less than One Million
5 Dollars (\$1,000,000) per accident for bodily injury and property damage. Coverage
6 should include any automobile used in connection with this Agreement.

7 C. Professional Liability

8 If CONTRACTOR employs licensed professional staff (e.g. Ph.D., R.N., L.C.S.W.,
9 L.M.F.T., etc.) in providing services, Professional Liability Insurance with limits of
10 not less than One Million Dollars (\$1,000,000) per occurrence, Three Million Dollars
11 (\$3,000,000) annual aggregate. CONTRACTOR agrees that it shall maintain, at its
12 sole expense, in full force and effect for a period of three (3) years following the
13 termination of this Agreement, one or more policies of professional liability
14 insurance with limits of coverage as specified herein.

15 D. Property Insurance

16 CONTRACTOR shall maintain a policy of insurance for all risk personal property
17 coverage which shall be endorsed naming the County of Fresno as an additional
18 loss payee. The personal property coverage shall be in an amount that will cover
19 the total COUNTY purchase and owned property, at a minimum, as discussed in
20 Section Twenty (20) of this Agreement.

21 E. All Risk Property Insurance

22 CONTRACTOR will provide property coverage for the full replacement value of the
23 COUNTY's personal property in possession of CONTRACTOR and/or used in the
24 execution of this Agreement. COUNTY will be identified on an appropriate
25 certificate of insurance as the certificate holder and will be named as an Additional
26 Loss Payee on the Property Insurance Policy.

27 F. Worker's Compensation

28 A policy of Worker's Compensation Insurance as may be required by the California
Labor Code.

G. Molestation

CONTRACTOR shall have either separate policy or an umbrella policy with
endorsements covering sexual abuse/molestation coverage or have a specific
endorsement on their General Commercial liability policy covering sexual
abuse/molestation. The policy limits for this policy shall be One Million Dollars
(\$1,000,000) per occurrence with a Two Million Dollars (\$2,000,000) annual
aggregate. The policy shall be on a per occurrence basis.

1 CONTRACTOR shall obtain endorsements to the Commercial General Liability insurance
2 naming the County of Fresno, its officers, agents, and employees, individually and collectively, as
3 additional insured, but only insofar as the operations under this Agreement are concerned. Such
4 coverage for additional insured shall apply as primary insurance and any other insurance, or self-
5 insurance, maintained by COUNTY, its officers, agents and employees shall be excess only and not
6 contributing with insurance provided under CONTRACTOR's policies herein. This insurance shall not be
7 cancelled or changed without a minimum of thirty (30) days advance written notice given to COUNTY.

8 CONTRACTOR hereby waives its right to recover from COUNTY, its officers, agents, and
9 employees any amounts paid by the policy of worker's compensation insurance required by this
10 Agreement. CONTRACTOR is solely responsible to obtain any endorsement to such policy that may be
11 necessary to accomplish such waiver of subrogation, but CONTRACTOR's waiver of subrogation under
12 this paragraph is effective whether or not CONTRACTOR obtains such an endorsement.

13 Within thirty (30) days from the date each CONTRACTOR signs this Agreement, said
14 CONTRACTOR shall provide certificates of insurance and endorsements as stated above for all of the
15 foregoing policies, as required herein, to the County of Fresno, Department of Behavioral Health, 1925 E.
16 Dakota Ave, Fresno, California, 93726, Attention: Public Behavioral Health Division, stating that such
17 insurance coverages have been obtained and are in full force; that the County of Fresno, its officers,
18 agents and employees will not be responsible for any premiums on the policies; that for such worker's
19 compensation insurance the CONTRACTOR has waived its right to recover from the COUNTY, its
20 officers, agents, and employees any amounts paid under the insurance policy and that waiver does not
21 invalidate the insurance policy; that such Commercial General Liability insurance names the County of
22 Fresno, its officers, agents and employees, individually and collectively, as additional insured, but only
23 insofar as the operations under this Agreement are concerned; that such coverage for additional insured
24 shall apply as primary insurance and any other insurance, or self-insurance, maintained by COUNTY, its
25 officers, agents and employees, shall be excess only and not contributing with insurance provided under
26 CONTRACTOR policies herein; and that this insurance shall not be cancelled or changed without a
27 minimum of thirty (30) days advance, written notice given to COUNTY.

28 In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein

1 provided, COUNTY may, in addition to other remedies it may have, suspend or terminate this Agreement
2 upon the occurrence of such event.

3 All policies shall be with admitted insurers licensed to do business in the State of California.
4 Insurance purchased shall be from companies possessing a current A.M. Best, Inc. rating of A FSC VII or
5 better.

6 **11. LICENSES/CERTIFICATES**

7 Throughout each term of this Agreement, CONTRACTOR and CONTRACTOR's staff shall
8 maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions necessary for
9 the provision of the services hereunder and required by the laws and regulations of the United States of
10 America, State of California, County of Fresno, and any other applicable governmental agencies.
11 CONTRACTOR shall notify COUNTY immediately in writing of its inability to obtain or maintain such
12 licenses, permits, approvals, certificates, waivers and exemptions irrespective of pendency of any appeal
13 related thereto. Additionally, CONTRACTOR and CONTRACTOR's staff shall comply with all applicable
14 laws, rules or regulations, as may now exist or be hereafter changed.

15 **12. RECORDS**

16 Financial, statistical and demographic data shall be kept and reports made as required by
17 the County's Department of Behavioral Health Director and State. COUNTY shall be allowed to review all
18 records of services provided, including the goals and objectives of services, and how the services
19 provided is achieving the goals and objectives. All such records shall be available for inspection by the
20 designated Auditors of COUNTY or State at reasonable times during normal business hours. All such
21 records shall be maintained through the end of this Agreement. All records shall be considered property
22 of COUNTY and shall be retained by COUNTY at the termination or expiration of this Agreement.

23 **13. REPORTS**

24 A. Activity Reports

25 CONTRACTOR shall submit to COUNTY's DBH by the tenth (10th) of each month
26 all monthly activity and budget reports for the preceding month.

27 B. Staffing Reports

28 CONTRACTOR shall submit monthly staff reports that identify all direct services

1 and support staff, applicable licensure/certifications, and full-time hours worked to be used as a tracking
2 tool to determine if CONTRACTOR's program is staffed according to the services provided under this
3 Agreement.

4 C. Outcomes Reports

5 CONTRACTOR shall submit to COUNTY's DBH service outcome reports as
6 requested by COUNTY's DBH. Outcome reports and outcome requirements are subject to change at
7 COUNTY's DBH discretion.

8 D. Additional Reports

9 In addition, CONTRACTOR shall also furnish to COUNTY such statements,
10 records, reports, data, and other information as COUNTY's DBH may reasonably request pertaining to
11 matters covered by this Agreement. In the event that CONTRACTOR fails to provide such reports or
12 other information required hereunder, it shall be deemed sufficient cause for COUNTY to withhold
13 monthly payments until there is compliance. In addition, CONTRACTOR shall provide written notification
14 and explanation to COUNTY within five (5) days of any funds received from another source to conduct
15 the same services covered by this Agreement.

16 **14. MONITORING**

17 CONTRACTOR agrees to extend to COUNTY's staff, COUNTY's DBH Director and the
18 State Department of Mental Health, or their designees, the right to review and monitor records, program
19 or procedures, at any time, in regard to clients, as well as the overall operation of CONTRACTOR's
20 program, in order to ensure compliance with the terms and conditions of this Agreement.

21 **15. REFERENCES TO LAWS AND RULES**

22 In the event any law, regulation, or policy referred to in this Agreement is amended during
23 the term thereof, the parties hereto agree to comply with the amended provision as of the effective date of
24 such amendment.

25 **16. COMPLIANCE WITH STATE REQUIREMENTS**

26 CONTRACTOR recognizes that COUNTY operates its mental health programs under an
27 agreement with the State Department of Health Care Services, and that under said agreement the State
28 imposes certain requirements on COUNTY and its subcontractors. CONTRACTOR shall adhere to all

1 State requirements, including those identified in Exhibit D, "State Mental Health Requirements", attached
2 hereto and by this reference incorporated herein and made part of this Agreement.

3 **17. CONFIDENTIALITY**

4 All services performed by CONTRACTOR under this Agreement shall be in strict
5 conformance with all applicable Federal, State of California and/or local laws and regulations relating to
6 confidentiality.

7 **18. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

8 COUNTY and CONTRACTOR each consider and represent themselves as covered
9 entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law
10 104-191(HIPAA) and agree to use and disclose protected health information as required by law.

11 COUNTY and CONTRACTOR acknowledge that the exchange of protected health
12 information between them is only for treatment, payment, and health care operations.

13 COUNTY and CONTRACTOR intend to protect the privacy and provide for the security of
14 Protected Health Information (PHI) pursuant to the Agreement in compliance with HIPAA, the Health
15 Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH), and
16 regulations promulgated thereunder by the U.S. Department of Health and Human Services (HIPAA
17 Regulations) and other applicable laws.

18 As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require
19 CONTRACTOR to enter into a contract containing specific requirements prior to the disclosure of PHI,
20 as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of
21 Federal Regulations (CFR).

22 **19. DATA SECURITY**

23 For the purpose of preventing the potential loss, misappropriation or inadvertent access,
24 viewing, use or disclosure of COUNTY data including sensitive or personal client information; abuse of
25 COUNTY resources; and/or disruption to COUNTY operations, individuals and/or agencies that enter into
26 a contractual relationship with the COUNTY for the purpose of providing services under this Agreement
27 must employ adequate data security measures to protect the confidential information provided to
28 CONTRACTOR by the COUNTY, including but not limited to the following:

1 A. CONTRACTOR-Owned Mobile, Wireless, or Handheld Devices

2 CONTRACTOR may not connect to COUNTY networks via personally-owned
3 mobile, wireless or handheld devices, unless the following conditions are met:

- 4 1) CONTRACTOR has received authorization by COUNTY for
5 telecommuting purposes;
6 2) Current virus protection software is in place;
7 3) Mobile device has the remote wipe feature enabled; and
8 4) A secure connection is used.

9 B. CONTRACTOR-Owned Computers or Computer Peripherals

10 CONTRACTOR may not bring CONTRACTOR-owned computers or computer
11 peripherals into the COUNTY for use without prior authorization from the COUNTY's Chief Information
12 Officer, and/or his or her designee(s), including but not limited to mobile storage devices. If data is
13 approved to be transferred, data must be stored on a secure server approved by the COUNTY and
14 transferred by means of a Virtual Private Network (VPN) connection, or another type of secure
15 connection. Said data must be encrypted.

16 C. COUNTY-Owned Computer Equipment

17 CONTRACTOR may not use COUNTY computers or computer peripherals on non-
18 COUNTY premises without prior authorization from the COUNTY's Chief Information Officer, and/or his or
19 her designee(s).

20 D. CONTRACTOR may not store COUNTY's private, confidential or sensitive data on
21 any hard-disk drive, portable storage device, or remote storage installation unless encrypted.

22 E. CONTRACTOR shall be responsible to employ strict controls to ensure the integrity
23 and security of COUNTY's confidential information and to prevent unauthorized access, viewing, use or
24 disclosure of data maintained in computer files, program documentation, data processing systems, data
25 files and data processing equipment which stores or processes COUNTY data internally and externally.

26 F. Confidential client information transmitted to one party by the other by means of
27 electronic transmissions must be encrypted according to Advanced Encryption Standards (AES) of 128
28 BIT or higher. Additionally, a password or pass phrase must be utilized.

1 G. CONTRACTOR is responsible to immediately notify COUNTY of any violations,
2 breaches or potential breaches of security related to COUNTY's confidential information, data maintained
3 in computer files, program documentation, data processing systems, data files and data processing
4 equipment which stores or processes COUNTY data internally or externally.

5 H. COUNTY shall provide oversight to CONTRACTOR's response to all incidents
6 arising from a possible breach of security related to COUNTY's confidential client information provided to
7 CONTRACTOR. CONTRACTOR will be responsible to issue any notification to affected individuals as
8 required by law or as deemed necessary by COUNTY in its sole discretion. CONTRACTOR will be
9 responsible for all costs incurred as a result of providing the required notification.

10 **20. PROPERTY OF COUNTY**

11 A. COUNTY and CONTRACTOR recognize that fixed assets are tangible and
12 intangible property obtained or controlled under COUNTY's Mental Health Plan for use in operational
13 capacity and will benefit COUNTY for a period more than one year. Depreciation of the qualified items
14 will be on a straight-line basis.

15 For COUNTY purposes, fixed assets must fulfill three qualifications:

- 16 1) Asset must have life span of over one year
17 2) The asset is not a repair part
18 3) The asset must be valued at or greater than the capitalization thresholds for the
19 asset type.

Asset type	Threshold
• land	\$0
• buildings and improvements	\$100,000
• infrastructure	\$100,000
• be tangible	\$5,000
o equipment	
o vehicles	
• or intangible asset	\$100,000
o Internally generated software	
o Purchased software	
o Easements	
o Patents	
• capital lease equipment	\$5,000

1 Qualified fixed asset equipment is to be reported and approved by COUNTY. If it is
2 approved and identified as an asset it will be tagged with a COUNTY program number. A "Fixed Asset
3 Log", attached hereto as Exhibit E and by this reference incorporated herein, will be maintained by
4 COUNTY's Asset Management System and inventoried annually until the asset is fully depreciated.
5 During the terms of this Agreement, CONTRACTOR's fixed assets may be inventoried in comparison
6 to COUNTY's DBH Asset Inventory System.

7 B. Certain purchases less than Five Thousand and No/100 Dollars (\$5,000.00) with
8 over one-year life span and are mobile and high risk of theft or loss are sensitive assets. Such
9 sensitive items are not limited to computers, copiers, televisions, cameras and other sensitive items as
10 determined by COUNTY's DBH Director or designee. CONTRACTOR(S) maintains a tracking system
11 on the items that are not required to be capitalized or depreciated. The items are subject to annual
12 inventory for compliance.

13 C. Assets shall be retained by COUNTY, as COUNTY property, in the event this
14 Agreement is terminated or upon expiration of this Agreement. CONTRACTOR agrees to participate in
15 an annual inventory of all COUNTY fixed and inventoried assets. Upon termination or expiration of this
16 Agreement CONTRACTOR shall be physically present when fixed and inventoried assets are returned
17 to COUNTY possession. CONTRACTOR is responsible for returning to COUNTY all COUNTY owned
18 undepreciated fixed and inventoried assets, or the monetary value of said assets if unable to produce
19 the assets at the expiration or termination of this Agreement.

20 CONTRACTOR further agrees to the following:

- 21 1) To maintain all items of equipment in good working order and condition,
22 normal wear and tear is expected;
- 23 2) To label all items of equipment with COUNTY assigned program number,
24 to perform periodic inventories as required by COUNTY and to maintain
25 an inventory list showing where and how the equipment is being used, in
26 accordance with procedures developed by COUNTY. All such lists shall
27 be submitted to COUNTY within ten (10) days of any request; therefore,
28 and

1 3) To report in writing to COUNTY immediately after discovery, the lost or
2 theft of any items of equipment. For stolen items, the local law
3 enforcement agency must be contacted, and a copy of the police report
4 submitted to COUNTY.

5 D. The purchase of any equipment by CONTRACTOR with funds provided
6 hereunder shall require the prior written approval of COUNTY's DBH, shall fulfill the provisions of this
7 Agreement as appropriate, and must be directly related to CONTRACTOR's services or activity under
8 the terms of this Agreement. COUNTY's DBH may refuse reimbursement for any costs resulting from
9 equipment purchased, which are incurred by CONTRACTOR, if prior written approval has not been
10 obtained from COUNTY.

11 E. CONTRACTOR must obtain prior written approval from COUNTY's DBH
12 whenever there is any modification or change in the use of any property acquired or improved, in
13 whole or in part, using funds under this Agreement. If any real or personal property acquired or
14 improved with said funds identified herein is sold and/or is utilized by CONTRACTOR for a use which
15 does not qualify under this Agreement, CONTRACTOR shall reimburse COUNTY in an amount equal
16 to the current fair market value of the property, less any portion thereof attributable to expenditures of
17 funds not provided under this Agreement. These requirements shall continue in effect for the life of the
18 property. In the event this Agreement expires, or terminates, the requirements for this Section shall
19 remain in effect for activities or property funded with said funds, unless action is taken by the State
20 government to relieve COUNTY of these obligations.

21 **21. NON-DISCRIMINATION**

22 During the performance of this Agreement, CONTRACTOR and its subcontractors shall not
23 deny the contract's benefits to any person on the basis of race, religious creed, color, national origin,
24 ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex,
25 gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor
26 shall they discriminate unlawfully against any employee or applicant for employment because of race,
27 religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition,
28 genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual

1 orientation, or military or veteran status. CONTRACTOR shall insure that the evaluation and treatment of
2 employees and applicants for employment are free of such discrimination.

3 CONTRACTOR and subcontractors shall comply with the provisions of the Fair
4 Employment and Housing Act (Gov. Code §12800 et seq.), the regulations promulgated thereunder (Cal.
5 Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of
6 the Government Code (Gov. Code §11135-11139.5), and the regulations or standards adopted by the
7 awarding state agency to implement such article. CONTRACTOR shall permit access by representatives
8 of the Department of Fair Employment and Housing and the awarding state agency upon reasonable
9 notice at any time during the normal business hours, but in no case less than twenty-four (24) hours
10 notice, to such of its books, records, accounts, and all other sources of information and its facilities as
11 said Department or Agency shall require to ascertain compliance with this clause. CONTRACTOR and
12 its subcontractors shall give written notice of their obligations under this clause to labor organizations with
13 which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105).
14 CONTRACTOR shall include the Non-Discrimination and compliance provisions of this clause in all
15 subcontracts to perform work under this Agreement.

16 **22. CULTURAL COMPETENCY**

17 As related to Cultural and Linguistic Competence, CONTRACTOR(S) shall comply with:

18 A. Title 6 of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R.
19 Part 80) and Executive Order 12250 of 1979 which prohibits recipients of federal financial assistance
20 from discriminating against persons based on race, color, national origin, sex, disability or religion.
21 This is interpreted to mean that a limited English proficient (LEP) individual is entitled to equal access
22 and participation in federally funded programs through the provision of comprehensive and quality
23 bilingual services.

24 B. Policies and procedures for ensuring access and appropriate use of trained
25 interpreters and material translation services for all LEP consumers, including, but not limited to,
26 assessing the cultural and linguistic needs of its consumers, training of staff on the policies and
27 procedures, and monitoring its language assistance program. The CONTRACTOR's procedures must
28 include ensuring compliance of any sub-contracted providers with these requirements.

1 C. CONTRACTOR shall not use minors as interpreters.

2 D. CONTRACTOR shall provide and pay for interpreting and translation services to
3 persons participating in CONTRACTOR's services who have limited or no English language
4 proficiency, including services to persons who are deaf or blind. Interpreter and translation services
5 shall be provided as necessary to allow such participants meaningful access to the programs, services
6 and benefits provided by CONTRACTOR. Interpreter and translation services, including translation of
7 CONTRACTOR's "vital documents" (those documents that contain information that is critical for
8 accessing CONTRACTOR's services or are required by law) shall be provided to participants at no
9 cost to the participant. CONTRACTOR shall ensure that any employees, agents, subcontractors, or
10 partners who interpret or translate for a program participant, or who directly communicate with a
11 program participant in a language other than English, demonstrate proficiency in the participant's
12 language and can effectively communicate any specialized terms and concepts peculiar to
13 CONTRACTOR's services.

14 E. In compliance with the State mandated Culturally and Linguistically Appropriate
15 Services standards as published by the Office of Minority Health, CONTRACTOR's must submit to
16 COUNTY for approval, within 60 days from date of contract execution, CONTRACTOR's plan to
17 address all fifteen national cultural competency standards as set forth in the "National Standards on
18 Culturally and Linguistically Appropriate Services (CLAS)."
19 (<http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>). COUNTY's annual on-site review of
20 CONTRACTOR shall include collection of documentation to ensure all national standards are
21 implemented. As the national competency standards are updated, CONTRACTOR's plan must be
22 updated accordingly.

23 **23. CONFLICT OF INTEREST**

24 No officer, agent, or employee of COUNTY who exercises any function or responsibility for
25 planning and carrying out the services provided under this Agreement shall have any direct or indirect
26 personal financial interest in this Agreement. In addition, no employee of COUNTY shall be employed by
27 CONTRACTOR to fulfill any contractual obligations with COUNTY.

28 CONTRACTOR shall also comply with all Federal, State of California, and local conflict of

1 interest laws, statutes, and regulations, which shall be applicable to all parties and beneficiaries under this
2 Agreement and any officer, agent, or employee of COUNTY.

3 **24. SINGLE AUDIT CLAUSE**

4 A. If CONTRACTOR expends Seven Hundred Fifty Thousand Dollars and No/100
5 Dollars (\$750,000.00) or more in Federal and Federal flow-through monies, CONTRACTOR agrees to
6 conduct an annual audit in accordance with the requirements of the Single Audit Standards as set forth in
7 Office of Management and Budget (OMB) 2 CFR 200. CONTRACTOR shall submit said audit and
8 management letter to COUNTY. The audit must include a statement of findings or a statement that there
9 were no findings. If there were negative findings, CONTRACTOR must include a corrective action plan
10 signed by an authorized individual. CONTRACTOR agrees to take action to correct any material non-
11 compliance or weakness found as a result of such audit. Such audit shall be delivered to COUNTY's
12 DBH Business Office for review within nine (9) months of the end of any fiscal year in which funds were
13 expended and/or received for the program. Failure to perform the requisite audit functions as required by
14 this Agreement may result in COUNTY performing the necessary audit tasks, or at COUNTY's option,
15 contracting with a public accountant to perform said audit, or, may result in the inability of COUNTY to
16 enter into future agreements with CONTRACTOR. All audit costs related to this Agreement are the sole
17 responsibility of CONTRACTOR.

18 B. A single audit report is not applicable if CONTRACTOR's Federal contracts do not
19 exceed the Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) requirement or
20 CONTRACTOR's only funding is through Drug-related Medi-Cal. If a single audit is not applicable, a
21 program audit must be performed and a program audit report with management letter shall be submitted
22 by CONTRACTOR to COUNTY as a minimum requirement to attest to CONTRACTOR's solvency. Said
23 audit report shall be delivered to COUNTY's DBH Business Office for review, no later than nine (9)
24 months after the close of the fiscal year in which the funds supplied through this Agreement are
25 expended. Failure to comply with this Act may result in COUNTY performing the necessary audit tasks or
26 contracting with a qualified accountant to perform said audit. All audit costs related to this Agreement are
27 the sole responsibility of CONTRACTOR who agrees to take corrective action to eliminate any material
28 noncompliance or weakness found as a result of such audit. Audit work performed by COUNTY under

1 this Section shall be billed to the CONTRACTOR at COUNTY's cost, as determined by COUNTY's
2 Auditor-Controller/Treasurer-Tax Collector.

3 C. CONTRACTOR shall make available all records and accounts for inspection by
4 COUNTY, the State of California, if applicable, the Comptroller General of the United States, the Federal
5 Grantor Agency, or any of their duly authorized representatives, at all reasonable times for a period of at
6 least three (3) years following final payment under this Agreement or the closure of all other pending
7 matters, whichever is later.

8 **25. ASSURANCES**

9 In entering into this Agreement, CONTRACTOR certifies that it is not currently excluded,
10 suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs: that it
11 has not been convicted of a criminal offense related to the provision of health care items or services; nor
12 has it been reinstated to participation in the Federal Health Care Programs after a period of exclusion,
13 suspension, debarment, or ineligibility. If COUNTY learns, subsequent to entering into a contract, that
14 CONTRACTOR is ineligible on these grounds, COUNTY will remove CONTRACTOR from responsibility
15 for, or involvement with, COUNTY's business operations related to the Federal Health Care Programs
16 and shall remove such CONTRACTOR from any position in which CONTRACTOR's compensation, or
17 the items or services rendered, ordered or prescribed by CONTRACTOR may be paid in whole or part,
18 directly or indirectly, by Federal Health Care Programs or otherwise with Federal Funds at least until such
19 time as CONTRACTOR is reinstated into participation in the Federal Health Care Programs.

20 A. If COUNTY has notice that CONTRACTOR has been charged with a criminal
21 offense related to any Federal Health Care Program, or is proposed for exclusion during the term of any
22 contract, CONTRACTOR and COUNTY shall take all appropriate actions to ensure the accuracy of any
23 claims submitted to any Federal Health Care Program. At its discretion given such circumstances,
24 COUNTY may request that CONTRACTOR cease providing services until resolution of the charges or the
25 proposed exclusion.

26 B. CONTRACTOR agrees that all potential new employees of CONTRACTOR or
27 subcontractors of CONTRACTOR who, in each case, are expected to perform professional services
28 under this Agreement, will be queried as to whether: (1) they are now or ever have been excluded,

1 suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (2) they
2 have been convicted of a criminal offense related to the provision of health care items or services; and or
3 (3) they have been reinstated to participation in the Federal Health Care Programs after a period of
4 exclusion, suspension, debarment, or ineligibility.

5 1) In the event the potential employee or subcontractor informs
6 CONTRACTOR that he or she is excluded, suspended, debarred or otherwise ineligible, or has been
7 convicted of a criminal offense relating to the provision of health care services, and CONTRACTOR hires
8 or engages such potential employee or subcontractor, CONTRACTOR will ensure that said employee or
9 subcontractor does no work, either directly or indirectly relating to services provided to COUNTY.

10 2) Notwithstanding the above, COUNTY at its discretion may terminate this
11 Agreement in accordance with Section Two (2) of this Agreement, or require adequate assurance (as
12 defined by COUNTY) that no excluded, suspended or otherwise ineligible employee or subcontractor of
13 CONTRACTOR will perform work, either directly or indirectly, relating to services provided to COUNTY.
14 Such demand for adequate assurance shall be effective upon a timeframe to be determined by COUNTY
15 to protect the interests of COUNTY consumers.

16 C. CONTRACTOR shall verify (by asking the applicable employees and
17 subcontractors) that all current employees and existing subcontractors who, in each case, are expected
18 to perform professional services under this Agreement (1) are not currently excluded, suspended,
19 debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (2) have not been
20 convicted of a criminal offense related to the provision of health care items or services; and (3) have not
21 been reinstated to participation in the Federal Health Care Program after a period of exclusion,
22 suspension, debarment, or ineligibility. In the event any existing employee or subcontractor informs
23 CONTRACTOR that he or she is excluded, suspended, debarred or otherwise ineligible to participate in
24 the Federal Health Care Programs, or has been convicted of a criminal offense relating to the provision of
25 health care services, CONTRACTOR will ensure that said employee or subcontractor does no work,
26 either direct or indirect, relating to services provided to COUNTY.

27 1) CONTRACTOR agrees to notify COUNTY immediately during the term of
28 this Agreement whenever CONTRACTOR learns that an employee or subcontractor who, in each case,

1 is providing professional services under this Agreement is excluded, suspended, debarred or otherwise
2 ineligible to participate in the Federal Health Care Programs, or is convicted of a criminal offense relating
3 to the provision of health care services.

4 2) Notwithstanding the above, COUNTY at its discretion may terminate this
5 Agreement in accordance with Section Three (3) of this Agreement, or require adequate assurance (as
6 defined by COUNTY) that no excluded, suspended or otherwise ineligible employee or subcontractor of
7 CONTRACTOR will perform work, either directly or indirectly, relating to services provided to COUNTY.
8 Such demand for adequate assurance shall be effective upon a timeframe to be determined by COUNTY
9 to protect the interests of COUNTY clients.

10 D. CONTRACTOR agrees to cooperate fully with any reasonable requests for
11 information from COUNTY, which may be necessary to complete any internal or external audits relating to
12 CONTRACTOR's compliance with the provisions of this Section.

13 E. CONTRACTOR agrees to reimburse COUNTY for the entire cost of any penalty
14 imposed upon COUNTY by the Federal Government as a result of CONTRACTOR's violation of
15 CONTRACTOR's obligations as described in this Section.

16 **26. PUBLIC PROHIBITION**

17 None of the funds, materials, property or services provided directly or indirectly under this
18 Agreement shall be used for CONTRACTOR's advertising, fundraising, or publicity (i.e., purchasing of
19 tickets/tables, silent auction donations, etc.) for the purpose of self-promotion. Notwithstanding the
20 above, publicity of the services described in Section One (1) of this Agreement shall be allowed as
21 necessary to raise public awareness about the availability of such specific services when approved in
22 advance by COUNTY's DBH Director, or his or her designee, and at a cost to be provided in Exhibit C for
23 such items as written/printed materials, the use of media (i.e., radio, television, newspapers) and any
24 other related expense(s).

25 **27. COMPLAINTS**

26 CONTRACTOR shall log complaints and the disposition of all complaints from clients and
27 clients' families. CONTRACTOR shall provide a copy of the detailed complaint log entries concerning
28 COUNTY-sponsored clients to COUNTY at monthly intervals by the tenth (10th) day of the following

1 month, in a format that is mutually agreed upon. In addition, CONTRACTOR shall provide details and
2 attach documentation of each complaint with the log. CONTRACTOR shall post signs informing clients of
3 their right to file a complaint or grievance. CONTRACTOR shall notify COUNTY of all incidents reportable
4 to State licensing bodies that affect COUNTY clients within twenty-four (24) hours of receipt of a
5 complaint.

6 Within ten (10) days after each incident or complaint affecting COUNTY-sponsored clients,
7 CONTRACTOR shall provide COUNTY with information relevant to the complaint, investigative details of
8 the complaint, the complaint and CONTRACTOR's disposition of, or corrective action taken to resolve the
9 complaint. In addition, CONTRACTOR shall inform every client of their rights as set forth in Exhibit F
10 "Incident Reporting," attached hereto and by this reference incorporated herein.

11 **28. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST INFORMATION**

12 This provision is only applicable if CONTRACTOR is a disclosing entity, fiscal agent, or
13 managed care entity as defined in Code of Federal Regulations (C.F.R), Title 42 § 455.101 455.104, and
14 455.106(a)(1),(2).

15 In accordance with C.F.R., Title 42 §§ 455.101, 455.104, 455.105 and 455.106(a)(1),(2),
16 the following information must be disclosed by CONTRACTOR by completing Exhibit G, "Disclosure of
17 Ownership and Control Interest Statement", attached hereto and by this reference incorporated herein
18 and made part of this Agreement. CONTRACTOR shall submit this form to COUNTY's DBH within thirty
19 (30) days of the effective date of this Agreement. Additionally, CONTRACTOR shall report any changes
20 to this information within thirty-five (35) days of occurrence by completing Exhibit G. CONTRACTOR is
21 required to submit a set of fingerprints for any person with a five (5) percent or greater direct or indirect
22 ownership interest in CONTRACTOR. COUNTY may terminate this Agreement where any person with a
23 five (5) percent or greater direct or indirect ownership interest in the CONTRACTOR did not submit timely
24 and accurate information and cooperate with any screening method required in CFR, Title 42, Section
25 455.416. Submissions shall be scanned portable document format (pdf) copies and are to be sent via
26 email to DBHAdministration@fresnocountyca.gov, Attention: Contracts Administration. COUNTY may
27 deny enrollment or terminate this Agreement where any person with a five (5) percent or greater direct or
28 indirect ownership interest in CONTRACTOR has been convicted of a criminal offense related to that

1 person's involvement with the Medicare, Medicaid, or Title XXI program in the last ten (10) years.

2 **29. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS**

3 CONTRACTOR is required to disclose if any of the following conditions apply to them, their
4 owners, officers, corporate managers and partners (hereinafter collectively referred to as
5 "CONTRACTOR"):

6 A. Within the three (3) year period preceding the Agreement award, they have been
7 convicted of, or had a civil judgment rendered against them for:

- 8 1) Fraud or a criminal offense in connection with obtaining, attempting to
9 obtain, or performing a public (federal, state, or local) transaction or
10 contract under a public transaction;
- 11 2) Violation of a federal or state antitrust statute;
- 12 3) Embezzlement, theft, forgery, bribery, falsification, or destruction of records;
13 or
- 14 4) False statements or receipt of stolen property.

15 B. Within a three (3) year period preceding their Agreement award, they have had a
16 public transaction (federal, state, or local) terminated for cause or default.

17 Disclosure of the above information will not automatically eliminate CONTRACTOR from
18 further business consideration. The information will be considered as part of the determination of whether
19 to continue and/or renew the Agreement and any additional information or explanation that a
20 CONTRACTOR elects to submit with the disclosed information will be considered. If it is later determined
21 that the CONTRACTOR failed to disclose required information, any contract awarded to such
22 CONTRACTOR may be immediately voided and terminated for material failure to comply with the terms
23 and conditions of the award.

24 CONTRACTOR must sign a "Certification Regarding Debarment, Suspension, and Other
25 Responsibility Matters- Primary Covered Transactions" in the form set forth in Exhibit H, attached hereto
26 and by this reference incorporated herein and made part of this Agreement. Additionally, CONTRACTOR
27 must immediately advise the COUNTY in writing if, during the term of this Agreement: (1)
28 CONTRACTOR becomes suspended, debarred, excluded or ineligible for participation in federal or state

1 funded programs or from receiving Federal funds as listed in the excluded parties' list system
2 (<http://www.epls.gov>); or (2) any of the above listed conditions become applicable to CONTRACTOR.
3 CONTRACTOR shall indemnify, defend and hold the COUNTY harmless for any loss or damage
4 resulting from a conviction, debarment, exclusion, ineligibility or other matter listed in the signed
5 Certification Regarding Debarment, Suspension, and Other Responsibility Matters.

6 **30. DISCLOSURE OF SELF-DEALING TRANSACTIONS**

7 This provision is only applicable if the CONTRACTOR is operating as a corporation (a for-
8 profit or non-profit corporation) or if during the term of this Agreement, the CONTRACTOR changes its
9 status to operate as a corporation.

10 Members of the CONTRACTOR's Board of Directors shall disclose any self-dealing
11 transactions that they are a party to while CONTRACTOR is providing goods or performing services
12 under this Agreement. A self-dealing transaction shall mean a transaction to which the CONTRACTOR is
13 a party and in which one or more of its directors has a material financial interest. Members of the Board
14 of Directors shall disclose any self-dealing transactions that they are a party to by completing and signing
15 a "Self-Dealing Transaction Disclosure Form", attached hereto as Exhibit I and incorporated herein by
16 reference and made part of this Agreement, and submitting it to the COUNTY prior to commencing with
17 the self-dealing transaction or immediately thereafter.

18 **31. CHILD ABUSE REPORTING ACT**

19 CONTRACTOR shall establish a procedure acceptable to the COUNTY's DBH Director, or
20 his or her designee, to ensure that all of the CONTRACTOR's employees, consultants, subcontractors or
21 agents described in the Child Abuse Reporting Act, section 1116 et seq. of the Penal Code, and
22 performing services under this Agreement shall report all known or suspected child abuse or neglect to a
23 child protective agency as defined in Penal Code section 11165.9. This procedure shall include:

24 A. A requirement that all CONTRACTOR's employees, consultants, subcontractors or
25 agents performing services shall sign a statement that he or she knows of and will comply with the
26 reporting requirements as defined in Penal Code section 11166(a).

27 B. Establishing procedures to ensure reporting even when employees, consultants,
28 subcontractors, or agents who are not required to report child abuse under Penal Code section 11166(a),

1 gain knowledge of or reasonably suspect that a child has been a victim of abuse or neglect.

2 **32. AMERICANS WITH DISABILITIES ACT**

3 CONTRACTOR agrees to ensure that deliverables developed and produced, pursuant to
4 this Agreement, shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act
5 and the Americans with Disabilities Act of 1973 as amended (29 U.S.C. § 794 (d)), and regulations
6 implementing that Act as set forth in Part 1194 of Title 36 of the Code of Federal Regulations. In 1998,
7 Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic
8 and information technology (EIT) accessible to people with disabilities. California Government Code
9 section 11135 codifies section 508 of the Act requiring accessibility of electronic and information
10 technology.

11 **33. TAX EQUITY AND FISCAL RESPONSIBILITY ACT**

12 To the extent necessary to prevent disallowance of reimbursement under section
13 1861(v)(1) (I) of the Social Security Act, (42 U.S.C. § 1395x, subd. (v)(1)[I]), until the expiration of four (4)
14 years after the furnishing of services under this Agreement, CONTRACTOR shall make available, upon
15 written request to the Secretary of the United States Department of Health and Human Services, or upon
16 request to the Comptroller General of the United States General Accounting Office, or any of their duly
17 authorized representatives, a copy of this Agreement and such books, documents, and records as are
18 necessary to certify the nature and extent of the costs of these services provided by CONTRACTOR
19 under this Agreement. CONTRACTOR further agrees that in the event CONTRACTOR carries out any of
20 its duties under this Agreement through a subcontract, with a value or cost of Ten Thousand and No/100
21 Dollars (\$10,000.00) or more over a twelve (12) month period, with a related organization, such
22 Agreement shall contain a clause to the effect that until the expiration of four (4) years after the furnishing
23 of such services pursuant to such subcontract, the related organizations shall make available, upon
24 written request to the Secretary of the United States Department of Health and Human Services, or upon
25 request to the Comptroller General of the United States General Accounting Office, or any of their duly
26 authorized representatives, a copy of such subcontract and such books, documents, and records of such
27 organization as are necessary to verify the nature and extent of such costs.

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1 **34. COMPLIANCE**

2 CONTRACTOR agrees to comply with the COUNTY's Contractor Code of Conduct and
3 Ethics and the COUNTY's Compliance Program in accordance with Exhibit J, attached hereto and
4 incorporated herein by reference and made part of this Agreement. Within thirty (30) days of entering into
5 this Agreement with the COUNTY, CONTRACTOR shall have all of the CONTRACTOR's employees,
6 agents and subcontractors providing services under this Agreement certify in writing, that he or she has
7 received, read, understood, and shall abide by the Contractor Code of Conduct and Ethics.
8 CONTRACTOR shall ensure that within thirty (30) days of hire, all new employees, agents, and
9 subcontractors providing services under this Agreement shall certify in writing that he or she has received,
10 read, understood, and shall abide by the Contractor Code of Conduct and Ethics. CONTRACTOR
11 understands that the promotion of and adherence to the Code of Conduct is an element in evaluation the
12 performance of CONTRACTOR and its employees, agents and subcontractors.

13 Within thirty (30) days of entering into this Agreement, and annually thereafter, all
14 employees, agents, and subcontractors providing services under this Agreement shall complete general
15 compliance training and appropriate employees, agents and subcontractors shall complete
16 documentation and billing or billing/reimbursement training. All new employees, agents and
17 subcontractors shall attend the appropriate training within 30 days of hire. Each individual who is required
18 to attend training shall certify in writing that he or she has received the required training. The certification
19 shall specify the type of training received and the date received. The certification shall be provided to the
20 COUNTY's Compliance Officer at 1925 E. Dakota Avenue, Fresno, California 93726. CONTRACTOR
21 agrees to reimburse COUNTY for the entire cost of any penalty imposed upon COUNTY by the Federal
22 Government as a result of CONTRACTOR's violation of the terms of this Agreement.

23 **35. SUBCONTRACTS**

24 CONTRACTOR shall obtain written approval from COUNTY's DBH Director, or designee,
25 before subcontracting any of the services delivered under this Agreement, unless previously budgeted at
26 time of award. COUNTY's DBH Director, or designee, retains the right to approve or reject any request for
27 subcontracting services. Any transferee, assignee, or subcontractor will be subject to all applicable
28 provisions of this Agreement, and all applicable State and Federal regulations. CONTRACTOR shall be

1 held primarily responsible by COUNTY for the performance of any transferee, assignee, or subcontractor
2 unless otherwise expressly agreed to in writing by COUNTY's DBH Director, or designee. The use of
3 subcontractors by CONTRACTOR shall not entitle CONTRACTOR to any additional compensation that is
4 provided for under this Agreement.

5 **36. AUDITS AND INSPECTIONS**

6 CONTRACTOR shall at any time during business hours, and as often as COUNTY may
7 deem necessary, make available to COUNTY for examination all of its records and data with respect to
8 the matters covered by this Agreement. CONTRACTOR shall, upon request by COUNTY, permit
9 COUNTY to audit and inspect all such records and data necessary to ensure CONTRACTOR's
10 compliance with the terms of this Agreement.

11 If this Agreement exceeds Ten Thousand and No/100 Dollars (\$10,000.00),
12 CONTRACTOR shall be subject to the examination and audit of the State of California Auditor General
13 for a period of three (3) years after final payment under contract (California Government Code section
14 8546.7).

15 **37. NOTICES**

16 The persons having authority to give and receive notices under this Agreement and their
17 addresses include the following:

18 <u>COUNTY</u>	<u>CONTRACTOR</u>
19 Director, County of Fresno	The Fresno Center
20 Department of Behavioral Health	Cc to: Pao Yang, CEO
21 1925 E. Dakota Ave	1725 N. Fine Ave
Fresno, CA 93726	Fresno, CA 93727

22 All notices between the COUNTY and CONTRACTOR provided for or permitted under this Agreement
23 must be in writing and delivered either by personal service, by first-class United States mail, by an
24 overnight commercial courier service, or by telephonic facsimile transmission. A notice delivered by
25 personal service is effective upon service to the recipient. A notice delivered by first-class United States
26 mail is effective three (3) COUNTY business days after deposit in the United States mail, postage
27 prepaid, addressed to the recipient. A notice delivered by an overnight commercial courier service is
28 effective one (1) COUNTY business day after deposit with the overnight commercial courier service,

1 delivery fees prepaid, with delivery instructions given for next day delivery, addressed to the recipient. A
2 notice delivered by telephonic facsimile is effective when transmission to the recipient is completed (but, if
3 such transmission is completed outside of COUNTY business hours, then such delivery shall be deemed
4 to be effective at the next beginning of a COUNTY business day), provided that the sender maintains a
5 machine record of the completed transmission. For all claims arising out of or related to this Agreement,
6 nothing in this Section establishes, waives, or modifies any claims presentation requirements or
7 procedures provided by law, including but not limited to the Government Claims Act (Division 3.6 of Title 1
8 of the Government Code, beginning with Section 810).

9 **38. ELECTRONIC SIGNATURE**

10 The parties agree that this Agreement may be executed by electronic signature as provided
11 in this section. An “electronic signature” means any symbol or process intended by an individual signing
12 this Agreement to represent their signature, including but not limited to (1) a digital signature; (2) a faxed
13 version of an original handwritten signature; or (3) an electronically scanned and transmitted (for example
14 by PDF document) of a handwritten signature. Each electronic signature affixed or attached to this
15 Agreement (1) is deemed equivalent to a valid original handwritten signature of the person signing this
16 Agreement for all purposes, including but not limited to evidentiary proof in any administrative or judicial
17 proceeding, and (2) has the same force and effect as the valid original handwritten signature of that
18 person. The provisions of this section satisfy the requirements of Civil Code section 1633.5, subdivision
19 (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5, beginning with
20 section 1633.1). Each party using a digital signature represents that it has undertaken and satisfied the
21 requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through (5), and agrees
22 that each other party may rely upon that representation. This Agreement is not conditioned upon the
23 parties conducting the transactions under it by electronic means and either party may sign this Agreement
24 with an original handwritten signature.

25 **39. SEVERABILITY**

26 If any non-material term, provision, covenant, or condition of this Agreement is held by a
27 court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall
28 remain in full force and effect, and shall in no way be affected, impaired or invalidated.

1 **40. GOVERNING LAW**

2 Venue for any action arising out of or related to the Agreement shall only be in Fresno
3 County, California.

4 The rights and obligations of the parties and all interpretation and performance of this
5 Agreement shall be governed in all respects by the laws of the State of California.

6 **41. ENTIRE AGREEMENT**

7 This Agreement, including all Exhibits, RFP No. 22-040, Addendum I, and
8 CONTRACTOR's responses thereto, constitute the entire Agreement between the CONTRACTOR and
9 COUNTY with respect to the subject matter hereof and supersedes all previous negotiations, proposals,
10 commitments, writings, advertisements, publications, and understandings of any nature whatsoever
11 unless expressly included in this Agreement.

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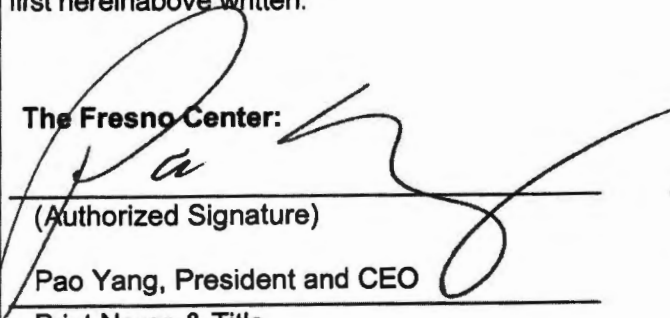
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27 ///

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

3
4 **The Fresno Center:**

5 
6 _____
(Authorized Signature)

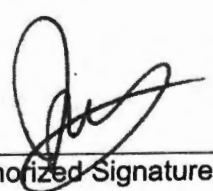
7 Pao Yang, President and CEO

8 _____
Print Name & Title

9 4879 E. Kings Canyon Rd.

10 Fresno, CA 93727

11 _____
Mailing Address

12
13 
14 _____
15 (Authorized Signature)

16 Jensen Vang

17 _____
Print Name

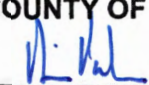
18 Chief Financial Officer

19 _____
Title: Secretary (of Corporation), or
20 any Assistant Secretary, or
21 Chief Financial Officer, or
22 any Assistant Treasurer

23 FOR ACCOUNTING USE ONLY:

24 Fund: 0001
25 Subclass: 10000
26 ORG: 56304783
Account: 7295/0

COUNTY OF FRESNO

12 

Brian Pacheco, Chairman of the Board of
Supervisors of the County of Fresno

ATTEST:

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

By: _____



Deputy

SUMMARY OF SERVICES

ORGANIZATION: The Fresno Center

SERVICE: Holistic Wellness Program

OFFICE ADDRESS: 4879 E. Kings Canyon Rd
Fresno, CA 93727

OFFICE TELEPHONE: (559) 255-8395

CONTACT(S): Pao Yang, Chief Executive Officer
Christina Alejo, Program Director

CONTRACT PERIOD: July 1, 2022 – June 30, 2025
(Two optional 12-month extensions through June 30, 2027)

AMOUNT: FY 22-23: \$ 896,719
FY 23-24: \$ 896,719
FY 24-25: \$ 896,719
FY 25-26: \$ 896,719
FY 26-27: \$ 896,719

Total: \$ 4,483,595

A. SUMMARY OF SERVICES

CONTRACTOR, hereinafter referred to as “Provider,” shall provide a Holistic Wellness Program with services that include promoting the wellness and recovery of clients based on complementary, culturally based holistic practices and education to all age groups of unserved and/or underserved culturally diverse populations in Fresno County. These populations include, but are not limited to, Hispanic/Latinos, Southeast Asians, American Indian/Alaska Native, African Americans, Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+), Veterans, homeless individuals, and those with disabilities. The focus of the Holistic Wellness Program shall be prevention activities to reduce risk factors for developing a potentially serious mental illness and to build on protective factors. The program shall also provide an approach that addresses behavioral health issues for individuals or cultural groups who may not seek mainstream behavioral health services.

The Holistic Wellness Program’s model utilizes Cultural Brokers, who are effective disseminators of information, that create a neutral place that serves as a bridge between clinically based Western practices and culturally based holistic approaches to the unserved/underserved communities by facilitating wellness and prevention services.

B. CONTRACTOR RESPONSIBILITIES

Provider shall perform the included activities, but not limited to the following:

1) Services

- Promote the wellness and recovery of persons served based on complementary, culturally based holistic practices and education.
- Incorporate spiritual and cultural approaches to wellness and recovery in a natural and welcoming community setting to the unserved, inappropriately served and/or underserved cultural communities.
- Incorporate spiritual and cultural approaches to wellness and recovery services and the targeted population that demonstrate the collaboration and connection between clinically based Western practices and complementary practices.
- Use Cultural Brokers to disseminate information and serve as a bridge between clinically based Western practices and culturally based holistic approaches.
- Provide prevention educational opportunities regarding complementary/holistic options, and accessibility to services for the targeted populations who can benefit and utilize the skills of Cultural Brokers.
- Use Cultural Brokers to assist in reducing health disparities through holistic and cultural community engagement and navigation for those identified culturally unserved or underserved group to behavioral health services in the Fresno County Behavioral Health System of Care.
- Provide information about resources for those communities through advocacy, outreach, engagement, education, and knowledge about mental health services, including the array of prevention and wellness activities in the community.
- Update and maintain a list of complementary/non-traditional practitioners and will provide the list to DBH on an annual basis.
- At minimum, one representative will attend all DBH's Diversity Equity Inclusion Committee meetings
- Be culturally responsive.
 - Provider's staff shall be knowledgeable, responsive, and aware about the cultures and communities in which they work, and the unique needs of the populations being served.
 - Provider's services shall adhere to the National CLAS standards, attached to the Agreement as Exhibit K.
 - Provider's services shall meet the language and cultural needs of the individuals being served, including sensitivity to sexual orientation, gender, ethnicity, and culture.
- Help individuals develop skills, resilient traits, and problem solve when there are barriers to wellness by providing training and education within the community. Such services shall be provided within the community in a

natural community setting (i.e. faith-based location, schools, community centers, etc.), not of clinical or medical nature.

- Make referrals to additional services as needed.
- Align all services with DBH's Guiding Principles of Care Delivery (Exhibit B).
- Have clearly defined and measurable goals.
- Evaluate the program periodically to assess progress and refine, improve, and strengthen the program's effectiveness.
- Participate in program evaluation activities, including third-party evaluations.
- Maintain a Pandemic/Natural Disaster Plan for when services will need to be modified.
- Abide by the Fresno County Mental Health Plan (MHP) grievance process, attached to the Agreement as Exhibit L and notify County of all incidents reportable to state licensing bodies that affect County consumers within twenty-four (24) hours of receipt of a complaint. Provider shall use existing County Department Incident Report form (Exhibit F) and submit to County a copy of the Incident Report within 24 hours. Within fifteen (15) days after each incident or complaint affecting County-sponsored consumers, Provider shall provide County with the complaint and Provider's disposition of, or corrective action taken to resolve the complaint or incident.

2) Data Collection

- Collect all data required by MHSA PEI regulations, attached to the Agreement as Exhibit M.
 - Demographics
 - Age group
 - Race
 - Ethnicity
 - Primary Language
 - Sexual Orientation
 - Disability
 - Veteran Status
 - Gender Assigned at Birth
 - Current Gender Identity
 - Outcomes
 - Unduplicated number of individuals served per year.

3) Reporting Requirements

- Submit measurable outcomes on an annual basis, as identified in the Departments Policy and Procedure Guide (PPG) 1.2.7 Performance Outcomes Measures, attached to the Agreement as Exhibit N.
- Get approval by DBH to ensure all outcomes reporting will satisfy all State and local mandates.
- Ensure all performance indicators reflect the four domains identified by CARF, which include Effectiveness, Efficiency, Access, and Satisfaction.
- Meet reporting requirements for MHSA PEI regulations in the category of Prevention.
- Provide all reports relating to the services provided, as requested by COUNTY.

4) Training and Education

- Provide staff and community ongoing culturally and ethnically appropriate training on relevant health-related topics, including but not limited to Mental Health First Aid, suicide prevention, anti-stigma, depression, anxiety, homelessness, and mental wellness.
- Provider staff training in wellness recovery action plans, person-centered thinking, trauma informed crisis management, stress management, suicide prevention training, features of medication sensitivity trainings, anti-stigma training, case management training, community resources and services training, assessment and intake, and data collection and tracking.
- Rely on community partners, resources and collaborations to assist in ongoing training for staff and community.

5) Compliance with County

- A. Comply with all contract monitoring and compliance protocols, procedures, data collection methods, and reporting requirements conducted by the COUNTY.
- B. Attend trainings on an as-needed basis.
- C. Follow all of Fresno County Department of Behavioral Health's branding requirements and receive approval prior to distribution. This includes naming, branding, marketing, signage, website/webpage, brochures, promotional materials, and communications that involve the Holistic Wellness Program.

6) Participation in DBH and Third-Party Evaluations

Provider shall participate in all program evaluations, including those by third-party evaluators. This may include evaluation meetings, data findings, or contract issues as requested by DBH or provider. DBH shall coordinate the meetings and data exchange.

7) Staffing

- Provider staff shall reflect the identified underserved populations.
- Staffing, at minimum, should meet Fresno County's three threshold languages of English, Spanish, and Hmong.
- Staff shall be bi-cultural and bilingual, trained and receive ongoing training to provide services that are culturally responsive, including providing translation and interpreter services available for clients, sensitivity to sexual orientation and gender, addressing issues based upon cultural, ethnicity, gender and sexual orientation.
- Provider shall maintain 10.15 Full Time Employees (FTE) as identified below. Any vacancies should be communicated to the DBH Contracts Analyst and filled in a timely manner to ensure services are not interrupted.

0.85 FTE Program Director
1 FTE Cultural Broker/Training Coordinator
3 FTE Cultural Broker II
2 0.90 FTE Cultural Broker I
2 0.5 FTE Cultural Broker I
1 FTE Cultural Broker I/Health Data Specialist
1 FTE Childcare Provider/Peer Support
0.5 FTE Healing Gardener

10.15 FTE Total

8) Performance Goals

Provider shall track all programs goals for each fiscal year of services. The Holistic Wellness Program's goals are listed below. Goals and outcomes may be modified as needed to meet MHSA PEI regulations.

Program Goal 1: To offer a myriad of holistic/complementary healing practices/activities that are used and trusted by many unserved/underserved members of the community as primary, secondary, and tertiary mental health prevention.

Program Goal 2: To partner with Holistic practitioners to provide education on cultural and complementary wellness and recovery practices as a way to empower and support individuals and expand coping options toward mental health prevention.

Program Goal 3: To provide mental health education to traditionally underserved groups as a vehicle for reducing mental health stigma, promoting healthy coping strategies, and enhancing prevention at all levels.

Objectives	Outcomes	Measurement Tools
<p>1. Provide educational activities related to healing practices which focus on holistic approaches to wellness and recovery. (Support Groups & Activities)</p>	<p>Conduct and/or host ongoing educational activities addressing holistic healing practices in the various underserved/un-served communities benefiting Year 1: 5,000 participants Year 2: 5,500 participants Year 3: 6,000 participants Year 4: 6,500 participants Year 5: 7,000 participants</p>	<ul style="list-style-type: none"> • Activity Satisfaction Survey • Workshop Satisfaction Survey • Pre-Post Questionnaires • Demographics
<p>2. Provide education related to behavioral health and physical health service integration (Mindful Body Movement and Exercise classes)</p>	<p>Participants will benefit from behavioral health and physical health service integration programs Year 1: 5,000 participants Year 2: 5,500 participants Year 3: 6,000 participants Year 4: 6,500 participants Year 5: 7,000 participants</p>	<ul style="list-style-type: none"> • Activity Satisfaction Survey • Pre/Post Questionnaires • Demographics
<p>3. Provide educational activities related to holistic approaches to wellness and recovery. (Complementary Healers Workshop, and Cross Cultural Education Workshops)</p>	<p>Provide trainings to better understand complementary healing practices and cultural practices/beliefs related to mental health. Year 1: 6 Trainings/year Year 2: 7 Trainings/year Year 3: 8 Trainings/year Year 4: 9 Trainings/year Year 5: 10 Trainings/year</p>	<ul style="list-style-type: none"> • Workshop Satisfaction Survey • Pre/Post Questionnaires • Demographics

Objectives		Outcomes	Measurement Tools
4.	Identify and recruit diverse holistic practitioners to engage in Holistic Center activities.	Holistic practitioners will engage in Holistic Center educational activities and serve as referral sources for participants each year Year 1: 6 Practitioners/year Year 2: 7 Practitioners/year Year 3: 8 Practitioners/year Year 4: 9 Practitioners/year Year 5: 10 Practitioners/year	Number of Holistic practitioners working with the Holistic Wellness Program.
5.	Maintain a List of Complementary/ Non-Traditional Practitioners.	Maintain an updated list of Holistic practitioners on the Complementary Healers List	Number of Holistic practitioners included in the list
6.	Refer/link participants/participants to traditional and non-traditional mental health services.	100 participants will be linked/referred to traditional mental health or Holistic practitioners, or holistic therapeutic activities Year 1: 100 participants Year 2: 112 participants Year 3: 124 participants Year 4: 136 participants Year 5: 150 participants	An initial assessment of a participant's needs will be conducted prior to referral. Follow – ups will be conducted after each referral to assess participants' emotional status and satisfaction of service(s) received.

Objectives		Outcomes	Measurement Tools
7.	Conduct Mental Health Workshops	Year 1: 6 Workshops /year Year 2: 7 Workshops /year Year 3: 8 Workshops /year Year 4: 9 Workshops /year Year 5: 10 Workshops /year	Knowledge based pre-post survey, measuring increased learning

<p>8.</p>	<p>Outreach Activities Cultural Brokers will conduct outreach to the underserved/un-served communities in Fresno County</p>	<p>Community events and partnership with organizations to raise awareness of signs and symptoms to assist in reducing stigma related to mental health Year 1: 6 events/partnerships Year 2: 7 events/partnerships Year 3: 8 events/partnerships Year 4: 9 events/partnerships Year 5: 10 events/partnerships</p>	<p># of Social Media Followers, views, and engagement # of Brochures/ Flyers # of Partnerships # of Events # of participants on Sign In sheets</p>
<p>9..</p>	<p>Workshops/Activities in Rural Areas</p>	<p>Workshop Topics to include signs and symptoms of mental health disorders, stigma reduction, and mental health wellness practices and complementary wellness activities. Year 1: 6 Workshops Year 2: 7 Workshops Year 3: 8 Workshops Year 4: 9 Workshops Year 5: 10 Workshops <u>Additional activities will occur at least 1x per month in at least 3 rural areas each year.</u></p>	<ul style="list-style-type: none"> • Workshop Satisfaction Survey • Pre/Post • Demographics • Pre/Post Survey • Satisfaction Survey • Location of Events • Number of Events

C. COUNTY RESPONSIBILITIES

County shall:

- 1) Participate in monthly meetings with Provider to discuss program, contractual issues, and/or findings. DBH will be responsible for coordination of these meetings.
- 2) Participate in evaluation of the progress of the overall program and the efficiency of the collaboration with Provider and will be available to Provider for ongoing consultation.
- 3) Gather outcome information from Provider throughout each term of this Agreement. COUNTY DBH staff shall notify the Provider when its participation is required.
- 4) Include Provider in DBH trainings that are relevant to the services as described in this Agreement, if there is sufficient space available, at no cost.

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

DBH VISION:

Health and well-being for our community.

DBH MISSION:

The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

DBH GOALS:

Quadruple Aim

- Deliver quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

GUIDING PRINCIPLES OF CARE DELIVERY:

The DBH 11 principles of care delivery define and guide a system that strives for excellence in the provision of behavioral health services where the values of wellness, resiliency, and recovery are central to the development of programs, services, and workforce. The principles provide the clinical framework that influences decision-making on all aspects of care delivery including program design and implementation, service delivery, training of the workforce, allocation of resources, and measurement of outcomes.

1. Principle One - Timely Access & Integrated Services

- Individuals and families are connected with services in a manner that is streamlined, effective, and seamless
- Collaborative care coordination occurs across agencies, plans for care are integrated, and whole person care considers all life domains such as health, education, employment, housing, and spirituality
- Barriers to access and treatment are identified and addressed
- Excellent customer service ensures individuals and families are transitioned from one point of care to another without disruption of care

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

2. Principle Two - Strengths-based

- Positive change occurs within the context of genuine trusting relationships
- Individuals, families, and communities are resourceful and resilient in the way they solve problems
- Hope and optimism is created through identification of, and focus on, the unique abilities of individuals and families

3. Principle Three - Person-driven and Family-driven

- Self-determination and self-direction are the foundations for recovery
- Individuals and families optimize their autonomy and independence by leading the process, including the identification of strengths, needs, and preferences
- Providers contribute clinical expertise, provide options, and support individuals and families in informed decision making, developing goals and objectives, and identifying pathways to recovery
- Individuals and families partner with their provider in determining the services and supports that would be most effective and helpful and they exercise choice in the services and supports they receive

4. Principle Four - Inclusive of Natural Supports

- The person served identifies and defines family and other natural supports to be included in care
- Individuals and families speak for themselves
- Natural support systems are vital to successful recovery and the maintaining of ongoing wellness; these supports include personal associations and relationships typically developed in the community that enhance a person's quality of life
- Providers assist individuals and families in developing and utilizing natural supports.

5. Principle Five - Clinical Significance and Evidence Based Practices (EBP)

- Services are effective, resulting in a noticeable change in daily life that is measurable.
- Clinical practice is informed by best available research evidence, best clinical expertise, and client values and preferences
- Other clinically significant interventions such as innovative, promising, and emerging practices are embraced

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

6. Principle Six - Culturally Responsive

- Values, traditions, and beliefs specific to an individual's or family's culture(s) are valued and referenced in the path of wellness, resilience, and recovery
- Services are culturally grounded, congruent, and personalized to reflect the unique cultural experience of each individual and family
- Providers exhibit the highest level of cultural humility and sensitivity to the self-identified culture(s) of the person or family served in striving to achieve the greatest competency in care delivery

7. Principle Seven - Trauma-informed and Trauma-responsive

- The widespread impacts of all types of trauma are recognized and the various potential paths for recovery from trauma are understood
- Signs and symptoms of trauma in individuals, families, staff, and others are recognized and persons receive trauma-informed responses
- Physical, psychological and emotional safety for individuals, families, and providers is emphasized

8. Principle Eight - Co-occurring Capable

- Services are reflective of whole-person care; providers understand the influence of bio-psycho-social factors and the interactions between physical health, mental health, and substance use disorders
- Treatment of substance use disorders and mental health disorders are integrated; a provider or team may deliver treatment for mental health and substance use disorders at the same time

9. Principle Nine - Stages of Change, Motivation, and Harm Reduction

- Interventions are motivation-based and adapted to the client's stage of change
- Progression through stages of change are supported through positive working relationships and alliances that are motivating
- Providers support individuals and families to develop strategies aimed at reducing negative outcomes of substance misuse through a harm reduction approach
- Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

10. Principle Ten - Continuous Quality Improvement and Outcomes-Driven

- Individual and program outcomes are collected and evaluated for quality and efficacy
- Strategies are implemented to achieve a system of continuous quality improvement and improved performance outcomes
- Providers participate in ongoing professional development activities needed for proficiency in practice and implementation of treatment models

11. Principle Eleven - Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

- The rights of all people are respected
- Behavioral health is recognized as integral to individual and community well-being
- Promotion of health and wellness is interwoven throughout all aspects of DBH services
- Specific strategies to prevent illness and harm are implemented at the individual, family, program, and community levels
- Stigma is actively reduced by promoting awareness, accountability, and positive change in attitudes, beliefs, practices, and policies within all systems
- The vision of health and well-being for our community is continually addressed through collaborations between providers, individuals, families, and community members

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2022-23**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101			\$ -		\$ -
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.00	\$ -		\$ -
Acct #	Program Position	FTE	Admin	Program	Total
1116	Program Director	0.85		\$ 83,173	\$ 83,173
1117	Cultural Broker II/Training Coordinator	1.00		56,259	56,259
1118	Cultural Broker II	1.00		41,648	41,648
1119	Cultural Broker II	1.00		41,648	41,648
1120	Cultural Broker II	1.00		41,648	41,648
1121	Cultural Broker I	0.90		36,716	36,716
1122	Cultural Broker I	0.90		36,716	36,716
1123	Cultural Broker I	0.50		17,139	17,139
1124	Cultural Broker I	0.50		17,500	17,500
1125	Cultural Broker I / Health Data Specialist	1.00		35,000	35,000
1126	Childcare Provider / Peer Support	1.00		32,136	32,136
1127	Healing Gardener	0.50		16,068	16,068
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		10.15		\$ 455,651	\$ 455,651
			Admin	Program	Total
Direct Personnel Salaries Subtotal		10.15	\$ -	\$ 455,651	\$ 455,651
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ -	\$ 13,670	\$ 13,670
1202	Worker's Compensation		-	4,079	4,079
1203	Health Insurance		-	83,937	83,937
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-

1206	Other (specify)	-	-	-
Direct Employee Benefits Subtotal:		\$ -	\$ 101,686	\$ 101,686
Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	-	34,857	34,857
1303	SUI	-	4,405	4,405
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ -	\$ 39,262	\$ 39,262
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:				
		Admin	Program	Total
		\$ -	\$ 596,599	\$ 596,599

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	0%	100%

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

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 4,000
3002	Printing/Postage	3,000
3003	Office, Household & Program Supplies	17,801
3004	Advertising	5,000
3005	Staff Development & Training	6,000
3006	Staff Mileage	3,000
3007	Subscriptions & Memberships	3,000
3008	Vehicle Maintenance	-
3009	IT Support	7,800
3010	Expert Trainer	24,000
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 73,601

4000: DIRECT FACILITIES & EQUIPMENT
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Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 5,500
4002	Rent/Lease Building	70,056
4003	Rent/Lease Equipment	3,500
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	8,500
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 87,556

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Graphic Designer)	\$ 10,000
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 10,000

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ 116,963
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 116,963

INDIRECT COST RATE	15.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 5,000
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	5,000
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-

FIXED ASSETS EXPENSES TOTAL	\$ 10,000
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TOTAL PROGRAM EXPENSES	\$ 896,719
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PROGRAM FUNDING SOURCES

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

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

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention	Holistic Wellness Program	896,719
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 896,719

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

TOTAL PROGRAM FUNDING SOURCES:	\$ 896,719
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NET PROGRAM COST:	\$ -
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**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2022-23**

PARTIAL FTE DETAIL

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

Position	Contract #/Name/Department/County	FTE %
Program Director	A-22- Holistic Wellness Program	0.85
	A-21-295 CBANS	0.15
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.50
Peer Support Specialist	A-21-295 CBANS	0.50
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.90
Service Navigator	CVRC SEA	0.10
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.90
Service Navigator	CVRC SEA	0.10

Total		<u>1.00</u>

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I (Part - time)	A-22 Holistic Wellness Program	0.50
Total		<u>0.50</u>

Position	Contract #/Name/Department/County	FTE %
Healing Gardener	A-22 Holistic Wellness Program	0.50
Hmong Village Liason/Peer Support	CRDP Evolution	0.50
Total		<u>1.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %

	Total	<u>0.00</u>
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Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2022-23 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		596,599	
Administrative Positions			
1101	0	-	
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		455,651	
1116	Program Director	83,173	Program Director at \$8,154.17 x 12 months x 85% FTE = \$83,173. The Program Director oversees the management and continued development of the Holistic Wellness Program. Program Director works directly with the individuals served by providing mental health wellness trainings, event engagements, and occasional client check-in.
1117	Cultural Broker II/Training Coordinator	56,259	Cultural Broker II/Training Coordinator at \$4,688.25 x 12 months x 100% FTE = \$56,259. Cultural Broker II/Training Coordinator will be responsible for providing support to the Program Director and staff at the Holistic Wellness Program. Cultural Broker II/Training Coordinator will act as a central hub for collecting and disseminating program information and assisting individuals in connecting with the Holistic Wellness Program.
1118	Cultural Broker II	41,648	Cultural Broker II at \$3,470.67 x 12 months x 100% FTE = \$41,648. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1119	Cultural Broker II	41,648	Cultural Broker II at \$3,470.67 x 12 months x 100% FTE = \$41,648. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1120	Cultural Broker II	41,648	Cultural Broker II at \$3,470.67 x 12 months x 100% FTE = \$41,648. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1121	Cultural Broker I	36,716	Cultural Broker I at \$3,399.67 x 12 months x 90% FTE = \$36,716. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1122	Cultural Broker I	36,716	Cultural Broker I at \$3,399.67 x 12 months x 90% FTE = \$36,716. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1123	Cultural Broker I	17,139	Cultural Broker I at \$2,856.53 x 12 months x 50% FTE = \$17,139. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1124	Cultural Broker I	17,500	Cultural Broker I at \$2,916.67 x 12 months x 50% FTE = \$17,500. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1125	Cultural Broker I / Health Data Specialist	35,000	Cultural Broker I/Health Data Specialist at \$2,916.67 x 12 months x 100% FTE = \$35,000. Cultural Broker I/Health Data Specialist will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required. As a health data specialist, the staff will also be responsible to ensure client information is properly stored and safeguarded. This associate will track and monitor internal data on partnerships, sign-in sheets, unique clients, and input data into the approved data collection tools and create reports as requested.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1126	Childcare Provider / Peer Support	32,136	Childcare Provider/Peer Support at \$2,678.00 x 12 months x 100% FTE = \$32,136. Childcare Provider/Peer Support will provide onsite childcare and child-appropriate mental wellness activities
1127	Healing Gardener	16,068	Healing Gardener at \$2,678.00 x 12 months x 50% FTE = \$16,068. Healing Gardener will be in charge of maintenance of the Healing Garden and will work with the diverse individuals receiving services
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
Direct Employee Benefits		101,686	
1201	Retirement	13,670	Retirement @ \$455,651 total salaries x 3% of salaries = \$13,670
1202	Worker's Compensation	4,079	Worker's Compensation @ \$455,651 total salaries x .8952% = \$4,079
1203	Health Insurance	83,937	Health Insurance (Medical + Vision + Dental + Life Insurance) @ \$689.14/month x 10.15 FTE x 12 months = \$83,937
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		39,262	
1301	OASDI	-	
1302	FICA/MEDICARE	34,857	FICA/MEDICARE @ \$455,651 total salaries x 7.65 (%) = \$34,857
1303	SUI	4,405	SUI @ first 7000 x 6.20% x 10.15 FTE = \$ 4,405
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		2,000	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	1,000	Household items for Clients - towels, bags, handsoap, toothbrushes, and other cleaning supplies to provide support for clients and to promote wellness in mental health estimated at \$83.33 per month x 12 months = \$1,000.00
2008	Medication Supports	-	
2009	Program Supplies - Medical	1,000	Program Supplies - Medical: Medical supplies, equipments, and wellness kits for mental health estimated at \$83.33 per month x 12 months = \$1,000.00
2010	Utility Vouchers	-	
2011	Other (specify)	-	
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES		73,601	
3001	Telecommunications	4,000	Telecommunications - Internet, cell phone services (stipend), land line services, installment fees, etc. for staff's daily usage of telecommunication services, estimates at \$20.00 stipend x 6 staff x 12 months = \$1,440.00. (may vary depending on how many staff uses stipend). Landline,Internet, cell phone services estimated at \$213.33 per month x 12 months = \$2,560.00 (may vary). Total = \$4,000 Cell phone stipends will be given to all 4 Cultural Broker II, the Childcare Provider/Peer Support, and the Cultural Broker I/Health Data Specialist.
3002	Printing/Postage	3,000	Printing/Postage - Includes: postage & delivery, in-house printing, flyers, handouts, workshop information, binding, brochures, etc., to promote public attendance and increase knowledge on the program, etc. estimates @ \$250.00/month x 12 months = \$3,000 annually
3003	Office, Household & Program Supplies	17,801	Office, Household & Program Supplies - Includes: general office supplies, toner, papers, office décor, water service, sanitizing material, background checks, garden supplies (outdoor program meetings/supplies) estimated @ \$1,483.42/month x 12 months = \$17,801 annually (more focus on program supplies for garden in 1st and 2nd year)

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
3004	Advertising	5,000	Advertising - video, radio station, social media advertisements (Facebook, Youtube, etc) to promote the wellness and recovery of clients, and to prevent mental illness from becoming severe or disabling, (also to help promote the new Holistic logo which may not require as much promotion in later years) estimated @ \$416.67/month x 12 months = \$5,000 annually
3005	Staff Development & Training	6,000	Staff Development & Training – Staff onboarding training, WRAP, mental health first aide, resource training, mental health system navigation, case management, prevention and early intervention trainings, etc., estimated @ \$500.00/month x 12 months = \$6,000 annually (will frontload more of the trainings in beginning years, so that less potential training is needed later)
3006	Staff Mileage	3,000	Staff Mileage - Mileage reimbursement for staff to travel locally and in rural areas, estimated @ 42 miles/month x 10.15 FTE x 12 months x IRS rate = \$3,000 annually (mileage to be paid at IRS rate)
3007	Subscriptions & Memberships	3,000	Subscriptions & Memberships - Software licenses (set up, and monthly fees including outlook, Conference call, Microsoft, Adobe professional), zoom, member calls, live webinars, online content subscription associated with program, remote access, hootsuite, surveymonkey, etc., to access services that allows communication to be easier, quicker, and more efficient, allowing the tracking of conversations and information for better client insights to serve underserved cultural populations based on specific local data and identified needs, estimated @ \$250.00/month x 12 months = \$3,000 annually
3008	Vehicle Maintenance	-	
3009	IT Support	7,800	IT support - IT support helps clients and staffs' virtual workshop(s) run smoothly. Any technical issue is directed towards IT support to help assist in resolving the problems to help staff continue with their job, estimated at \$650/month x 12 months = \$7,800.
3010	Expert Trainer	24,000	Expert Training - PEI (program sessions) that helps promote the wellness and recovery of clients, and implemented to improve timely access to mental health services for individuals and/or families from underserved populations, etc. estimated @ \$2000.00/month x 12 months = \$24,000 annually. More funds needed in the beginning years due to onboarding new CB staff that is projected to eventually develop their own classes to support and promote wellness and recovery of clients in later years. Expert Trainers acts as makeshift by filling in gaps for Cultural Broker by providing classes of different cultures and training materials. (Program sessions for expert trainer includes: yoga session, nutrition workshops, african dances, youtube classes, FB live classes, meditation classes, strength based exercise, breathing exercises, sewing hope, peer support, mental health workshops, tabata classes, Clase en silla, etc. with varying costs \$50.00 - \$1,000.00 per session depending on trainers skills/license etc.
3011	Other (specify)	-	
3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT		87,556	
4001	Building Maintenance	5,500	Building Maintenance – Includes: Janitorial services, pest control, estimated @ \$458.33/month x 12 months = \$5,500 annually
4002	Rent/Lease Building	70,056	Rent/Lease Building estimated (projections) @ 1,200 sq. ft x \$1.39 sq. ft = \$1,668 x 12 months = \$20,016 @ 3,000 sq. ft x \$1.39 sq. ft = \$4,170 x 12 months = \$50,040 Total Rent/Lease Building estimated @ \$70,056 (20016+50040)
4003	Rent/Lease Equipment	3,500	Rent/Lease Equipment - Copy machine, storage rental, and shredding machine estimated @ \$291.67/month x 12 months = \$3,500 annually
4004	Rent/Lease Vehicles	-	
4005	Security	-	
4006	Utilities	8,500	Utilities (electricity, water, and gas, etc.) estimated @ \$708.33/month x 12 months = \$8,500.00
4007	Other (specify)	-	
4008	Other (specify)	-	
4009	Other (specify)	-	
4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES		10,000	
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PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
5001	Consultant (Graphic Designer)	10,000	<p>Consultant (Graphic Design) will use elements of shapes, colors, typography, images and more to convey ideas to an audience. The Graphic Design Consultant will create visual concepts to help communicate Holistic information and will help with rebranding of new Holistic logo (due to name change). Consultant will also assist in creating new templates, fliers, powerpoints, etc. to develop appropriate social media materials. Graphic designer costs are estimated at \$10,000 which includes the following below:</p> <p>Logo and design development- estimated at \$70.00/hour x 35.71 hours = \$2,500 (costs may vary)</p> <p>Powerpoint point design and development - estimated at \$50.00/hour x 20 hours = \$1,000 (costs may vary)</p> <p>Flier design and development- estimated at \$50.00/hour x 20 hours = \$1,000 (costs may vary)</p> <p>Trifle brochure development - estimated at \$50.00/hour x 40 hours = \$2,000 (costs may vary)</p> <p>social media content and material development - estimated at \$70.00/hour x 35.71 hours= \$2,500 (costs may vary)</p> <p>Infographic - estimated at \$50.00/hour x 20 hours = \$1,000 (costs may vary)</p> <p>Total costs: \$10,000.00 (costs may vary)</p> <p>Please note that Graphic Design Consultant is only paid when the consultant is hired to create and complete any appropriate materials needed. Costs may vary as these are just projections.</p>
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	-	
5005	Other (specify)	-	
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

6000: INDIRECT EXPENSES		116,963	
6001	Administrative Overhead	116,963	Indirect costs are 15% of total expenses. $116,963 / (896,719 - 116,963) = 15.00\%$
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used	-	
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS		10,000	
7001	Computer Equipment & Software	5,000	Computer Equipment & Software - (Laptops, desktops, and monitors) estimated @ \$1,000 per unit x 5 units = \$5,000 (replacements or repairs)
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
7003	Furniture & Fixtures	5,000	Furniture & Fixtures - desks is @ \$500 x 5 units = \$2,500, chairs is @ \$70 per unit x 5 units = \$350, Cabinets/other furnitures or fixtures @ \$430 or less per unit x 5 units= \$2,150. Total estimated furniture & fixtures costs = \$5,000 (2,500+350+2,150)
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES		
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)		
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
8001	Mental Health Services	
8002	Case Management	
8003	Crisis Services	
8004	Medication Support	
8005	Collateral	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 896,719

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 896,719

BUDGET CHECK: -

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2023-24**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101			\$ -		\$ -
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.00	\$ -		\$ -
Acct #	Program Position	FTE	Admin	Program	Total
1116	Program Director	0.85		\$ 85,668	\$ 85,668
1117	Cultural Broker II/Training Coordinator	1.00		56,259	56,259
1118	Cultural Broker II	1.00		42,897	42,897
1119	Cultural Broker II	1.00		42,897	42,897
1120	Cultural Broker II	1.00		42,897	42,897
1121	Cultural Broker I	0.90		37,818	37,818
1122	Cultural Broker I	0.90		37,818	37,818
1123	Cultural Broker I	0.50		17,653	17,653
1124	Cultural Broker I	0.50		18,025	18,025
1125	Cultural Broker I / Health Data Specialist	1.00		36,050	36,050
1126	Childcare Provider / Peer Support	1.00		33,100	33,100
1127	Healing Gardener	0.50		16,550	16,550
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		10.15		\$ 467,632	\$ 467,632
			Admin	Program	Total
Direct Personnel Salaries Subtotal		10.15	\$ -	\$ 467,632	\$ 467,632
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ -	\$ 14,029	\$ 14,029
1202	Worker's Compensation		-	4,186	4,186
1203	Health Insurance		-	83,937	83,937
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-

Direct Employee Benefits Subtotal:		\$ -	\$ 102,152	\$ 102,152
Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	-	35,774	35,774
1303	SUI	-	4,405	4,405
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ -	\$ 40,179	\$ 40,179
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:				
		Admin	Program	Total
		\$ -	\$ 609,963	\$ 609,963

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	0%	100%

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

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 3,500
3002	Printing/Postage	2,500
3003	Office, Household & Program Supplies	15,937
3004	Advertising	4,000
3005	Staff Development & Training	4,000
3006	Staff Mileage	3,000
3007	Subscriptions & Memberships	2,500
3008	Vehicle Maintenance	-
3009	IT Support	7,800
3010	Expert Trainer	24,000
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 67,237

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 5,500

4002	Rent/Lease Building	70,056
4003	Rent/Lease Equipment	3,500
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	8,500
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 87,556

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Graphic Designer)	\$ 5,000
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 5,000

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ 116,963
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 116,963

INDIRECT COST RATE	15.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 4,000
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	4,000
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ 8,000

TOTAL PROGRAM EXPENSES	\$ 896,719
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

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

8100 - SUBSTANCE USE DISORDER FUNDS

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

8200 - REALIGNMENT

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)

Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention	Holistic Wellness Program	896,719
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 896,719

8400 - OTHER REVENUE

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

TOTAL PROGRAM FUNDING SOURCES: \$ 896,719

NET PROGRAM COST: \$ -

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2023-24**

PARTIAL FTE DETAIL

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

Position	Contract #/Name/Department/County	FTE %
Program Director	A-22- Holistic Wellness Program	0.85
	A-21-295 CBANS	0.15
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.50
Peer Support Specialist	A-21-295 CBANS	0.50
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.90
Service Navigator	CVRC SEA	0.10
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.90
Service Navigator	CVRC SEA	0.10

Total		<u>1.00</u>

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I (Part - time)	A-22 Holistic Wellness Program	0.50
Total		<u>0.50</u>

Position	Contract #/Name/Department/County	FTE %
Healing Gardener	A-22 Holistic Wellness Program	0.50
Hmong Village Liason/Peer Support	CRDP Evolution	0.50
Total		<u>1.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %

	Total	<u>0.00</u>
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Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2023-24 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		609,963	
Administrative Positions			
1101	0	-	
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		467,632	
1116	Program Director	85,668	Program Director at \$8,398.79 x 12 months x 85% FTE = \$85,668. The Program Director oversees the management and continued development of the Holistic Wellness Program. Program Director works directly with the individuals served by providing mental health wellness trainings, event engagements, and occasional client check-in.
1117	Cultural Broker II/Training Coordinator	56,259	Cultural Broker II/Training Coordinator at \$4,688.25 x 12 months x 100% FTE = \$56,259. Cultural Broker II/Training Coordinator will be responsible for providing support to the Program Director and staff at the Holistic Wellness Program. Cultural Broker II/Training Coordinator will act as a central hub for collecting and disseminating program information and assisting individuals in connecting with the Holistic Wellness Program.
1118	Cultural Broker II	42,897	Cultural Broker II at \$3,574.75 x 12 months x 100% FTE = \$42,897. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1119	Cultural Broker II	42,897	Cultural Broker II at \$3,574.75 x 12 months x 100% FTE = \$42,897. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1120	Cultural Broker II	42,897	Cultural Broker II at \$3,574.75 x 12 months x 100% FTE = \$42,897. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1121	Cultural Broker I	37,818	Cultural Broker I at \$3,501.66 x 12 months x 90% FTE = \$37,818. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1122	Cultural Broker I	37,818	Cultural Broker I at \$3,501.66 x 12 months x 90% FTE = \$37,818. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1123	Cultural Broker I	17,653	Cultural Broker I at \$2,942.22 x 12 months x 50% FTE = \$17,653. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1124	Cultural Broker I	18,025	Cultural Broker I at \$3,004.17 x 12 months x 50% FTE = \$18,025. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1125	Cultural Broker I / Health Data Specialist	36,050	Cultural Broker I/Health Data Specialist at \$3,004.17 x 12 months x 100% FTE = \$36,050. Cultural Broker I/Health Data Specialist will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required. As a health data specialist, the staff will also be responsible to ensure client information is properly stored and safeguarded. This associate will track and monitor internal data on partnerships, sign-in sheets, unique clients, and input data into the approved data collection tools and create reports as requested.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1126	Childcare Provider / Peer Support	33,100	Childcare Provider/Peer Support at \$2,758.33 x 12 months x 100% FTE = \$33,100. Childcare Provider/Peer Support will provide onsite childcare and child-appropriate mental wellness activities
1127	Healing Gardener	16,550	Healing Gardener at \$2,758.33 x 12 months x 50% FTE = \$16,550. Healing Gardener will be in charge of maintenance of the Healing Garden and will work with the diverse individuals receiving services
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	

Direct Employee Benefits 102,152

1201	Retirement	14,029	Retirement @ \$467,632 total salaries x 3% of salaries = \$14,029
1202	Worker's Compensation	4,186	Worker's Compensation @ \$467,632 total salaries x .8952% = \$4,186
1203	Health Insurance	83,937	Health Insurance (Medical + Vision + Dental + Life Insurance) @ \$689.14/month x 10.15 FTE x 12 months = \$83,937
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	

Direct Payroll Taxes & Expenses: 40,179

1301	OASDI	-	
1302	FICA/MEDICARE	35,774	FICA/MEDICARE @ \$467,632 total salaries x 7.65 (%) = \$35,774
1303	SUI	4,405	SUI @ first 7000 x 6.20% x 10.15 FTE = \$ 4,405
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	

2000: DIRECT CLIENT SUPPORT 2,000

2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	1,000	Household items for Clients - towels, bags, handsoap, toothbrushes, and other cleaning supplies to provide support for clients and to promote wellness in mental health estimated at \$83.33 per month x 12 months = \$1,000.00
2008	Medication Supports	-	
2009	Program Supplies - Medical	1,000	Program Supplies - Medical: Medical supplies, equipments, and wellness kits for mental health estimated at \$83.33 per month x 12 months = \$1,000.00
2010	Utility Vouchers	-	
2011	Other (specify)	-	
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

3000: DIRECT OPERATING EXPENSES 67,237

3001	Telecommunications	3,500	Telecommunications - Internet, cell phone services (stipend), land line services, installment fees, etc. for staff's daily usage of telecommunication services, estimates at \$20.00 stipend x 6 staff x 12 months = \$1,440.00 (may vary depending on how many staff uses stipend). Landline, internet, cell phone services estimated at \$171.67 per month x 12 months = \$2060.00 (may vary). Total = \$3,500.00 Cell phone stipends will be given to all 4 Cultural Broker II, the Childcare Provider/Peer Support, and the Cultural Broker I/Health Data Specialist.
3002	Printing/Postage	2,500	Printing/Postage - Includes: postage & delivery, in-house printing, flyers, handouts, workshop information, binding, brochures, etc., to promote public attendance and increase knowledge on the program, etc. estimates @ \$208.33/month x 12 months = \$2,500 annually

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
3003	Office, Household & Program Supplies	15,937	Office, Household & Program Supplies - Includes: general office supplies, toner, papers, office décor, water service, sanitizing material, background checks, garden supplies (outdoor program meetings/supplies) estimated @ \$1,328.08/month x 12 months = \$15,937 annually (more focus on program supplies for garden in 1st and 2nd year)
3004	Advertising	4,000	Advertising - video, radio station, social media advertisements (Facebook, Youtube, etc) to promote the wellness and recovery of clients, and to prevent mental illness from becoming severe or disabling, (also to help promote the new Holistic logo which may not require as much promotion in later years) estimated @ \$333.33/month x 12 months = \$4,000 annually
3005	Staff Development & Training	4,000	Staff Development & Training – Staff onboarding training, WRAP, mental health first aide, resource training, mental health system navigation, case management, prevention and early intervention trainings, etc., estimated @ \$333.33/month x 12 months = \$4,000 annually (will frontload more of the trainings in beginning years, so that less potential training is needed later)
3006	Staff Mileage	3,000	Staff Mileage - Mileage reimbursement for staff to travel locally and in rural areas, estimated @ 42 miles/month x 10.15 FTE x 12 months x IRS rate = \$3,000 annually (mileage to be paid at IRS rate)
3007	Subscriptions & Memberships	2,500	Subscriptions & Memberships - Software licenses (set up, and monthly fees including outlook, Conference call, Microsoft, Adobe professional), zoom, member calls, live webinars, online content subscription associated with program, remote access, hootsuite, surveymonkey, etc., to access services that allows communication to be easier, quicker, and more efficient, allowing the tracking of conversations and information for better client insights to serve underserved cultural populations based on specific local data and identified needs, estimated @ \$208.33/month x 12 months = \$2,500 annually
3008	Vehicle Maintenance	-	
3009	IT Support	7,800	IT support - IT support helps clients and staffs' virtual workshop(s) run smoothly. Any technical issue is directed towards IT support to help assist in resolving the problems to help staff continue with their job, estimated at \$650/month x 12 months = \$7,800.
3010	Expert Trainer	24,000	Expert Training - PEI (program sessions) that helps promote the wellness and recovery of clients, and implemented to improve timely access to mental health services for individuals and/or families from underserved populations, etc. estimated @ \$2,000.00/month x 12 months = \$24,000 annually. More funds needed in the beginning years due to onboarding new CB staff that is projected to eventually develop their own classes to support and promote wellness and recovery of clients in later years. Expert Trainers acts as makeshift by filling in gaps for Cultural Broker by providing classes of different cultures and training materials. (Program sessions for expert trainer includes: yoga session, nutrition workshops, african dances, youtube classes, FB live classes, meditation classes, strength based exercise, breathing exercises, sewing hope, peer support, mental health workshops, tabata classes, Clase en silla, etc. wth varying costs \$50.00 - \$1,000.00 per session depending on trainers skills/license etc.
3011	Other (specify)	-	
3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT		87,556	
4001	Building Maintenance	5,500	Building Maintenance – Includes: Janitorial services, pest control, estimated @ \$458.33/month x 12 months = \$5,500 annually
4002	Rent/Lease Building	70,056	Rent/Lease Building estimated (projections) @ 1,200 sq. ft x \$1.39 sq. ft = \$1,668 x 12 months = \$20,016 @ 3,000 sq. ft x \$1.39 sq. ft = \$4,170 x 12 months = \$50,040 Total Rent/Lease Building estimated @ \$70,056 (20016+50040)
4003	Rent/Lease Equipment	3,500	Rent/Lease Equipment - Copy machine, storage rental, and shredding machine estimated @ \$291.67/month x 12 months = \$3,500 annually
4004	Rent/Lease Vehicles	-	
4005	Security	-	
4006	Utilities	8,500	Utilities (electricity, water, and gas, etc.) estimated @ \$708.33/month x 12 months = \$8,500.00
4007	Other (specify)	-	
4008	Other (specify)	-	
4009	Other (specify)	-	
4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES		5,000	
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PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
5001	Consultant (Graphic Designer)	5,000	<p>Consultant (Graphic Design) will use elements of shapes, colors, typography, images and more to convey ideas to an audience. The Graphic Design Consultant will create visual concepts to help communicate Holistic information and will help with rebranding of new Holistic logo (due to name change). Consultant will also assist in creating new templates, fliers, powerpoints, etc. to develop appropriate social media materials. Graphic designer costs are estimated at \$5,000 which includes the following below:</p> <p>Powerpoint point design and development - estimated at \$50.00/hour x 20 hours = \$1,000 (costs may vary) Flier design and development- estimated at \$50.00/hour x 20 hours = \$1,000 (costs may vary) Trifle brochure development - estimated at \$50.00/hour x 20 hours = \$1,000 (costs may vary) social media content and material development - estimated at \$50.00/hour x 20 hours = \$1,000 (costs may vary) Infographic - estimated at \$50.00/hour x 20 hours = \$1,000 (costs may vary) Total costs: \$5,000.00 (costs may vary)</p> <p>Please note that Graphic Design Consultant is only paid when the consultant is hired to create and complete any appropriate materials needed. Costs may vary as these are just projections.</p>
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	-	
5005	Other (specify)	-	
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

6000: INDIRECT EXPENSES		116,963	
6001	Administrative Overhead	116,963	Indirect costs are 15% of total expenses. 116,963/(896,719-116,963) = 15.00%
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used	-	
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS		8,000	
7001	Computer Equipment & Software	4,000	Computer Equipment & Software - (Laptops, desktops, and monitors) estimated @ \$1,000 per unit x 4 units = \$4,000 (replacements or repairs)
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
7003	Furniture & Fixtures	4,000	Furniture \$ Fixtures - desks is @ \$500 x 4 units = \$2,000, chairs is @ \$70 per unit x 4units = \$280, Cabinets/other furnitures or fixtures @ \$430 or less per unit x 4 units= \$1,720. Total estimated furniture & fixtures costs = \$4,000 (2,000+280+1720)
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 896,719

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 896,719

0

BUDGET CHECK: -

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2024-25**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101			\$ -		\$ -
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.00	\$ -		\$ -
Acct #	Program Position	FTE	Admin	Program	Total
1116	Program Director	0.85		\$ 88,238	\$ 88,238
1117	Cultural Broker II/Training Coordinator	1.00		57,947	57,947
1118	Cultural Broker II	1.00		44,184	44,184
1119	Cultural Broker II	1.00		44,184	44,184
1120	Cultural Broker II	1.00		44,184	44,184
1121	Cultural Broker I	0.90		38,952	38,952
1122	Cultural Broker I	0.90		38,952	38,952
1123	Cultural Broker I	0.50		18,183	18,183
1124	Cultural Broker I	0.50		18,566	18,566
1125	Cultural Broker I / Health Data Specialist	1.00		37,132	37,132
1126	Childcare Provider / Peer Support	1.00		34,093	34,093
1127	Healing Gardener	0.50		17,047	17,047
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		10.15		\$ 481,662	\$ 481,662
			Admin	Program	Total
Direct Personnel Salaries Subtotal		10.15	\$ -	\$ 481,662	\$ 481,662
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ -	\$ 14,450	\$ 14,450
1202	Worker's Compensation		-	4,312	4,312
1203	Health Insurance		-	83,937	83,937
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-

Direct Employee Benefits Subtotal:		\$ -	\$ 102,699	\$ 102,699
Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	-	36,847	36,847
1303	SUI	-	4,405	4,405
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ -	\$ 41,252	\$ 41,252
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:				
		Admin	Program	Total
		\$ -	\$ 625,613	\$ 625,613

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	0%	100%

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

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 3,000
3002	Printing/Postage	2,000
3003	Office, Household & Program Supplies	13,287
3004	Advertising	3,000
3005	Staff Development & Training	3,000
3006	Staff Mileage	3,000
3007	Subscriptions & Memberships	2,500
3008	Vehicle Maintenance	-
3009	IT Support	7,800
3010	Expert Trainer	21,000
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 58,587

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 5,500

4002	Rent/Lease Building	70,056
4003	Rent/Lease Equipment	3,500
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	8,500
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 87,556

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Graphic Designer)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ -

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ 116,963
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 116,963

INDIRECT COST RATE	15.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 3,000
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	3,000
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ 6,000

TOTAL PROGRAM EXPENSES	\$ 896,719
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

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

8100 - SUBSTANCE USE DISORDER FUNDS

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

8200 - REALIGNMENT

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)

Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention	Holistic Wellness Program	896,719
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 896,719

8400 - OTHER REVENUE

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

TOTAL PROGRAM FUNDING SOURCES: \$ 896,719

NET PROGRAM COST: \$ -

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2024-25**

PARTIAL FTE DETAIL

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

Position	Contract #/Name/Department/County	FTE %
Program Director	A-22- Holistic Wellness Program	0.85
	A-21-295 CBANS	0.15
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.50
Peer Support Specialist	A-21-295 CBANS	0.50
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.90
Service Navigator	CVRC SEA	0.10
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.90
Service Navigator	CVRC SEA	0.10

Total **1.00**

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I (Part - time)	A-22 Holistic Wellness Program	0.50

Total **0.50**

Position	Contract #/Name/Department/County	FTE %
Healing Gardener	A-22 Holistic Wellness Program	0.50

Total **0.50**

Position	Contract #/Name/Department/County	FTE %

Total **0.00**

Position	Contract #/Name/Department/County	FTE %

	Total	<u>0.00</u>
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Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2024-25 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		625,613	
Administrative Positions			
1101	0	-	
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		481,662	
1116	Program Director	88,238	Program Director at \$8,650.76 x 12 months x 85% FTE = \$88,238. The Program Director oversees the management and continued development of the Holistic Wellness Program. Program Director works directly with the individuals served by providing mental health wellness trainings, event engagements, and occasional client check-in.
1117	Cultural Broker II/Training Coordinator	57,947	Cultural Broker II/Training Coordinator at \$4,828.92 x 12 months x 100% FTE = \$57,947. Cultural Broker II/Training Coordinator will be responsible for providing support to the Program Director and staff at the Holistic Wellness Program. Cultural Broker II/Training Coordinator will act as a central hub for collecting and disseminating program information and assisting individuals in connecting with the Holistic Wellness Program.
1118	Cultural Broker II	44,184	Cultural Broker II at \$3,682.00 x 12 months x 100% FTE = \$44,184. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1119	Cultural Broker II	44,184	Cultural Broker II at \$3,682.00 x 12 months x 100% FTE = \$44,184. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1120	Cultural Broker II	44,184	Cultural Broker II at \$3,682.00 x 12 months x 100% FTE = \$44,184. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1121	Cultural Broker I	38,952	Cultural Broker I at \$3,606.71 x 12 months x 90% FTE = \$38,952. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1122	Cultural Broker I	38,952	Cultural Broker I at \$3,606.71 x 12 months x 90% FTE = \$38,952. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1123	Cultural Broker I	18,183	Cultural Broker I at \$3,030.49 x 12 months x 50% FTE = \$18,183. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1124	Cultural Broker I	18,566	Cultural Broker I at \$3,094.33 x 12 months x 50% FTE = \$18,566. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1125	Cultural Broker I / Health Data Specialist	37,132	Cultural Broker I/Health Data Specialist at \$3,094.33 x 12 months x 100% FTE = \$37,132. Cultural Broker I/Health Data Specialist will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required. As a health data specialist, the staff will also be responsible to ensure client information is properly stored and safeguarded. This associate will track and monitor internal data on partnerships, sign-in sheets, unique clients, and input data into the approved data collection tools and create reports as requested.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1126	Childcare Provider / Peer Support	34,093	Childcare Provider/Peer Support at \$2,841.08 x 12 months x 100% FTE = \$34,093. Childcare Provider/Peer Support will provide onsite childcare and child-appropriate mental wellness activities
1127	Healing Gardener	17,047	Healing Gardener at \$2,841.08 x 12 months x 50% FTE = \$17,047. Healing Gardener will be in charge of maintenance of the Healing Garden and will work with the diverse individuals receiving services
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
Direct Employee Benefits		102,699	
1201	Retirement	14,450	Retirement @ \$481,662 total salaries x 3% of salaries = \$14,450
1202	Worker's Compensation	4,312	Worker's Compensation @ \$481,662 total salaries x .8952% = \$4,312
1203	Health Insurance	83,937	Health Insurance (Medical + Vision + Dental + Life Insurance) @ \$689.14/month x 10.15 FTE x 12 months = \$83,937
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		41,252	
1301	OASDI	-	
1302	FICA/MEDICARE	36,847	FICA/MEDICARE @ \$481,662 total salaries x 7.65 (%) = \$36,847
1303	SUI	4,405	SUI @ first 7000 x 6.20% x 10.15 FTE = \$ 4,405
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		2,000	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	1,000	Household items for Clients - towels, bags, handsoap, toothbrushes, and other cleaning supplies to provide support for clients and to promote wellness in mental health estimated at \$83.33 per month x 12 months = \$1,000.00
2008	Medication Supports	-	
2009	Program Supplies - Medical	1,000	Program Supplies - Medical: Medical supplies, equipments, and wellness kits for mental health estimated at \$83.33 per month x 12 months = \$1,000.00
2010	Utility Vouchers	-	
2011	Other (specify)	-	
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES		58,587	
3001	Telecommunications	3,000	Telecommunications - Internet, cell phone services (stipend), land line services, installment fees, etc. for staff's daily usage of telecommunication services, estimates at \$20.00 stipend x 6 staff x 12 months = \$1,440.00 (may vary depending on how many staff uses stipend). Landline, internet, cell phone services estimated at \$130 per month x 12 months = \$1,560.00 (may vary). Total = \$3,000.00 Cell phone stipends will be given to all 4 Cultural Broker II, the Childcare Provider/Peer Support, and the Cultural Broker I/Health Data Specialist.
3002	Printing/Postage	2,000	Printing/Postage - Includes: postage & delivery, in-house printing, flyers, handouts, workshop information, binding, brochures, etc., to promote public attendance and increase knowledge on the program, etc. estimates @ \$166.67/month x 12 months = \$2,000 annually
3003	Office, Household & Program Supplies	13,287	Office, Household & Program Supplies - Includes: general office supplies, toner, papers, office décor, water service, sanitizing material, background checks, garden supplies (outdoor program meetings/supplies) estimated @ \$1,107.25/month x 12 months = \$13,287 annually (more focus on program supplies for garden in 1st and 2nd year)

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
3004	Advertising	3,000	Advertising - video, radio station, social media advertisements (Facebook, Youtube, etc) to promote the wellness and recovery of clients, and to prevent mental illness from becoming severe or disabling, (also to help promote the new Holistic logo which may not require as much promotion in later years) estimated @ \$250.00/month x 12 months = \$3,000 annually
3005	Staff Development & Training	3,000	Staff Development & Training – Staff onboarding training, WRAP, mental health first aide, resource training, mental health system navigation, case management, prevention and early intervention trainings, etc., estimated @ \$250/month x 12 months = \$3,000 annually (will frontload more of the trainings in beginning years, so that less potential training is needed later)
3006	Staff Mileage	3,000	Staff Mileage - Mileage reimbursement for staff to travel locally and in rural areas, estimated @ 42 miles/month x 10.15 FTE x 12 months x IRS rate = \$3,000 annually (mileage to be paid at IRS rate)
3007	Subscriptions & Memberships	2,500	Subscriptions & Memberships - Software licenses (set up, and monthly fees including outlook, Conference call, Microsoft, Adobe professional), zoom, member calls, live webinars, online content subscription associated with program, remote access, hootsuite, surveymonkey, etc., to access services that allows communication to be easier, quicker, and more efficient, allowing the tracking of conversations and information for better client insights to serve underserved cultural populations based on specific local data and identified needs, estimated @ \$208.33/month x 12 months = \$2,500 annually
3008	Vehicle Maintenance	-	
3009	IT Support	7,800	IT support - IT support helps clients and staffs' virtual workshop(s) run smoothly. Any technical issue is directed towards IT support to help assist in resolving the problems to help staff continue with their job, estimated at \$650/month x 12 months = \$7,800.
3010	Expert Trainer	21,000	Expert Training - PEI (program sessions) that helps promote the wellness and recovery of clients, and implemented to improve timely access to mental health services for individuals and/or families from underserved populations, etc. estimated @ \$1,750/month x 12 months = \$21,000 annually. More funds needed in the beginning years due to onboarding new CB staff that is projected to eventually develop their own classes to support and promote wellness and recovery of clients in later years. Expert Trainers acts as makeshift by filling in gaps for Cultural Broker by providing classes of different cultures and training materials. (Program sessions for expert trainer includes: yoga session, nutrition workshops, african dances, youtube classes, FB live classes, meditation classes, strength based exercise, breathing exercises, sewing hope, peer support, mental health workshops, tabata classes, Clase en silla, etc. wth varying costs \$50.00 - \$1,000.00 per session depending on trainers skills/license etc.
3011	Other (specify)	-	
3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT		87,556	
4001	Building Maintenance	5,500	Building Maintenance – Includes: Janitorial services, pest control, estimated @ \$458.33/month x 12 months = \$5,500 annually
4002	Rent/Lease Building	70,056	Rent/Lease Building estimated (projections) @ 1,200 sq. ft x \$1.39 sq. ft = \$1,668 x 12 months = \$20,016 @ 3,000 sq. ft x \$1.39 sq. ft = \$4,170 x 12 months = \$50,040 Total Rent/Lease Building estimated @ \$70,056 (20016+50040)
4003	Rent/Lease Equipment	3,500	Rent/Lease Equipment - Copy machine, storage rental, and shredding machine estimated @ \$291.67/month x 12 months = \$3,500 annually
4004	Rent/Lease Vehicles	-	
4005	Security	-	
4006	Utilities	8,500	Utilities (electricity, water, and gas, etc.) estimated @ \$708.33/month x 12 months = \$8,500.00
4007	Other (specify)	-	
4008	Other (specify)	-	
4009	Other (specify)	-	
4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES		-	
5001	Consultant (Graphic Designer)	-	
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	-	
5005	Other (specify)	-	
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6000: INDIRECT EXPENSES		116,963	
6001	Administrative Overhead	116,963	Indirect costs are 15% of total expenses. 116,963/(896,719-116,963) = 15.00%
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used	-	
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS		6,000	
7001	Computer Equipment & Software	3,000	Computer Equipment & Software - (Laptops, desktops, and monitors) estimated @ \$1,000 per unit x 3 units = \$3,000 (replacements or repairs)
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
7003	Furniture & Fixtures	3,000	Furniture \$ Fixtures - desks is @ \$500 x 3 units = \$1,500, chairs is @ \$70 per unit x 3 units = \$210, Cabinets/other furnitures or fixtures @ \$430 or less per unit x 3 units= \$1,290. Total estimated furniture & fixtures costs = \$3,000 (1500+210+1290)
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 896,719

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 896,719

BUDGET CHECK: -

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2025-26**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101			\$ -		\$ -
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.00	\$ -		\$ -
Acct #	Program Position	FTE	Admin	Program	Total
1116	Program Director	0.85		\$ 90,885	\$ 90,885
1117	Cultural Broker II/Training Coordinator	1.00		59,685	59,685
1118	Cultural Broker II	1.00		45,510	45,510
1119	Cultural Broker II	1.00		45,510	45,510
1120	Cultural Broker II	1.00		45,510	45,510
1121	Cultural Broker I	0.90		40,121	40,121
1122	Cultural Broker I	0.90		40,121	40,121
1123	Cultural Broker I	0.50		18,728	18,728
1124	Cultural Broker I	0.50		19,123	19,123
1125	Cultural Broker I / Health Data Specialist	1.00		38,245	38,245
1126	Childcare Provider / Peer Support	1.00		35,116	35,116
1127	Healing Gardener	0.50		17,558	17,558
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		10.15		\$ 496,112	\$ 496,112
Direct Personnel Salaries Subtotal		10.15	\$ -	\$ 496,112	\$ 496,112
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ -	\$ 14,883	\$ 14,883
1202	Worker's Compensation		-	4,441	4,441
1203	Health Insurance		-	83,937	83,937
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-

Direct Employee Benefits Subtotal:		\$ -	\$ 103,261	\$ 103,261
Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	-	37,953	37,953
1303	SUI	-	4,405	4,405
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ -	\$ 42,358	\$ 42,358
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:				
		Admin	Program	Total
		\$ -	\$ 641,731	\$ 641,731

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	0%	100%

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

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 2,500
3002	Printing/Postage	2,000
3003	Office, Household & Program Supplies	10,169
3004	Advertising	2,000
3005	Staff Development & Training	2,000
3006	Staff Mileage	3,000
3007	Subscriptions & Memberships	2,500
3008	Vehicle Maintenance	-
3009	IT Support	7,800
3010	Expert Trainer	15,500
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 47,469

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 5,500

4002	Rent/Lease Building	70,056
4003	Rent/Lease Equipment	3,500
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	8,500
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 87,556

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Graphic Designer)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ -

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ 116,963
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 116,963

INDIRECT COST RATE	15.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 500
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	500
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ 1,000

TOTAL PROGRAM EXPENSES	\$ 896,719
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

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

8100 - SUBSTANCE USE DISORDER FUNDS

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

8200 - REALIGNMENT

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)

Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention	Holistic Wellness Program	896,719
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 896,719

8400 - OTHER REVENUE

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

TOTAL PROGRAM FUNDING SOURCES: \$ 896,719

NET PROGRAM COST: \$ -

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2025-26**

PARTIAL FTE DETAIL

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

Position	Contract #/Name/Department/County	FTE %
Program Director	A-22- Holistic Wellness Program	0.85
	A-21-295 CBANS	0.15
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.50
Peer Support Specialist	A-21-295 CBANS	0.50
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.90
Service Navigator	CVRC SEA	0.10
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.90
Service Navigator	CVRC SEA	0.10

Total		1.00

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I (Part - time)	A-22 Holistic Wellness Program	0.50
Total		0.50

Position	Contract #/Name/Department/County	FTE %
Healing Gardener	A-22 Holistic Wellness Program	0.50
Total		0.50

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

Position	Contract #/Name/Department/County	FTE %

	Total	<u>0.00</u>
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Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2025-26 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		641,731	
Administrative Positions			
1101	0	-	
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		496,112	
1116	Program Director	90,885	Program Director at \$8,910.28 x 12 months x 85% FTE = \$90,885. The Program Director oversees the management and continued development of the Holistic Wellness Program. Program Director works directly with the individuals served by providing mental health wellness trainings, event engagements, and occasional client check-in.
1117	Cultural Broker II/Training Coordinator	59,685	Cultural Broker II/Training Coordinator at \$4,973.75 x 12 months x 100% FTE = \$59,685. Cultural Broker II/Training Coordinator will be responsible for providing support to the Program Director and staff at the Holistic Wellness Program. Cultural Broker II/Training Coordinator will act as a central hub for collecting and disseminating program information and assisting individuals in connecting with the Holistic Wellness Program.
1118	Cultural Broker II	45,510	Cultural Broker II at \$3,792.50 x 12 months x 100% FTE = \$45,510. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1119	Cultural Broker II	45,510	Cultural Broker II at \$3,792.50 x 12 months x 100% FTE = \$45,510. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1120	Cultural Broker II	45,510	Cultural Broker II at \$3,792.50 x 12 months x 100% FTE = \$45,510. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1121	Cultural Broker I	40,121	Cultural Broker I at \$3,714.91 x 12 months x 90% FTE = \$40,121. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1122	Cultural Broker I	40,121	Cultural Broker I at \$3,714.91 x 12 months x 90% FTE = \$40,121. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1123	Cultural Broker I	18,728	Cultural Broker I at \$3,121.40 x 12 months x 50% FTE = \$18,728. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1124	Cultural Broker I	19,123	Cultural Broker I at \$3,187.17 x 12 months x 50% FTE = \$19,123. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1125	Cultural Broker I / Health Data Specialist	38,245	Cultural Broker I/Health Data Specialist at \$3,187.17x 12 months x 100% FTE = \$38,245. Cultural Broker I/Health Data Specialist will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required. As a health data specialist, the staff will also be responsible to ensure client information is properly stored and safeguarded. This associate will track and monitor internal data on partnerships, sign-in sheets, unique clients, and input data into the approved data collection tools and create reports as requested.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1126	Childcare Provider / Peer Support	35,116	Childcare Provider/Peer Support at \$2,926.33 x 12 months x 100% FTE = \$35,116. Childcare Provider/Peer Support will provide onsite childcare and child-appropriate mental wellness activities
1127	Healing Gardener	17,558	Healing Gardener at \$2,926.33 x 12 months x 50% FTE = \$17,558. Healing Gardener will be in charge of maintenance of the Healing Garden and will work with the diverse individuals receiving services
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
Direct Employee Benefits		103,261	
1201	Retirement	14,883	Retirement @ \$496,112 total salaries x 3% of salaries = \$14,883
1202	Worker's Compensation	4,441	Worker's Compensation @ \$496,112 total salaries x .8952% = \$4,441
1203	Health Insurance	83,937	Health Insurance (Medical + Vision + Dental + Life Insurance) @ \$689.14/month x 10.15 FTE x 12 months = \$83,937
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		42,358	
1301	OASDI	-	
1302	FICA/MEDICARE	37,953	FICA/MEDICARE @ \$496,112 total salaries x 7.65 (%) = \$37,953
1303	SUI	4,405	SUI @ first 7000 x 6.20% x 10.15 FTE = \$ 4,405
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		2,000	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	1,000	Household items for Clients - towels, bags, handsoap, toothbrushes, and other cleaning supplies to provide support for clients and to promote wellness in mental health estimated at \$83.33 per month x 12 months = \$1,000.00
2008	Medication Supports	-	
2009	Program Supplies - Medical	1,000	Program Supplies - Medical: Medical supplies, equipments, and wellness kits for mental health estimated at \$83.33 per month x 12 months = \$1,000.00
2010	Utility Vouchers	-	
2011	Other (specify)	-	
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES		47,469	
3001	Telecommunications	2,500	Telecommunications - Internet, cell phone services (stipend), land line services, installment fees, etc. for staff's daily usage of telecommunication services, estimates at \$20.00 stipend x 6 staff x 12 months = \$1,440.00 (may vary depending on how many staff uses stipend). Landline, internet, cell phone services estimated at \$88.33 per month x 12 months = \$1060 (may vary). Total = \$2,500.00 Cell phone stipends will be given to all 4 Cultural Broker II, the Childcare Provider/Peer Support, and the Cultural Broker I/Health Data Specialist.
3002	Printing/Postage	2,000	Printing/Postage - Includes: postage & delivery, in-house printing, flyers, handouts, workshop information, binding, brochures, etc., to promote public attendance and increase knowledge on the program, etc. estimates @ \$166.67/month x 12 months = \$2,000 annually
3003	Office, Household & Program Supplies	10,169	Office, Household & Program Supplies - Includes: general office supplies, toner, papers, office décor, water service, sanitizing material, background checks, garden supplies (outdoor program meetings/supplies) estimated @ \$847.42/month x 12 months = \$10,169 annually (more focus on program supplies for garden in 1st and 2nd year)

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
3004	Advertising	2,000	Advertising - video, radio station, social media advertisements (Facebook, Youtube, etc) to promote the wellness and recovery of clients, and to prevent mental illness from becoming severe or disabling, (also to help promote the new Holistic logo which may not require as much promotion in later years) estimated @ \$166.67/month x 12 months = \$2,000 annually
3005	Staff Development & Training	2,000	Staff Development & Training – Staff onboarding training, WRAP, mental health first aide, resource training, mental health system navigation, case management, prevention and early intervention trainings, etc., estimated @ \$166.67/month x 12 months = \$2,000 annually (will frontload more of the trainings in beginning years, so that less potential training is needed later)
3006	Staff Mileage	3,000	Staff Mileage - Mileage reimbursement for staff to travel locally and in rural areas, estimated @ 42 miles/month x 10.15 FTE x 12 months x IRS rate = \$3,000 annually (mileage to be paid at IRS rate)
3007	Subscriptions & Memberships	2,500	Subscriptions & Memberships - Software licenses (set up, and monthly fees including outlook, Conference call, Microsoft, Adobe professional), zoom, member calls, live webinars, online content subscription associated with program, remote access, hootsuite, surveymonkey, etc., to access services that allows communication to be easier, quicker, and more efficient, allowing the tracking of conversations and information for better client insights to serve underserved cultural populations based on specific local data and identified needs, estimated @ \$208.33/month x 12 months = \$2,500 annually
3008	Vehicle Maintenance	-	
3009	IT Support	7,800	IT support - IT support helps clients and staffs' virtual workshop(s) run smoothly. Any technical issue is directed towards IT support to help assist in resolving the problems to help staff continue with their job, estimated at \$650/month x 12 months = \$7,800.
3010	Expert Trainer	15,500	Expert Training - PEI (program sessions) that helps promote the wellness and recovery of clients, and implemented to improve timely access to mental health services for individuals and/or families from underserved populations, etc. estimated @ \$1,291.67/month x 12 months = \$15,500 annually. More funds needed in the beginning years due to onboarding new CB staff that is projected to eventually develop their own classes to support and promote wellness and recovery of clients in later years. Expert Trainers acts as makeshift by filling in gaps for Cultural Broker by providing classes of different cultures and training materials. (Program sessions for expert trainer includes: yoga session, nutrition workshops, african dances, youtube classes, FB live classes, meditation classes, strength based exercise, breathing exercises, sewing hope, peer support, mental health workshops, tabata classes, Clase en silla, etc. wth varying costs \$50.00 - \$1,000.00 per session depending on trainers skills/license etc.
3011	Other (specify)	-	
3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT		87,556	
4001	Building Maintenance	5,500	Building Maintenance – Includes: Janitorial services, pest control, estimated @ \$458.33/month x 12 months = \$5,500 annually
4002	Rent/Lease Building	70,056	Rent/Lease Building estimated (projections) @ 1,200 sq. ft x \$1.39 sq. ft = \$1,668 x 12 months = \$20,016 @ 3,000 sq. ft x \$1.39 sq. ft = \$4,170 x 12 months = \$50,040 Total Rent/Lease Building estimated @ \$70,056 (20016+50040)
4003	Rent/Lease Equipment	3,500	Rent/Lease Equipment - Copy machine, storage rental, and shredding machine estimated @ \$291.67/month x 12 months = \$3,500 annually
4004	Rent/Lease Vehicles	-	
4005	Security	-	
4006	Utilities	8,500	Utilities (electricity, water, and gas, etc.) estimated @ \$708.33/month x 12 months = \$8,500.00
4007	Other (specify)	-	
4008	Other (specify)	-	
4009	Other (specify)	-	
4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES		-	
5001	Consultant (Graphic Designer)	-	
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	-	
5005	Other (specify)	-	
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6000: INDIRECT EXPENSES		116,963	
6001	Administrative Overhead	116,963	Indirect costs are 15% of total expenses. 116,963/(896,719-116,963) = 15.00%
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used	-	
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS		1,000	
7001	Computer Equipment & Software	500	Computer Equipment & Software - (Laptops, desktops, and monitors) estimated @ \$500 per unit x1 units = \$500 (replacements or repairs)
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
7003	Furniture & Fixtures	500	Furniture & Fixtures - desks, Cabinets/other furnitures or fixtures @ \$500 (depending on what will need to be replaced or repaired) Total estimated furniture & fixtures costs = \$500
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 896,719

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 896,719

BUDGET CHECK: -

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2026-27**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101			\$ -		\$ -
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.00	\$ -		\$ -
Acct #	Program Position	FTE	Admin	Program	Total
1116	Program Director	0.85		\$ 93,611	\$ 93,611
1117	Cultural Broker II/Training Coordinator	1.00		61,476	61,476
1118	Cultural Broker II	1.00		46,875	46,875
1119	Cultural Broker II	1.00		46,875	46,875
1120	Cultural Broker II	1.00		46,875	46,875
1121	Cultural Broker I	0.90		41,325	41,325
1122	Cultural Broker I	0.90		41,325	41,325
1123	Cultural Broker I	0.50		19,290	19,290
1124	Cultural Broker I	0.50		19,696	19,696
1125	Cultural Broker I / Health Data Specialist	1.00		39,393	39,393
1126	Childcare Provider / Peer Support	1.00		36,169	36,169
1127	Healing Gardener	0.50		18,085	18,085
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		10.15		\$ 510,995	\$ 510,995
			Admin	Program	Total
Direct Personnel Salaries Subtotal		10.15	\$ -	\$ 510,995	\$ 510,995
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ -	\$ 15,330	\$ 15,330
1202	Worker's Compensation		-	4,574	4,574
1203	Health Insurance		-	83,937	83,937
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-

Direct Employee Benefits Subtotal:				\$	-	\$	103,841	\$	103,841
Direct Payroll Taxes & Expenses:									
Acct #	Description	Admin	Program	Total					
1301	OASDI	\$ -	\$ -	\$ -					
1302	FICA/MEDICARE	-	39,091	39,091					
1303	SUI	-	4,405	4,405					
1304	Other (specify)	-	-	-					
1305	Other (specify)	-	-	-					
1306	Other (specify)	-	-	-					
Direct Payroll Taxes & Expenses Subtotal:		\$ -	\$ 43,496	\$ 43,496					
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:									
		Admin	Program	Total					
		\$ -	\$ 658,332	\$ 658,332					

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	0%	100%

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

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 2,500
3002	Printing/Postage	2,000
3003	Office, Household & Program Supplies	8,868
3004	Advertising	1,000
3005	Staff Development & Training	1,000
3006	Staff Mileage	3,000
3007	Subscriptions & Memberships	2,500
3008	Vehicle Maintenance	-
3009	IT Support	-
3010	Expert Trainer	10,000
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 30,868

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 5,500

4002	Rent/Lease Building	70,056
4003	Rent/Lease Equipment	3,500
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	8,500
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 87,556

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Graphic Design)	
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ -

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ 116,963
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 116,963

INDIRECT COST RATE	15.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 500
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	
7003	Furniture & Fixtures	500
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ 1,000

TOTAL PROGRAM EXPENSES	\$ 896,719
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

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

8100 - SUBSTANCE USE DISORDER FUNDS

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

8200 - REALIGNMENT

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)

Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention	Holistic Wellness Program	896,719
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 896,719

8400 - OTHER REVENUE

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

TOTAL PROGRAM FUNDING SOURCES: \$ 896,719

NET PROGRAM COST: \$ -

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2026-27**

PARTIAL FTE DETAIL

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

Position	Contract #/Name/Department/County	FTE %
Program Director	A-22- Holistic Wellness Program	0.85
Total		<u>0.85</u>

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.50
Total		<u>0.50</u>

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.90
Service Navigator	CVRC SEA	0.10
Total		<u>1.00</u>

Position	Contract #/Name/Department/County	FTE %
Cultural Broker I	A-22 Holistic Wellness Program	0.90
Service Navigator	CVRC SEA	0.10

	Total	<u>0.00</u>
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Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

**Holistic Wellness Program
The Fresno Center
Fiscal Year (FY) 2026-27 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		658,332	
Administrative Positions			
		-	
1101	0	-	
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		510,995	
1116	Program Director	93,611	Program Director at \$9,177.59 x 12 months x 85% FTE = \$93,611. The Program Director oversees the management and continued development of the Holistic Wellness Program. Program Director works directly with the individuals served by providing mental health wellness trainings, event engagements, and occasional client check-in.
1117	Cultural Broker II/Training Coordinator	61,476	Cultural Broker II/Training Coordinator at \$5,123.00 x 12 months x 100% FTE = \$61,476. Cultural Broker II/Training Coordinator will be responsible for providing support to the Program Director and staff at the Holistic Wellness Program. Cultural Broker II/Training Coordinator will act as a central hub for collecting and disseminating program information and assisting individuals in connecting with the Holistic Wellness Program.
1118	Cultural Broker II	46,875	Cultural Broker II at \$3,906.25 x 12 months x 100% FTE = \$46,875. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1119	Cultural Broker II	46,875	Cultural Broker II at \$3,906.25 x 12 months x 100% FTE = \$46,875. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1120	Cultural Broker II	46,875	Cultural Broker II at \$3,906.25 x 12 months x 100% FTE = \$46,875. Cultural Broker II will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required with added leadership roles in one of the key program areas.
1121	Cultural Broker I	41,325	Cultural Broker I at \$3,826.35 x 12 months x 90% FTE = \$41,325. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1122	Cultural Broker I	41,325	Cultural Broker I at \$3,826.35 x 12 months x 90% FTE = \$41,325. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1123	Cultural Broker I	19,290	Cultural Broker I at \$3,215.05 x 12 months x 50% FTE = \$19,290. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1124	Cultural Broker I	19,696	Cultural Broker I at \$3,282.67 x 12 months x 50% FTE = \$19,696. Cultural Broker I will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required.
1125	Cultural Broker I / Health Data Specialist	39,393	Cultural Broker I/Health Data Specialist at \$3,282.67 x 12 months x 100% FTE = \$39,393. Cultural Broker I/Health Data Specialist will be responsible for planning and facilitating activities related to the Holistic Wellness Program as it relates to complementary healing education, referral, linkage, and related services as required. As a health data specialist, the staff will also be responsible to ensure client information is properly stored and safeguarded. This associate will track and monitor internal data on partnerships, sign-in sheets, unique clients, and input data into the approved data collection tools and create reports as requested.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1126	Childcare Provider / Peer Support	36,169	Childcare Provider/Peer Support at \$3,014.08 x 12 months x 100% FTE = \$36,169. Childcare Provider/Peer Support will provide onsite childcare and child-appropriate mental wellness activities
1127	Healing Gardener	18,085	Healing Gardener at \$3,014.08 x 12 months x 50% FTE = \$18,085. Healing Gardener will be in charge of maintenance of the Healing Garden and will work with the diverse individuals receiving services
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
Direct Employee Benefits		103,841	
1201	Retirement	15,330	Retirement @ \$510,995 total salaries x 3% of salaries = \$15,330
1202	Worker's Compensation	4,574	Worker's Compensation @ \$510,995 total salaries x .8952% = \$4,574
1203	Health Insurance	83,937	Health Insurance (Medical + Vision + Dental + Life Insurance) @ \$689.14/month x 10.15 FTE x 12 months = \$83,937
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		43,496	
1301	OASDI	-	
1302	FICA/MEDICARE	39,091	FICA/MEDICARE @ \$510,995 total salaries x 7.65 (%) = \$39,091
1303	SUI	4,405	SUI @ first 7000 x 6.20% x 10.15 FTE = \$ 4,405
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		2,000	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	1,000	Household items for Clients - towels, bags, handsoap, toothbrushes, and other cleaning supplies to provide support for clients and to promote wellness in mental health estimated at \$83.33 per month x 12 months = \$1,000.00
2008	Medication Supports	-	
2009	Program Supplies - Medical	1,000	Program Supplies - Medical: Medical supplies, equipments, and wellness kits for mental health estimated at \$83.33 per month x 12 months = \$1,000.00
2010	Utility Vouchers	-	
2011	Other (specify)	-	
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES		30,868	
3001	Telecommunications	2,500	Telecommunications - Internet, cell phone services (stipend), land line services, installment fees, etc. for staff's daily usage of telecommunication services, estimates at \$20.00 stipend x 6 staff x 12 months = \$1,440.00 (may vary depending on how many staff uses stipend). Landline,Internet, cell phone services estimated at \$88.33 per month x 12 months = \$1060 (may vary). Total = \$2,500.00 Cell phone stipends will be given to all 4 Cultural Broker II, the Childcare Provider/Peer Support, and the Cultural Broker I/Health Data Specialist.
3002	Printing/Postage	2,000	Printing/Postage - Includes: postage & delivery, in-house printing, flyers, handouts, workshop information, binding, brochures, etc., to promote public attendance and increase knowledge on the program, etc. estimates @ \$166.67/month x 12 months = \$2,000 annually
3003	Office, Household & Program Supplies	8,868	Office, Household & Program Supplies - Includes: general office supplies, toner, papers, office décor, water service, sanitizing material, background checks, garden supplies (outdoor program meetings/supplies) estimated @ \$739/month x 12 months = \$8,868 annually (more focus on program supplies for garden in 1st and 2nd year)

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
3004	Advertising	1,000	Advertising - video, radio station, social media advertisements (Facebook, Youtube, etc) to promote the wellness and recovery of clients, and to prevent mental illness from becoming severe or disabling, (also to help promote the new Holistic logo which may not require as much promotion in later years) estimated @ \$83.33/month x 12 months = \$1,000 annually
3005	Staff Development & Training	1,000	Staff Development & Training – Staff onboarding training, WRAP, mental health first aide, resource training, mental health system navigation, case management, prevention and early intervention trainings, etc., estimated @ \$83.33/month x 12 months = \$1,000 annually (will frontload more of the trainings in beginning years, so that less potential training is needed later)
3006	Staff Mileage	3,000	Staff Mileage - Mileage reimbursement for staff to travel locally and in rural areas, estimated @ 42 miles/month x 10.15 FTE x 12 months x IRS rate = \$3,000 annually (mileage to be paid at IRS rate)
3007	Subscriptions & Memberships	2,500	Subscriptions & Memberships - Software licenses (set up, and monthly fees including outlook, Conference call, Microsoft, Adobe professional), zoom, member calls, live webinars, online content subscription associated with program, remote access, hootsuite, surveymonkey, etc., to access services that allows communication to be easier, quicker, and more efficient, allowing the tracking of conversations and information for better client insights to serve underserved cultural populations based on specific local data and identified needs, estimated @ \$208.33/month x 12 months = \$2,500 annually
3008	Vehicle Maintenance	-	
3009	IT Support	-	
3010	Expert Trainer	10,000	Expert Training - PEI (program sessions) that helps promote the wellness and recovery of clients, and implemented to improve timely access to mental health services for individuals and/or families from underserved populations, etc. estimated @ \$833.33/month x 12 months = \$10,000 annually. More funds needed in the beginning years due to onboarding new staff that is projected to eventually develop their own classes to support and promote wellness and recovery of clients in later years. Expert Trainers acts as makeshift by filling in gaps for Cultural Broker by providing classes of different cultures and training materials. (Program sessions for expert trainer includes: yoga session, nutrition workshops, african dances, youtube classes, FB live classes, meditation classes, strength based exercise, breathing exercises, sewing hope, peer support, mental health workshops, tabata classes, Clase en silla, etc. with varying costs \$50.00 - \$1,000.00 per session depending on trainers skills/license etc.
3011	Other (specify)	-	
3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT		87,556	
4001	Building Maintenance	5,500	Building Maintenance – Includes: Janitorial services, pest control, estimated @ \$458.33/month x 12 months = \$5,500 annually
4002	Rent/Lease Building	70,056	Rent/Lease Building estimated (projections) @ 1,200 sq. ft x \$1.39 sq. ft = \$1,668 x 12 months = \$20,016 @ 3,000 sq. ft x \$1.39 sq. ft = \$4,170 x 12 months = \$50,040 Total Rent/Lease Building estimated @ \$70,056 (20016+50040)
4003	Rent/Lease Equipment	3,500	Rent/Lease Equipment - Copy machine, storage rental, and shredding machine estimated @ \$291.67/month x 12 months = \$3,500 annually
4004	Rent/Lease Vehicles	-	
4005	Security	-	
4006	Utilities	8,500	Utilities (electricity, water, and gas, etc.) estimated @ \$708.33/month x 12 months = \$8,500.00
4007	Other (specify)	-	
4008	Other (specify)	-	
4009	Other (specify)	-	
4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES		-	
5001	Consultant (Graphic Designer)	-	
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	-	
5005	Other (specify)	-	
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

6000: INDIRECT EXPENSES		116,963	
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PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6001	Administrative Overhead	116,963	Indirect costs are 15% of total expenses. 116,963/(896,719-116,963) = 15.00%
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used	-	
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS		1,000	
7001	Computer Equipment & Software	500	Computer Equipment & Software - (Laptops, desktops, and monitors) estimated @ \$500 per unit x1 units = \$500 (replacements or repairs)
7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
7003	Furniture & Fixtures	500	Furniture \$ Fixtures - desks, Cabinets/other furnitures or fixtures @ \$500 (depending on what will need to be replaced or repaired) Total estimated furniture & fixtures costs = \$500
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	896,719
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	896,719
BUDGET CHECK:	-

STATE MENTAL HEALTH REQUIREMENTS

1. CONTROL REQUIREMENTS

The COUNTY and its subcontractors shall provide services in accordance with all applicable Federal and State statutes and regulations.

2. PROFESSIONAL LICENSURE

All (professional level) persons employed by the COUNTY Mental Health Program (directly or through contract) providing Short-Doyle/Medi-Cal services have met applicable professional licensure requirements pursuant to Business and Professions and Welfare and Institutions Codes.

3. CONFIDENTIALITY

CONTRACTOR shall conform to and COUNTY shall monitor compliance with all State of California and Federal statutes and regulations regarding confidentiality, including but not limited to confidentiality of information requirements at 42, Code of Federal Regulations sections 2.1 *et seq*; California Welfare and Institutions Code, sections 14100.2, 11977, 11812, 5328; Division 10.5 and 10.6 of the California Health and Safety Code; Title 22, California Code of Regulations, section 51009; and Division 1, Part 2.6, Chapters 1-7 of the California Civil Code.

4. NON-DISCRIMINATION

A. Eligibility for Services

CONTRACTOR shall prepare and make available to COUNTY and to the public all eligibility requirements to participate in the program plan set forth in the Agreement. No person shall, because of ethnic group identification, age, gender, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed, political belief or sexual preference be excluded from participation, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal or State of California assistance.

B. Employment Opportunity

CONTRACTOR shall comply with COUNTY policy, and the Equal Employment Opportunity Commission guidelines, which forbids discrimination against any person on the grounds of race, color, national origin, sex, religion, age, disability status, or sexual preference in employment practices. Such practices include retirement, recruitment advertising, hiring, layoff, termination, upgrading, demotion, transfer, rates of pay or other forms of compensation, use of facilities, and other terms and conditions of employment.

- C. Suspension of Compensation
If an allegation of discrimination occurs, COUNTY may withhold all further funds, until CONTRACTOR can show clear and convincing evidence to the satisfaction of COUNTY that funds provided under this Agreement were not used in connection with the alleged discrimination.
- D. Nepotism
Except by consent of COUNTY's Department of Behavioral Health Director, or designee, no person shall be employed by CONTRACTOR who is related by blood or marriage to, or who is a member of the Board of Directors or an officer of CONTRACTOR.

5. PATIENTS' RIGHTS

CONTRACTOR shall comply with applicable laws and regulations, including but not limited to, laws, regulations, and State policies relating to patients' rights.

STATE CONTRACTOR CERTIFICATION CLAUSES

- 1. STATEMENT OF COMPLIANCE: CONTRACTOR has, unless exempted, complied with the non-discrimination program requirements. (Gov. Code § 12990 (a-f) and CCR, Title 2, Section 111 02) (Not applicable to public entities.)
- 2. DRUG-FREE WORKPLACE REQUIREMENTS: CONTRACTOR will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
 - c. Every employee who works on this Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,
 - 2) agree to abide by the terms of the company's statement as a condition of employment on this Agreement.

Failure to comply with these requirements may result in suspension of payments under this Agreement or termination of this Agreement or both and CONTRACTOR may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the CONTRACTOR has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: CONTRACTOR certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against CONTRACTOR within the immediately preceding two (2) year period because of CONTRACTOR's failure to comply with an order of a Federal court, which orders CONTRACTOR to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: CONTRACTOR hereby certifies that CONTRACTOR will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

CONTRACTOR agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: CONTRACTOR hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All CONTRACTORS contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. CONTRACTOR further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. CONTRACTOR agrees to cooperate fully in providing reasonable access to the CONTRACTOR's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, CONTRACTOR certifies that CONTRACTOR is in compliance with Public Contract Code Section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, CONTRACTOR certifies that CONTRACTOR is in compliance with Public Contract Code Section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: CONTRACTOR needs to be aware of the following provisions regarding current or former state employees. If CONTRACTOR has any questions on the status of any person rendering services or involved with this Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

a). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

b). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

a). For the two (2) year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

b). For the twelve (12) month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the twelve (12) month period prior to his or her leaving state service.

If CONTRACTOR violates any provisions of above paragraphs, such action by CONTRACTOR shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: CONTRACTOR needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and CONTRACTOR affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: CONTRACTOR assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the CONTRACTOR's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the CONTRACTOR is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body, which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the CONTRACTOR shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

9. INSPECTION and Audit of Records and access to Facilities.

The State, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of CONTRACTOR or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

Federal database checks.

Consistent with the requirements at § 455.436 of this chapter, the State must confirm the identity and determine the exclusion status of CONTRACTOR, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of CONTRACTOR through routine checks of Federal databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM), and any other databases as the State or Secretary may prescribe. These databases must be consulted upon contracting and no less frequently than monthly thereafter. If the State finds a party that is excluded, it must promptly notify the CONTRACTOR and take action consistent with § 438.610(c).

The State must ensure that CONTRACTOR with which the State contracts under this part is not located outside of the United States and that no claims paid by a CONTRACTOR to a network provider, out-of-network provider, subcontractor or financial institution located outside of the U.S. are considered in the development of actuarially sound capitation rates.

Vendor:	Contract#	Contact Person	Contact#

Fixed Asset and Sensitive Item Tracking

Example Example

Item	Make/Brand	Model	Serial #	Fixed Asset	Sensitive Item	Date Requested (If Fixed Asset)	Date Approved (If Fixed Assset)	Purchase Date	Location	Condition	Fresno County Inventory Number	Cost
Copier	Canon	27CRT	9YHJY65R	x		3/27/2008	4/1/2008	4/10/2008	Heritage	New		\$6,500.00
DVD Player	Sony	DV2230	PXC4356A		x	n/a	n/a	4/1/2008	Heritage	New		\$450.00
Date Prepared:												
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Date Received: _____

FIXED ASSET AND SENSITIVE ITEM TRACKING

Field Number	Field Description	Instruction or Comments	Required or Conditional
Header	Vendor	Indicate the legal name of the agency contracted to provide services.	Required
Header	Program	Indicate the title of the project as described in the contract with the County.	Required
Header	Contract #	Indicate the assigned County contract number. If not known, County staff can provide.	Required
Header	Contact Person	Indicate the first and last name of the primary agency contact for the contract.	Required
Header	Contact #	Indicate the most appropriate telephone number of the primary agency contact for the contract.	Required
Header	Date Prepared	Indicate the most current date that the tracking form was completed by the vendor.	Required
a	Item	Identify the item by providing a commonly recognized description of the item	Required
b	Make/ Brand	Identify the company that manufactured the item	Required
c	Model	Identify the model number for the item, if applicable.	Conditional
d	Serial #	Identify the serial number for the item, if applicable.	Conditional
e	Fixed Asset	Mark the box with an "X" if the cost of the item is \$5,000 or more to indicate that the item is a fixed asset.	Conditional
f	Sensitive Item	Mark the box with an "X" if the item meets the criteria of a sensitive item as defined by the County.	Conditional
g	Date Requested	Indicate the date that the agency submitted a request to the County to purchase the item	Required
h	Date Approved	Indicate the date that the County approved the request to purchase the item	Required
i	Purchase Date	Indicate the date the agency purchased the item	Required
j	Location	Indicate the physical location of the item	Required
k	Condition	Indicate the general condition of the item (New, Good, Worn, Bad).	Required
l	Fresno County Inventory Number	Indicate the FR # provided by the County for the item	Conditional
m	Cost	Indicate the total purchase price of the item including sales tax and other costs, such as shipping.	Required

INCIDENT REPORTING

PROTOCOL FOR COMPLETION OF INCIDENT REPORT

The Incident Report must be completed for all incidents involving individuals served through DBH's current incident reporting portal, Logic Manager, at <https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

- The reporting portal is available 24 hours a day, every day.
- Any employee of the CONTRACTOR can submit an incident using the reporting portal at any time. No login is required.
- The designated administrator of the CONTRACTOR can add information to the follow up section of the report after submission.
- When an employee submits an incident within 24 hours from the time of the incident or first knowledge of the incident, the CONTRACTOR's designated administrator, the assigned contract analyst and the Incident Reporting email inbox will be notified immediately via email from the Logic Manager system that there is a new incident to review.
- Meeting the 24 hour incident reporting requirements will be easier as there are no signatures to collect.
- The user guide attached identifies the reporting process and the reviewer process, and is subject to updates based on DBH's selected incident reporting portal system.

Questions about incident reporting, how to use the incident reporting portal, or designating/changing the name of the administrator who will review incidents for the CONTRACTOR should be emailed to DBHIncidentReporting@fresnocountyca.gov and the assigned contract analyst.



INCIDENT REVIEWER ROLE – User Guide

Fresno County Department of Behavioral Health (DBH) requires all of its county-operated and contracted providers (through the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services) to complete a written report of any incidents compromising the health and safety of persons served, employees, or community members.

Yes! Incident reports will now be made through an on online reporting portal hosted by Logic Manager. It's an easier way for any employee to report an incident at any time. A few highlights:

- No supervisor signature is immediately required.
- Additional information can be added to the report by the program supervisor/manager without having to resubmit the incident.
- When an incident is submitted, the assigned contract analyst, program supervisor/manager, clinical supervisor and the DBHIncidentReporting mailbox automatically receives an email notification of a new incident and can log in any time to review the incident. Everything that was on the original paper/electronic form matches the online form.
- Do away with submitting a paper version with a signature.
- This online submission allows for timely action for the health and safety of the persons-served, as well as compliance with state reporting timelines when necessary.

As an Incident Reviewer, the responsibility is to:

- Log in to Logic Manager and review incident submitted within 48 hours of notification of incident.
- Review incident for clarity, missing information and add in additional information deemed appropriate.
- Notify DBHIncidentReporting@fresnocountyca.gov if there is additional information to be report after initial submission
- Contact DBHIncidentReporting@fresnocountyca.gov if there are any concerns, questions or comments with Logic Manager or incident reporting.

Below is the link to report incidents

<https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

The link will take employees to the reporting screen to begin incident submission:

Incident Report

Please complete this form

Client Information

Name of Facility*

Select option

Name of Reporting Party*

Enter text

Facility Address*

Enter text

Facility Phone Number*

Enter text

Mental Health or Substance Use Disorder Program?*

Select option

Client First Name*

Enter text

Client Last Name*

Enter text

Client ID*

Client Date of Birth*

mm-dd-yyyy

Client Address*

Enter text

Client ID*

Enter text

Gender*

Select option

County of Origin*

Select option

Summary

Subject ID*

Enter text

Incident (check all that apply)*

Select option

If Other-specify (i.e. fire, poisoning, epidemic outbreaks, other catastrophes/events that jeopardize the welfare and safety of clients, staff and/or members of the community)

Enter text

Description of the Incident*

Enter text

Similar to the paper version, multiple incident categories can be selected

0/1000

Incident (check all that apply):

- Medical Emergency x
- Death of Client x
- Homicide/Homicide Attempt**
- AWOL/Elopement from locked facility
- Violence/Abuse/Assault (toward others, client and/or property)
- Attempted Suicide (resulting in serious injury)
- Injury (self-inflicted or by accident)
- Medication Error

fresno.dh.logicmanager.com/incidents/71-98a-18a-182b90c5cdqu5072db1964cdee4d3d6e

Date of Incident*
mm/dd/yyyy

Time of Incident*
HH:MM

Location of Incident*
ENTER TEXT

Key People Directly Involved in Incident (witnesses, staff)*
ENTER TEXT

Did the Injured Party seek Medical Attention?
SELECT OPTION

Attach any additional details
[Add File](#) or Drop File Here

Reported By Name*
ENTER TEXT

Reported By Email*
ENTER TEXT

Reported On
10/30/2019

As another bonus feature, either drag files (such as a copy of a UOR, additional statements/document) or click on Add File to upload a file.

A screenshot of a web browser displaying a form. At the top, a red arrow points to a yellow button labeled "Add File - or Drop File Here". Below this are several input fields: "Reported By Name*", "Reported By Email*", and "Reported On" (with the value "10/30/2019"). A section titled "Follow Up" contains a dropdown menu for "Action Taken (check all that apply)", a text field for "Please specify if other", and a larger text area for "Description of Action Taken". At the bottom of the form is a green "SUBMIT" button.

Similar to the paper version, multiple Action Taken categories can be selected.

A close-up of the "Action Taken" dropdown menu. It shows a list of categories with checkboxes. Two items are selected and have small grey 'X' marks: "Law Enforcement Contacted" and "Called 911/EMS". Other visible options include "Consulted with Physician", "First Aid/CPR Administered", "Client removed from building", "Parent/Legal Guardian Contacted", and "Other".

When done entering all the information, simply click submit.

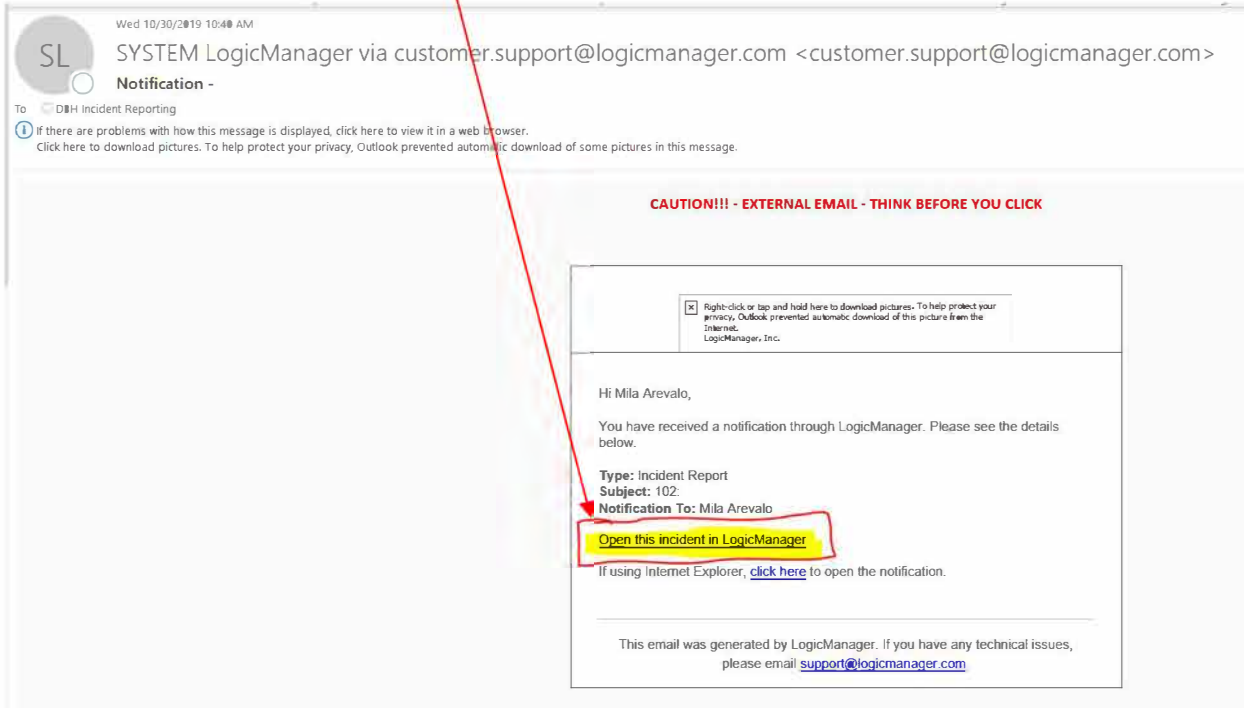
Any fields that have a red asterisk, require information and will prevent submission of the form if left blank.

A close-up of the "Outcome" text field. A red asterisk is visible next to the label "Outcome". A red arrow points from the text above to this asterisk. Below the field is a green "SUBMIT" button.

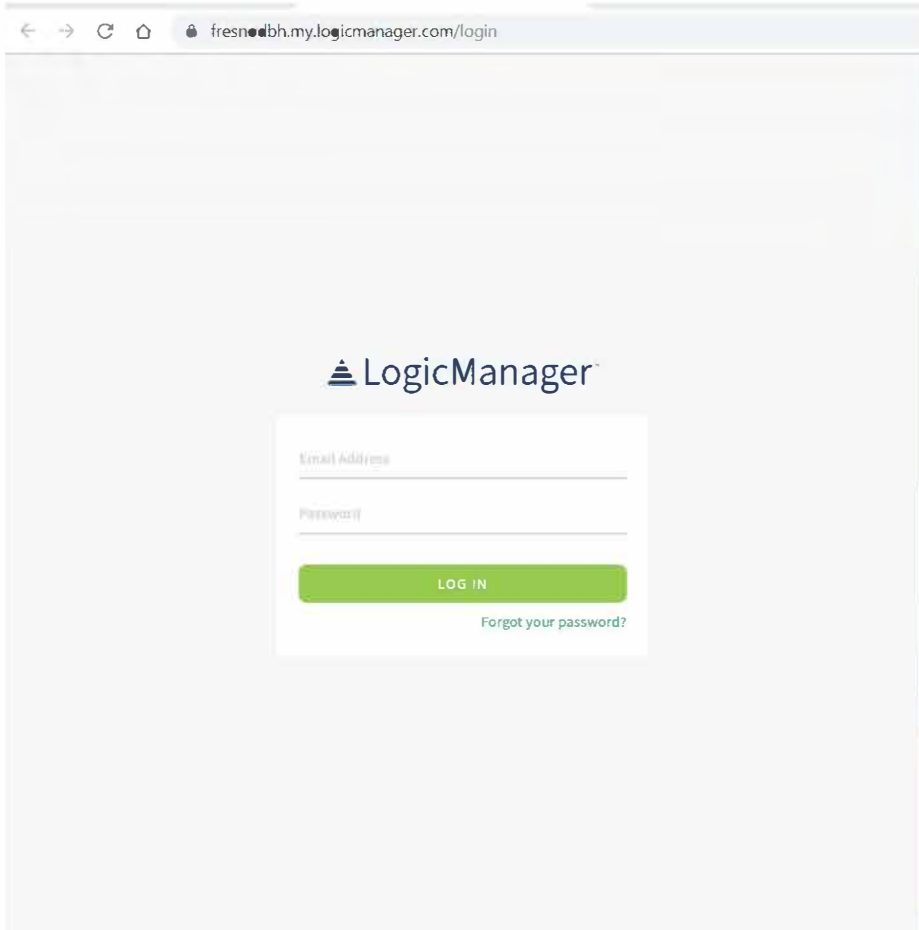
A "Thank you for your submission" statement will pop up if an incident is successfully submitted. Click "Reload the Form" to submit another incident.

A screenshot of a confirmation message. At the top, it says "Thank you for your submission!". Below the message is a green button labeled "RELOAD THE FORM". A red arrow points from the text above to this button.

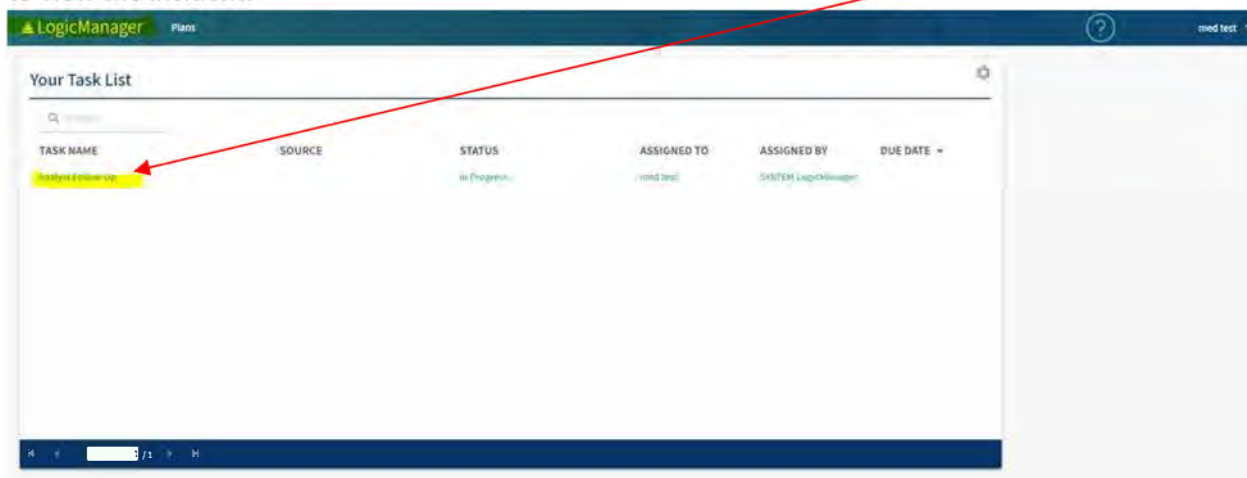
A Notification email will be received when a new incident is reported, or a new comment has been made regarding an incident. Click on "Open this incident in Logic Manager" and the Logic Manager login screen will show.



Enter in email address and password. First time users will be prompted to set up a password.



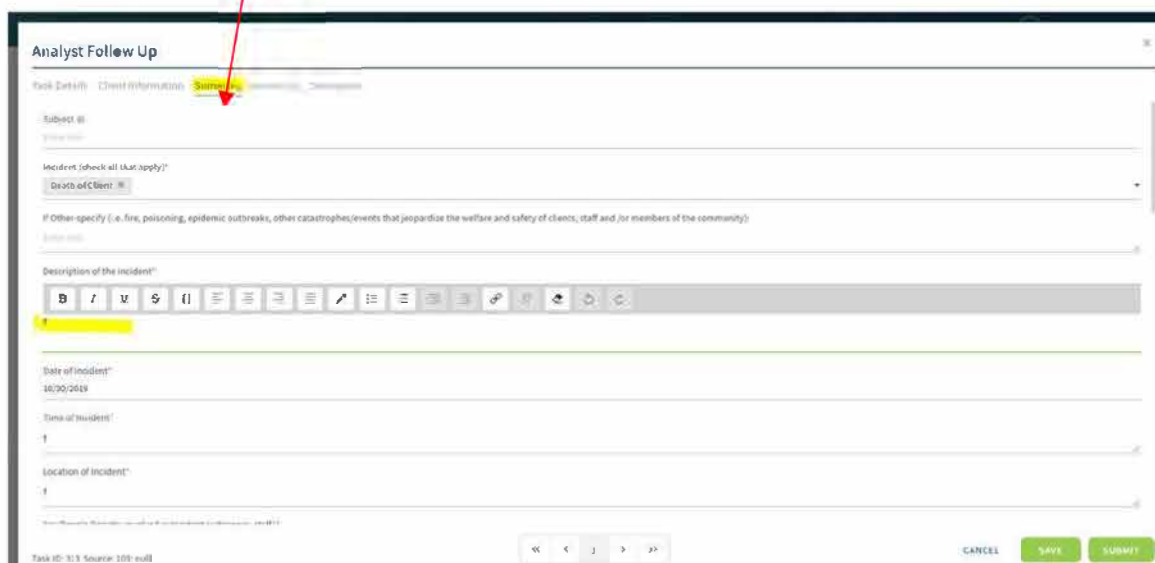
Once logged in, the main screen will show reviewer task (incidents to review). Click on analyst/supervisor follow up to view the incident.



This screen below will then pop up. There are 5 tabs to navigate through. **Client information** will show the client and facility information. No edits can be made to this section.



The next tab is **Summary**: No edits can be made to this section.



The next tab is **Follow up**: This section can be edited. Add to the areas below or make corrections to these fields. Be sure to click **SAVE** when edits are made. Then **Cancel** to Exit out of the incident.

The screenshot shows the 'Analyst Follow Up' form with the following fields:

- Action Taken (check all that apply):** Law Enforcements Contacted
- Please specify if other:**
- Description of Action Taken:**
- Outcome:**
- Added Information:** Cause of death - cancer per coroner 10-31-14

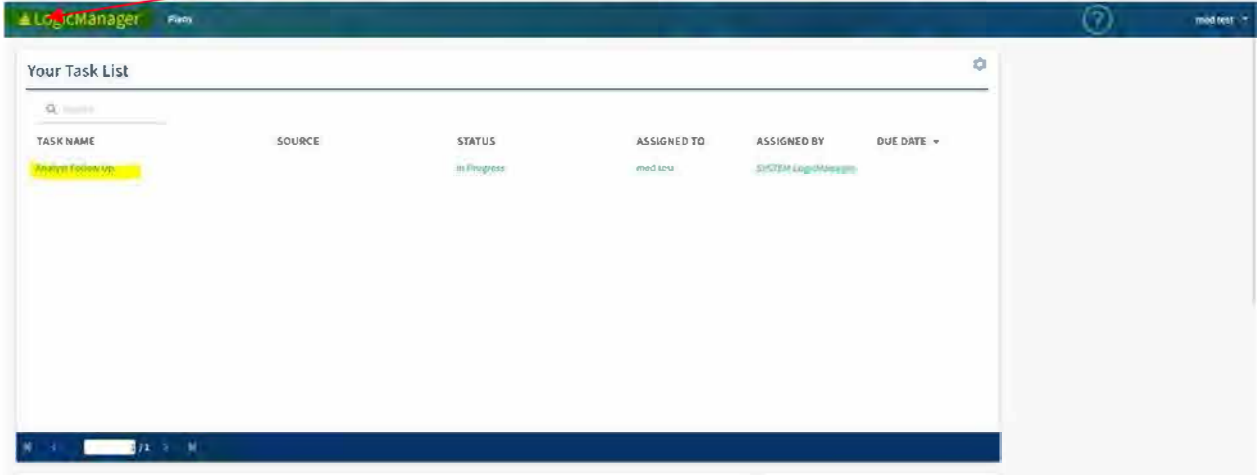
At the bottom right, the **SAVE** button is circled in red, and a red arrow points to it from the text above. Another red arrow points to the **Follow Up** tab.

The next tab is **Documents**: View and add attachments to the incident. Be sure to click **SAVE** when adding documents. Then **Cancel** to Exit out of the incident.

The screenshot shows the 'Analyst Follow Up' form with the **Documents** tab selected. The interface includes a search bar, an 'Add Document' dropdown, and a table with columns: Name, Type, Source, Upload Date, and Uploaded By. Below the table, there is a message: 'No documents yet. Drop files here or click on the Add Document dropdown.' At the bottom right, the **SUBMIT** button is circled in red, and an orange arrow points to it from the text above.

If all tasks are followed up with and the incident no longer needs further review/information, click **SUBMIT**. Once submitted, the incident will be removed from the task list and no further edits can be made. Notice the **SUBMIT** button is on every tab. If further information needs to be included, email DBHIncidentReporting@fresnocountyca.gov

To get back to the home view, click on the Logic Manager icon at any time. Any incidents that still need review will show on this screen, click on the next incident and start the review process again.



DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information				
Name of entity			D/B/A	
Address (number, street)			City	State
				ZIP code
CLIA number		Taxpayer ID number (EIN)		Telephone number ()

II. Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list names and addresses of individuals or corporations under "Remarks" on page 2. Identify each item number to be continued.

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| A. Are there any individuals or organizations having a direct or indirect ownership or control interest of five percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established by Titles XVIII, XIX, or XX? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are there any directors, officers, agents, or managing employees of the institution, agency, or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only) | <input type="checkbox"/> | <input type="checkbox"/> |

III. A. List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under "Remarks."

NAME	ADDRESS	EIN

- B. Type of entity: Sole proprietorship Partnership Corporation
 Unincorporated Associations Other (specify) _____
- C. If the disclosing entity is a corporation, list names, addresses of the directors, and EINs for corporations under "Remarks."
- D. Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example: sole proprietor, partnership, or members of Board of Directors) If yes, list names, addresses of individuals, and provider numbers.

NAME	ADDRESS	PROVIDER NUMBER

YES NO

IV. A. Has there been a change in ownership or control within the last year?
 If yes, give date. _____

B. Do you anticipate any change of ownership or control within the year?
 If yes, when? _____

C. Do you anticipate filing for bankruptcy within the year?
 If yes, when? _____

V. Is the facility operated by a management company or leased in whole or part by another organization?
 If yes, give date of change in operations. _____

VI. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?

VII. A. Is this facility chain affiliated?
 (If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

B. If the answer to question VII.A. is NO, was the facility ever affiliated with a chain?
 (If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the agency, as appropriate.

Name of authorized representative (typed)	Title
Signature	Date

Remarks

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER
RESPONSIBILITY MATTERS--PRIMARY COVERED TRANSACTIONS**

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

CERTIFICATION

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature: _____

Date: _____

(Printed Name & Title)

(Name of Agency or Company)

SELF-DEALING TRANSACTION DISCLOSURE FORM

In order to conduct business with the County of Fresno (hereinafter referred to as "COUNTY"), members of a CONTRACTOR(S)' board of directors (hereinafter referred to as "County Contractor"), must disclose any self-dealing transactions that they are a party to while providing goods, performing services, or both for the COUNTY. A self-dealing transaction is defined below:

"A self-dealing transaction means a transaction to which the corporation is a party and in which one or more of its directors has a material financial interest"

The definition above will be utilized for purposes of completing this disclosure form.

INSTRUCTIONS

- (1) Enter board member's name, job title (if applicable), and date this disclosure is being made.
- (2) Enter the board member's company/agency name and address.
- (3) Describe in detail the nature of the self-dealing transaction that is being disclosed to the COUNTY. At a minimum, include a description of the following:
 - a. The name of the agency/company with which the corporation has the transaction; and
 - b. The nature of the material financial interest in the corporation's transaction that the board member has.
- (4) Describe in detail why the self-dealing transaction is appropriate based on applicable provisions of the Corporations Code.
- (5) Form must be signed by the board member that is involved in the self-dealing transaction described in Sections (3) and (4).

(1) Company Board Member Information:			
Name:		Date:	
Job Title:			
(2) Company/Agency Name and Address:			
(3) Disclosure (Please describe the nature of the self-dealing transaction you are a party to):			
(4) Explain why this self-dealing transaction is consistent with the requirements of Corporations Code 5233 (a):			
(5) Authorized Signature			
Signature:		Date:	

FRESNO COUNTY MENTAL HEALTH COMPLIANCE PROGRAM
CONTRACTOR CODE OF CONDUCT AND ETHICS

Fresno County is firmly committed to full compliance with all applicable laws, regulations, rules and guidelines that apply to the provision and payment of mental health services. Mental health contractors and the manner in which they conduct themselves are a vital part of this commitment.

Fresno County has established this Contractor Code of Conduct and Ethics with which contractor and its employees and subcontractors shall comply. Contractor shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County. After completion of this training, each contractor, contractor's employee and subcontractor must sign the Contractor Acknowledgment and Agreement form and return this form to the Compliance officer or designee.

Contractor and its employees and subcontractor shall:

1. Comply with all applicable laws, regulations, rules or guidelines when providing and billing for mental health services.
2. Conduct themselves honestly, fairly, courteously and with a high degree of integrity in their professional dealing related to their contract with the County and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of the County.
3. Treat County employees, consumers, and other mental health contractors fairly and with respect.
4. NOT engage in any activity in violation of the County's Compliance Program, nor engage in any other conduct which violates any applicable law, regulation, rule or guideline
5. Take precautions to ensure that claims are prepared and submitted accurately, timely and are consistent with all applicable laws, regulations, rules or guidelines.
6. Ensure that no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.
7. Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided.

8. Act promptly to investigate and correct problems if errors in claims or billing are discovered.
9. Promptly report to the Compliance Officer any suspected violation(s) of this Code of Conduct and Ethics by County employees or other mental health contractors, or report any activity that they believe may violate the standards of the Compliance Program, or any other applicable law, regulation, rule or guideline. Fresno County prohibits retaliation against any person making a report. Any person engaging in any form of retaliation will be subject to disciplinary or other appropriate action by the County. Contractor may report anonymously.
10. Consult with the Compliance Officer if you have any questions or are uncertain of any Compliance Program standard or any other applicable law, regulation, rule or guideline.
11. Immediately notify the Compliance Officer if they become or may become an Ineligible person and therefore excluded from participation in the Federal Health Care Programs.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



The Case for the National CLAS Standards

Health equity is the attainment of the highest level of health for all people.¹ Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age,² such as socioeconomic status, education level, and the availability of health services.³

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion.⁴

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.^{5,6} By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities⁷ and the National Stakeholder Strategy for Achieving Health Equity,⁸ which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.

Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

Bibliography

1. U.S. Department of Health and Human Services, Office of Minority Health (2011). National Partnership for Action to End Health Disparities. Retrieved from <http://minorityhealth.hhs.gov/npa>
2. World Health Organization. (2012). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/
3. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020: Social determinants of health. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>
4. LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Retrieved from the Joint Center for Political and Economic Studies website: <http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf>
5. Beach, M. C., Cooper, L. A., Robinson, K. A., Price, E. G., Gary, T. L., Jenckes, M. W., Powe, N.R. (2004). Strategies for improving minority healthcare quality. (AHRQ Publication No. 04-E008-02). Retrieved from the Agency of Healthcare Research and Quality website: <http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf>
6. Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: http://www.commonwealthfund.org/usr_doc/Goode_evidencebasecultlinguisticcomp_962.pdf
7. U.S. Department of Health and Human Services. (2011). HHS action plan to reduce racial and ethnic health disparities: A nation free of disparities in health and health care. Retrieved from http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf
8. National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>



FRESNO COUNTY MENTAL HEALTH PLAN

Grievances

Fresno County Mental Health Plan (MHP) provides beneficiaries with a grievance and appeal process and an expedited appeal process to resolve grievances and disputes at the earliest and the lowest possible level.

Title 9 of the California Code of Regulations requires that the MHP and its fee-for-service providers give verbal and written information to Medi-Cal beneficiaries regarding the following:

- How to access specialty mental health services
- How to file a grievance about services
- How to file for a State Fair Hearing

The MHP has developed a Consumer Guide, a beneficiary rights poster, a grievance form, an appeal form, and Request for Change of Provider Form. All of these beneficiary materials must be posted in prominent locations where Medi-Cal beneficiaries receive outpatient specialty mental health services, including the waiting rooms of providers' offices of service.

Please note that all fee-for-service providers and contract agencies are required to give the individuals served copies of all current beneficiary information annually at the time their treatment plans are updated and at intake.

Beneficiaries have the right to use the grievance and/or appeal process without any penalty, change in mental health services, or any form of retaliation. All Medi-Cal beneficiaries can file an appeal or state hearing.

Grievances and appeals forms and self addressed envelopes must be available for beneficiaries to pick up at all provider sites without having to make a verbal or written request. Forms can be sent to the following address:

Fresno County Mental Health Plan
P.O. Box 45003
Fresno, CA 93718-9886
(800) 654-3937 (for more information)
(559) 488-3055 (TTY)

Provider Problem Resolution and Appeals Process

The MHP uses a simple, informal procedure in identifying and resolving provider concerns and problems regarding payment authorization issues, other complaints and concerns.

Informal provider problem resolution process – the provider may first speak to a Provider Relations Specialist (PRS) regarding his or her complaint or concern.

The PRS will attempt to settle the complaint or concern with the provider. If the attempt is unsuccessful and the provider chooses to forego the informal grievance process, the provider will be advised to file a written complaint to the MHP address (listed above).

Formal provider appeal process – the provider has the right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun, when the complaint concerns a denied or modified request for MHP payment authorization, or the process or payment of a provider's claim to the MHP.

Payment authorization issues – the provider may appeal a denied or modified request for payment authorization or a dispute with the MHP regarding the processing or payment of a provider's claim to the MHP. The written appeal must be submitted to the MHP within 90 calendar days of the date of the receipt of the non-approval of payment.

The MHP shall have 60 calendar days from its receipt of the appeal to inform the provider in writing of the decision, including a statement of the reasons for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.

If the appeal concerns a denial or modification of payment authorization request, the MHP utilizes a Managed Care staff who was not involved in the initial denial or modification decision to determine the appeal decision.

If the Managed Care staff reverses the appealed decision, the provider will be asked to submit a revised request for payment within 30 calendar days of receipt of the decision

Other complaints – if there are other issues or complaints, which are not related to payment authorization issues, providers are encouraged to send a letter of complaint to the MHP. The provider will receive a written response from the MHP within 60 calendar days of receipt of the complaint. The decision rendered by the MHP is final.

Prevention and Early Intervention Regulations As of July 1, 2018

Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA

Article 2. Definitions

Section 3200.245. Prevention and Early Intervention Component.

- (a) "Prevention and Early Intervention Component" means the section of the Three-Year Program and Expenditure Plan intended to prevent mental illnesses from becoming severe and disabling.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5847, Welfare and Institutions Code.

Section 3200.246. Prevention and Early Intervention Fund.

- (a) "Prevention and Early Intervention funds" means the Mental Health Services funds allocated for prevention and early intervention programs pursuant to Welfare and Institutions Code section 5892, subdivision (a)(3).

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5892, Welfare and Institutions Code.

Article 5. Reporting Requirements

Section 3510.010. Prevention and Early Intervention Annual Revenue and Expenditure Report.

- (a) As part of the Mental Health Services Act Annual Revenue and Expenditure Report the County shall report the following:
- (1) The total funding source dollar amounts expended during the reporting period, which is the previous fiscal year, on each Program funded with Prevention and Early Intervention funds by the following funding sources:
 - (A) Prevention and Early Intervention funds
 1. The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations. If the Programs are combined, the County shall estimate the percentage of funds dedicated to each Program.
 - (B) Medi-Cal Federal Financial Participation
 - (C) 1991 Realignment
 - (D) Behavioral Health Subaccount

Prevention and Early Intervention Regulations As of July 1, 2018

- (E) Any other funding
 - (2) The amount of funding expended for Prevention and Early Intervention Component Administration by the following funding sources:
 - (A) Prevention and Early Intervention funds
 - (B) Medi-Cal Federal Financial Participation
 - (C) 1991 Realignment
 - (D) Behavioral Health Subaccount
 - (E) Any other funding
 - (3) The amount of funding expended for evaluation of the Prevention and Early Intervention Component by the following funding sources:
 - (A) Prevention and Early Intervention funds
 - (B) Medi-Cal Federal Financial Participation
 - (C) 1991 Realignment
 - (D) Behavioral Health Subaccount
 - (E) Any other funds
 - (4) The amount of Prevention and Early Intervention funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.
- (b) The County shall within 30 days of submitting to the state the Mental Health Services Act Annual Revenue and Expenditure Report:
- (1) Post a copy on the County's website; and
 - (2) Provide a copy to the County's Mental Health Board

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845, 5847, and 5899, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Section 3560. Prevention and Early Intervention Reporting Requirements.

- (a) The County shall submit to the Mental Health Services Oversight and Accountability Commission the following:
 - (1) The Annual Prevention and Early Intervention report as specified in Section 3560.010.
 - (2) The Three- Year Prevention and Early Intervention Evaluation Report as specified in Section 3560.020.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845(d)(6) and 5847, Welfare and Institutions Code.

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Section 3560.010. Annual Prevention and Early Intervention Report.

- (a) The requirements set forth in this section shall apply to the Annual Prevention and Early Intervention Report.
- (1) The first Annual Prevention and Early Intervention Report is due to the Mental Health Services Oversight and Accountability Commission on or before December 30, 2017 as part of an Annual Update or Three-Year Program and Expenditure Plan. Each Annual Prevention and Early Intervention Report thereafter is due as part of an Annual Update or Three-Year Program and Expenditure Plan within 30 calendar days of Board of Supervisors approval but no later than June 30 of the same fiscal year whichever occurs first. The Annual Prevention and Early Intervention Report is not due in years in which a Three-Year Prevention and Early Intervention Evaluation Report is due.
 - (2) The Annual Prevention and Early Intervention Report shall report on the required data for the fiscal year prior to the due date. For example, the Report that is due no later than June 30, 2020 is to report the required data from fiscal year 2018-19 (i.e. July 1, 2018 through June 30, 2019).
 - (3) The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
 - (A) When the County has excluded information pursuant subdivision (3) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:
 1. A supplemental Annual Prevention and Early Intervention Report that contains all of the information including the information that was excluded pursuant to subdivision (3). This supplemental report shall be marked "confidential."
 2. A supplement to the Annual Prevention and Early Intervention Report that contains the information that was excluded pursuant to subdivision (3). This supplement to the report shall be marked "confidential."
- (b) The County shall report the following information annually as part of the Annual Update or Three-Year Program and Expenditure Plan. The report shall include the following information for the reporting period:
- (1) For each Prevention Program and each Early Intervention Program list:
 - (A) The Program name.
 - (B) Unduplicated numbers of individuals served in the preceding fiscal year
 1. If a Program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category.
 2. If a Program served families the County shall report the number of individual family members served.

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- (2) For each Outreach for Increasing Recognition of Early Signs of Mental Illness Program or Strategy within a Program, the County shall report:
- (A) The Program name
 - (B) The number of potential responders
 - (C) The setting(s) in which the potential responders were engaged
 - 1. Settings providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.
 - (D) The type(s) of potential responders engaged in each setting (e.g. nurses, principals, parents)
- (3) For each Access and Linkage to Treatment Strategy or Program the County shall report:
- (A) The Program name
 - (B) Number of individuals with serious mental illness referred to
 - 1. Treatment that is provided, funded administered, or overseen by county mental health programs, and the kind of treatment to which the individual was referred.
 - 2. Treatment that is not provided, funded, administered, or overseen by county mental health, and the kind of treatment to which the individual was referred.
 - (C) For referrals to treatment that are provided, funded, administered, or overseen by county mental health, the number of individuals who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which they were referred.
 - (D) For referrals to treatment that are provided, funded, administered, or overseen by county mental health, the average duration of untreated mental illness as defined in Section 3750, subdivision (f)(3)(A) and standard deviation.
 - (E) For referrals to treatment that are provide, funded, administered, or overseen by county mental health, the average interval between the referral and participation in treatment, defined as participating at least once in the treatment to which referred, and standard deviation.
 - (F) “Referral” as used in this subdivision means the process by which an individual is given a recommendation in writing to one or more specific service providers for a higher level of care and treatment. Distributing a list of community resources to an individual does not constitute a referral under this subdivision.
- (4) For each Improve Timely Access to Services for Underserved Populations Strategy or Program the County shall report:
- (A) The program name
 - (B) Identify the specific underserved populations for whom the County intended to increase timely access to services.

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- (C) Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program and/or to treatment beyond early onset.
 - (D) Number of individuals who followed through on the referral, defined as the number of individuals who participated at least once in the Program to which they were referred.
 - (E) Average interval between referral and participation in services to which referred, defined as participating at least once in the service to which referred, and standard deviation.
 - (F) Description of ways the County encouraged access to services and follow-through on referrals
 - (G) "Referral" as used in this subdivision means the process by which a member of an underserved population is given a recommendation in writing to one or more specific service providers for a Prevention Program, an Early Intervention Program and/or a program providing treatment beyond early onset. Distributing a list of community resources to an individual does not constitute a referral under this subdivision.
- (5) For the information reported under subdivisions (1) through (4) of this section, disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:
- (A) The following age groups:
 - 1. 0-15 (children/youth)
 - 2. 16-25 (transition age youth)
 - 3. 26-59 (adult)
 - 4. ages 60+ (older adults)
 - 5. Number of respondents who declined to answer the question
 - (B) Race by the following categories:
 - 1. American Indian or Alaska Native
 - 2. Asian
 - 3. Black or African American
 - 4. Native Hawaiian or other Pacific Islander
 - 5. White
 - 6. Other
 - 7. More than one race
 - 8. Number of respondents who declined to answer the question
 - (C) Ethnicity by the following categories:
 - 1. Hispanic or Latino as follows
 - a. Caribbean
 - b. Central American
 - c. Mexican/Mexican-American/Chicano
 - d. Puerto Rican
 - e. South American
 - f. Other
 - g. Number of respondents who declined to answer the question
 - 2. Non-Hispanic or Non-Latino as follows
 - a. African

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- b. Asian Indian/South Asian
 - c. Cambodian
 - d. Chinese
 - e. Eastern European
 - f. European
 - g. Filipino
 - h. Japanese
 - i. Korean
 - j. Middle Eastern
 - k. Vietnamese
 - l. Other
 - m. Number of respondents who declined to answer the question
- 3. More than one ethnicity
 - 4. Number of respondents who declined to answer the question
- (D) Primary language used listed by threshold languages for the individual county
- (E) Sexual orientation,
- 1. Gay or Lesbian
 - 2. Heterosexual or Straight
 - 3. Bisexual
 - 4. Questioning or unsure of sexual orientation
 - 5. Queer
 - 6. Another sexual orientation
 - 7. Number of respondents who declined to answer the question
- (F) Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness
- 1. Yes, report the number that apply in each domain of disability(ies)
 - a. Communication domain separately by each of the following
 - (i) Difficulty seeing,
 - (ii) Difficulty hearing, or having speech understood
 - (iii) Other (specify)
 - b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
 - c. Physical/mobility domain
 - d. Chronic health condition (including, but not limited to, chronic pain)
 - e. Other (specify)
 - 2. No
 - 3. Number of respondents who declined to answer the question
- (G) Veteran status,
- 1. Yes
 - 2. No

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3. Number of respondents who declined to answer the question
- (H) Gender
1. Assigned sex at birth:
 - a. Male
 - b. Female
 - c. Number of respondents who declined to answer the question
 2. Current gender identity:
 - a. Male
 - b. Female
 - c. Transgender
 - d. Genderqueer
 - e. Questioning or unsure of gender identity
 - f. Another gender identity
 - g. Number of respondents who declined to answer the question
- (6) Any other data the County considers relevant, for example, data for additional demographic groups that are particularly prevalent in the County, at elevated risk of or with high rates of mental illness, unserved or underserved, and/or the focus of one or more Prevention and Early Intervention funded services.
- (7) For Stigma and Discrimination Reduction Programs and Suicide Prevention Programs, the County may report available numbers of individuals reached, including demographic breakdowns. An example would be the number of individuals who received training and education or who clicked on a web site.
- (8) For all programs and Strategies, the County may report implementation challenges, successes, lessons learned, and relevant examples.
- (c) For a program serving children or youth younger than 18 years of age, the demographic information required under subdivision (b)(5) of this section relating to children or youth younger than 18 years of age shall be collected and reported only to the extent permissible by California Education Code, Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act of 1996 (HIPAA), California Information Practices Act, and other applicable state and federal privacy laws.
- (d) Except for sexual orientation, current gender identity, and veteran status, a county shall collect the demographic information required under subdivision (b)(5) of this section from a minor younger than 12 years of age. Information that cannot be obtained directly from the minor may be obtained from the minor's parent, legal guardian, or other authorized source.
- (e) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, may report the demographic information required under subdivision (b)(5) of this section for the County's entire Prevention and Early Intervention Component instead of by each Program or Strategy.

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NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845(d)(6), and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Section 3560.020. Three-Year Prevention and Early Intervention Evaluation Report.

- (a) The County shall submit the Three-Year Prevention and Early Intervention Evaluation Report to the Mental Health Services Oversight and Accountability Commission every three years as part of a Three-Year Program and Expenditure Plan or Annual Update. The Three-Year Prevention and Early Intervention Evaluation Report answers questions about the impacts of Prevention and Early Intervention Component Programs on individuals with risk or early onset of serious mental illness and on the mental health and related systems.
- (1) The first Three-Year Prevention and Early Intervention Evaluation Report is due to the Mental Health Services Oversight and Accountability Commission as part of a Three-Year Program and Expenditure Plan or Annual Update within 30 calendar days of Board of Supervisors approval but no later than June 30, 2019 whichever occurs first. The first Three-Year Prevention and Early Intervention Evaluation Report shall report the required evaluations from fiscal year 2017-2018 and from fiscal year 2016-2017 if available. Each subsequent Three-Year Prevention and Early Intervention Evaluation Report shall be due within 30 calendar days of Board of Supervisors approval but no later than June 30th every third year thereafter whichever occurs first, as part of a Three-Year Program and Expenditure Plan or Annual Update and shall report on the evaluation(s) for the three prior fiscal years.
- (2) The County shall exclude from the Three-Year Prevention and Early Intervention Evaluation Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
- (A) When the County has excluded information pursuant subdivision (2) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:
1. A supplemental Three-Year Prevention and Early Intervention Evaluation Report that contains all of the information including the information that was excluded pursuant to subdivision (2). This supplemental report shall be marked "confidential."
 2. A supplement to the Three-Year Prevention and Early Intervention Evaluation Report that contains the information that was excluded pursuant to subdivision (2). This supplement to the report shall be marked "confidential."
- (b) The Three-Year Prevention and Early Intervention Evaluation Report shall describe the evaluation of each Prevention and Early Intervention Component Program and two Strategies: Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations. The Report shall include the following:

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- (1) The name of each Program for which the county is reporting
 - (2) The outcomes and indicators selected for each Prevention, Early Intervention, Stigma and Discrimination Reduction, or Suicide Prevention Program
 - (3) The approaches used to select the outcomes and indicators, collect data, and determine results for the evaluation of each Program and the Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations Strategies
 - (4) How often the data were collected for the evaluation of each Program and for the Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations Strategies
- (c) The Three-Year Prevention and Early Intervention Evaluation Report shall provide results and analysis of results for all required evaluations set forth in Section 3750 for the three fiscal years prior to the due date.
- (d) The County may also include in the Three-Year Prevention and Early Intervention Evaluation Report any additional evaluation data on selected outcomes and indicators, including evaluation results related to the impact of Prevention and Early Intervention Component Programs on mental health and related systems.
- (e) The County shall include the same information for the previous fiscal year that otherwise would be reported in the Annual Prevention and Early Intervention Report in response to requirements specified in 3560.010(b).
- (f) The County may report any other available evaluation results in the County's Annual Updates.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845(d)(6), and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Article 7. Prevention and Early Intervention

Section 3700. Rule of General Application.

- (a) The use of Prevention and Early Intervention funds shall be governed by the provisions specified in this Article and Articles 1 through 5, unless otherwise specified.

Section 3701. Definitions.

- (a) "Prevention and Early Intervention regulations" means sections 3200.245 and 3200.246 of Article 2, sections 3510.010, 3560, 3560.010, and 3560.020 of Article 5, and Article 7.
- (b) "Program" as used in the Prevention and Early Intervention regulations means a stand-alone organized and planned work, action or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system.

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- (c) “Strategy” as used in the Prevention and Early Intervention regulations means a planned and specified method within a Program intended to achieve a defined goal.
- (d) “Mental illness” and “mental disorder” as used in the Prevention and Early Intervention regulations means, a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological or biological processes underlying mental functioning. Mental illness is usually associated with significant distress or disability in social, occupational, or other important activities. An expected or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental illness. Socially variant behavior (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental illness unless the variance or conflict results from a dysfunction in the individual, as described above.
- (e) “Serious mental illness,” “serious mental disorder” and “severe mental illness” as used in the Prevention and Early Intervention regulations means, a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.
- (f) The definition in subdivision (d) is applicable to serious emotional disturbance for individuals under the age of 18, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the individual’s age according to expected developmental norms.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5600.3, 5840, Welfare and Institutions Code.

Section 3705. Prevention and Early Intervention Component General Requirements.

- (a) The County shall include in its Prevention and Early Intervention Component:
 - (1) At least one Early Intervention Program as defined in Section 3710.
 - (2) At least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program as defined in Section 3715.
 - (3) At least one Prevention Program as defined in Section 3720
 - (A) Small counties may opt out of the requirement to have at least one Prevention Program if:
 - 1. The Small County obtains a resolution from the Board of Supervisors that the County cannot meet this requirement.
 - (B) A Small County that opts out of the requirement in (a)(3) above shall include in its Three-year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the County’s decision and how the County ensured meaningful stakeholder involvement in the decision to opt out.

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- (4) At least one Access and Linkage to Treatment Program as defined in Section 3726
 - (A) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, may opt out of the requirement to have at least one Access and Linkage to Treatment Program if:
 - 1. The County obtains a resolution from the Board of Supervisors that the County cannot meet this requirement.
 - (B) A County that opts out of the requirement in (a)(4) above shall include in its Three-year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the County's decision and how the County ensured meaningful stakeholder involvement in the decision to opt out.
- (5) At least one Stigma and Discrimination Reduction Program as defined in Section 3725
- (6) The Strategies defined in Section 3735.
- (b) The County may include in its Prevention and Early Intervention Component:
 - (1) One or more Suicide Prevention Programs as defined in Section 3730.
- (c) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, may satisfy the requirements in subdivisions (a)(1) through (a)(5) of this Section by combining and/or integrating the Early Intervention Program, the Outreach for Increasing Recognition of Early Signs of Mental Illness Program, the Prevention Program, the Access and Linkage to Treatment Program, and the Stigma and Discrimination Reduction Program.
 - (1) A county that utilizes this provision shall not also opt-out of the requirement to have at least one Prevention Program under subdivision (a)(3) or of the requirement to have at least one Access and Linkage to Treatment Program under subdivision (a)(4).

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Section 3706. General Requirements for Services.

- (a) The County shall serve all ages in one or more Programs of the Prevention and Early Intervention Component.
- (b) At least 51 percent of the Prevention and Early Intervention Fund shall be used to serve individuals who are 25 years old or younger.
- (c) Programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting the requirements in (a) and (b) above.
- (d) A Small County may opt out of the requirements in (a) and/or (b) above if:
 - (1) The Small County obtains a declaration from the Board of Supervisors that the County cannot meet the requirements because of specified local conditions.
- (e) A Small County that opts out of the requirements in (a) and/or (b) shall include in its Three-year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the County's decision and how the County ensured meaningful stakeholder involvement in the decision to opt out.

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NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5847, and 5848, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Section 3710. Early Intervention Program.

- (a) The County shall offer at least one Early Intervention Program as defined in this section.
- (b) "Early Intervention Program" means treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness.
- (c) Early Intervention Program services shall not exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years.
 - (1) For purpose of this section, "serious mental illness or emotional disturbance with psychotic features" means, schizophrenia spectrum and other psychotic disorders including schizophrenia, other psychotic disorders, disorders with psychotic features, and schizotypal (personality) disorder). These disorders include abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms.
- (d) Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable.
- (e) The County may combine an Early Intervention Program with a Prevention Program, as long as the requirements in Section 3710 and Section 3720 are met
- (f) The County shall include all of the Strategies in each Early Intervention Program as referenced in Section 3735

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Section 3715. Outreach for Increasing Recognition of Early Signs of Mental Illness.

- (a) The County shall offer at least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program as defined in this section.
- (b) "Outreach" is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.
- (c) "Potential responders" include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide

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services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

- (d) Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.
- (e) In addition to offering the required Outreach for Increasing Recognition of Early Signs of Mental Illness Program, the County may also offer Outreach for Increasing Recognition of Early Signs of Mental Illness as a Strategy within a Prevention Program, a Strategy within an Early Intervention Program, a Strategy within another Program funded by Prevention and Early Intervention funds, or a combination thereof.
- (f) An Outreach for Increasing Recognition of Early Signs of Mental Illness Program may be provided through other Mental Health Services Act components as long as it meets all of the requirements in this section.
- (g) The County shall include all of the Strategies in each Outreach for Increasing Recognition of Early Signs of Mental Illness Program as referenced in Section 3735.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Section 3720. Prevention Program.

- (a) The County shall offer at least one Prevention Program as defined in this section.
- (b) "Prevention Program" means a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.
- (c) "Risk factors for mental illness" means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic, and environmental.
 - (1) Examples of risk factors include, but are not limited to, a serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, traumatic loss (e.g. complicated, multiple, prolonged, severe), having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

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- (d) Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness.
- (e) Prevention Programs may include universal prevention if there is evidence to suggest that the universal prevention is an effective method for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average.
- (f) The County may combine an Early Intervention Program with a Prevention Program, as long as the requirements in Section 3710 and Section 3720 are met.
- (g) The County shall include all of the Strategies in each Prevention Program as referenced in Section 3735.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Section 3725. Stigma and Discrimination Reduction Program.

- (a) The County shall offer at least one Stigma and Discrimination Reduction Program as defined in this section.
- (b) “Stigma and Discrimination Reduction Program” means the County’s direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.
 - (1) Examples of Stigma and Discrimination Reduction Programs include, but are not limited to, social marketing campaigns, speakers’ bureaus and other direct-contact approaches, targeted education and training, anti-stigma advocacy, web-based campaigns, efforts to combat multiple stigmas that have been shown to discourage individuals from seeking mental health services, and efforts to encourage self-acceptance for individuals with a mental illness.
 - (2) Stigma and Discrimination Reduction Programs shall include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended.
- (c) The County shall include all of the Strategies in each Stigma and Discrimination Reduction Program as referenced in Section 3735.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Section 3726. Access and Linkage to Treatment Program.

- (a) The County shall offer at least one Access and Linkage to Treatment Program as defined in this section.
- (b) “Access and Linkage to Treatment Program” means a set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3,

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as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.

- (1) Examples of Access and Linkage to Treatment Programs, include but are not limited to, Programs with a primary focus on screening, assessment, referral, telephone help lines, and mobile response.
- (c) In addition to offering the required Access and Linkage to Treatment Program, the County is also required to offer Access and Linkage to Treatment as a Strategy within all Prevention and Early Intervention Programs.
- (d) The County shall include all of the Strategies in each Access and Linkage to Treatment Program as referenced in Section 3735.
- (e) An Access and Linkage to Treatment Program may be provided through other Mental Health Services Act components as long as it meets all of the requirements in this section.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5600.3 and 5840, Welfare and Institutions Code.

Section 3730. Suicide Prevention Programs.

- (a) The County may offer one or more Suicide Prevention Programs as defined in this section.
- (b) Suicide Prevention Programs means organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This category of Programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.
 - (1) Suicide prevention activities that aim to reduce suicidality for specific individuals at risk of or with early onset of a potentially serious mental illness can be a focus of a Prevention Program pursuant to Section 3720 or a focus of an Early Intervention Program pursuant to Section 3710.
- (d) Suicide Prevention Programs pursuant to this section include, but are not limited to, public and targeted information campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines or web-based suicide prevention resources, and training and education.
- (e) The County shall include all of the Strategies in each Suicide Prevention Program as referenced in Section 3735.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Section 3735. Prevention and Early Intervention Strategies.

- (a) The County shall include all of the following Strategies as part of each Program listed in Sections 3710 through 3730 of Article 7:
 - (1) Be designed and implemented to help create Access and Linkage to Treatment.
 - (A) "Access and Linkage to Treatment" means connecting children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the

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- onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.
- (2) Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.
- (A) “Improving Timely Access to Services for Underserved Populations” means to increase the extent to which an individual or family from an underserved population as defined in Title 9 California Code of Regulations Section 3200.300 who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.
- (B) Services shall be provide in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations.
- (C) In addition to offering the required Improve Timely Access to Services for Underserved Populations Strategy, the County may also offer Improve Timely Access to Services for Underserved Populations as a Program.
- (3) Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory
- (A) “Strategies that are Non-Stigmatizing and Non-Discriminatory” means promoting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.
- (B) Non-Stigmatizing and Non-Discriminatory approaches include, but are not limited to, using positive, factual messages and approaches with a focus on recovery, wellness, and resilience; use of culturally appropriate language, practices, and concepts; efforts to acknowledge and combat multiple social stigmas that affect attitudes about mental illness and/or about seeking mental health services, including but not limited to race and sexual orientation; co-locating mental health services with other life resources; promoting positive attitudes and understanding of recovery among mental health providers; inclusion and welcoming of family members; and employment of peers in a range of roles.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

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Section 3740. Effective Methods.

- (a) For each Program and each Strategy in Article 7, the County shall use effective methods likely to bring about intended outcomes, based on one of the following standards, or a combination of the following standards:
- (1) Evidence-based practice standard: Evidence-based practice means activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.
 - (2) Promising practice standard: Promising practice means Programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.
 - (3) Community and or practice-based evidence standard: Community and or practice-based evidence means a set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and or practice-defined evidence takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Section 3745. Changed Program.

- (a) If the County determines a need to make a substantial change to a Program or Strategy described in the County's most recent Three-Year Program and Expenditure Plan or Annual Update that was adopted by the local county board of supervisors as referenced in Welfare and Institutions Code Section 5847, the County shall ensure that stakeholders contributed meaningfully to the planning process that resulted in the decision to make the change.
- (b) "Substantial change" as used in this section means, change(s) to the essential elements of a Program or Strategy or change(s) to the intended outcomes or target population.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5848, Welfare and Institutions Code.

Section 3750. Prevention and Early Intervention Component Evaluation.

- (a) For each Early Intervention Program the County shall evaluate the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring reduced symptoms and/or improved recovery, including

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mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.

- (b) For each Prevention Program the County shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.
- (c) For each Early Intervention and each Prevention Program that the County designates as intended to reduce any of the other Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness, the County shall select, define, and measure appropriate indicators that the County selects that are applicable to the Program.
- (d) For each Stigma and Discrimination Reduction Program referenced in Section 3725, the County shall select and use a validated method to measure one or more of the following:
 - (1) Changes in attitudes, knowledge, and/or behavior related to mental illness that are applicable to the specific Program.
 - (2) Changes in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the specific Program.
- (e) If the County chooses to offer a Suicide Prevention Program referenced in Section 3730, the County shall select and use a validated method to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness that are applicable to the specific Program.
- (f) For each Strategy or Program to provide Access and Linkage to Treatment the County shall track:
 - (1) Number of referrals as defined in subdivision (b)(3)(F) of section 3560.010 to treatment, and kind of treatment to which person was referred.
 - (2) Number of persons who followed through on the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.
 - (A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.
 - (3) Duration of untreated mental illness.
 - (A) Duration of untreated mental illness shall be measured for persons who are referred as defined in subdivision (b)(3)(F) of section 3560.010 to treatment and who have not previously received treatment as follows:
 - 1. The time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.

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- (B) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.
- (4) The interval between the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engagement in treatment, defined as participating at least once in the treatment to which referred
 - (A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.
- (g) For each Strategy or Program to Improve Timely Access to Services for Underserved Populations the County shall measure:
 - (1) Number of referrals as defined in subdivision (b)(4)(G) of section 3560.010 of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset.
 - (2) Number of persons who followed through on the referral as defined in subdivision (b)(4)(G) of section 3560.010 and engaged in services, defined as the number of individuals who participated at least once in the Program to which the person was referred.
 - (A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.
 - (3) Timeliness of care.
 - (A) Timeliness of care for individuals from underserved populations with a mental illness is measured by the interval between referral as defined in subdivision (b)(4)(G) of section 3560.010 and engagement in services, defined as participating at least once in the service to which referred.
- (h) The County shall design the evaluations to be culturally competent and shall include the perspective of diverse people with lived experience of mental illness, including their family members, as applicable.
- (i) In addition, to the required evaluations listed in this section, the County may also, as relevant and applicable, define and measure the impact of Programs funded by Prevention and Early Intervention funds on the mental health and related systems, including, but not limited to education, physical healthcare, law enforcement and justice, social services, homeless shelters and other services, and community supports specific to age, racial, ethnic, and cultural groups. Examples of system outcomes include, but are not limited to, increased provision of services by ethnic and cultural community organizations, hours of operation, integration of services including co-location, involvement of clients and families in key decisions, identification and response to co-occurring substance-use disorders, staff knowledge and application of recovery principles, collaboration with diverse community partners, or funds leveraged.

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- (j) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, is exempt from the evaluation requirements in this section for one year from the effective date of this section.
- (k) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, electing to follow subdivision (c) of section 3705 may satisfy the requirements of subdivisions (a) through (g) of this section by selecting, defining, and measuring appropriate indicators that the County selects to evaluate the negative outcomes referenced in Welfare and Institutions Code section 5840, subdivision (d), identified in the County's Three-year Program and Expenditure Plan and/or Annual Update pursuant to subdivision (o)(3) of section 3755.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Section 3755. Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update.

- (a) The requirements set forth in this section shall apply to the Annual Update due for the fiscal year 2016-17 and each Annual Update and/or Three-Year Program and Expenditure Plan thereafter.
- (b) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan or Annual Update shall include the following general information:
 - (1) A description of how the County ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 California Code of Regulations, Section 3300, were informed about and understood the purpose and requirements of the Prevention and Early Intervention Component.
 - (2) A description of the County's plan to involve community stakeholders meaningfully in all phases of the Prevention and Early Intervention Component of the Mental Health Services Act, including program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.
 - (3) A brief description, with specific examples of how each Program and/or Strategy funded by Prevention and Early Intervention funds will reflect and be consistent with all applicable Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.
- (c) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Early Intervention Program as defined in Section 3710 including, but not limited to:
 - (1) The Program name
 - (2) Identification of the target population for the specific Program including:
 - (A) Demographics relevant to the intended target population for the specific Program, including, but not limited to, age, race/ethnicity, gender or gender identity, primary language used, military status, and sexual orientation.

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- (B) The mental illness or illnesses for which there is early onset.
- (C) Brief description of how each participant's early onset of a potentially serious mental illness will be determined.
- (3) Identification of the type(s) of problem(s) and need(s) for which the Program will be directed and the activities to be included in the Program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for individuals with early onset of potentially serious mental illness.
- (4) The Mental Health Services Act negative outcomes as a consequence of untreated mental illness referenced in Welfare and Institutions Code Section 5840, subdivision (d) that the Program is expected to affect, including the reduction of prolonged suffering as a consequence of untreated mental illness, as defined in Section 3750, subdivision (a).
 - (A) List the mental health indicators that the County will use to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (a).
 - (B) For any other specified Mental Health Services Act negative outcome as a consequence of untreated mental illness, as referenced in Section 3750, subdivision (c), list the indicators that the County will use to measure the intended reductions.
 - (C) Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.
- (5) Specify how the Early Intervention Program is likely to reduce the relevant Mental Health Services Act negative outcomes as referenced in Welfare and Institutions Code Section 5840, subdivision (d) by providing the following information:
 - (A) If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population, and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.
 - (B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.
- (d) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of the Prevention Program including but not limited to the following information:
 - (1) The Program name

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- (2) Identification of the target population for the specific Program, including:
 - (A) Participants' risk of a potentially serious mental illness, either based on individual risk or membership in a group or population with greater than average risk of a serious mental illness, i.e. the condition, experience, or behavior associated with greater than average risk.
 - (B) How the risk of a potentially serious mental illness will be defined and determined, i.e. what criteria and process the County will use to establish that the intended beneficiaries of the Program have a greater than average risk of developing a potentially severe mental illness.
 - (C) Demographics relevant to the intended target population for the specific Program including but not limited to age, race/ethnicity, gender or gender identity, sexual orientation, primary language used, and military status.
- (3) Specify the type of problem(s) and need(s) for which the Prevention Program will be directed and the activities to be included in the Program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for individuals with greater than average risk of potentially serious mental illness.
- (4) Specify any Mental Health Services Act negative outcomes as a consequence of untreated mental illness as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that the Program is expected to affect, including reduction of prolonged suffering, as defined in Section 3750, subdivision (b).
 - (A) List the mental health indicators that the County will use to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (b).
 - (B) If the County intends the Program to reduce any other specified Mental Health Services Act negative outcome as a consequence of untreated mental illness as referenced in Section 3750, subdivision (c), list the indicators that the County will use to measure the intended reductions.
 - (C) Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.
- (5) Specify how the Prevention Program is likely to bring about reduction of relevant Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for the intended population by providing the following information:
 - (A) If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population, and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.
 - (B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the

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- evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.
- (e) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Outreach for Increasing Recognition of Early Signs of Mental Illness Program and for any Strategy within a Program, including, but not limited to:
- (1) The Program name
 - (2) Identify the types and settings of potential responders the Program intends to reach.
 - (A) Describe briefly the potential responders' setting(s), as referenced in Section 3750, subdivisions (d)(3)(A), and the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness.
 - (3) Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.
- (f) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Stigma and Discrimination Reduction Program, including, but not limited to:
- (1) The Program name
 - (2) Identify whom the Program intends to influence.
 - (3) Specify the methods and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services, consistent with requirements in Section 3750, subdivision (e), including timeframes for measurement.
 - (4) Specify how the proposed method is likely to bring about the selected outcomes by providing the following information:
 - (A) If the County used the evidence-based standard or promising practice standard, to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.
 - (B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

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- (g) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Suicide Prevention Program including, but not limited to:
- (1) The Program name
 - (2) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.
 - (3) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide consistent with requirements in Section 3750, subdivision (f) including timeframes for measurement.
 - (4) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:
 - (A) If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), explain how the practice's effectiveness has been demonstrated and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.
 - (B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.
- (h) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of the Access and Linkage to Treatment Program and Strategy within each Program including, but not limited to:
- (1) Program name
 - (2) An explanation of how the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness as referenced in Section 3735, subdivision (a)(1)
 - (3) Explain how individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program.
 - (4) Explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment.
 - (5) Explain how the Program will follow up with the referral to support engagement in treatment.
 - (6) Indicate if the County intends to measure outcomes in addition to those required in Section 3750, subdivision (f) and if so, specify what outcome(s) and how will it be measured, including timeframes for measurement.

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- (i) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs:
 - (1) Program name
 - (2) An explanation of how the Program will be implemented to help Improve Access to Services for Underserved Populations, as required in Section 3735, subdivision (a)(2)
 - (3) For each Program, the County shall indicate the intended setting(s) and why the setting enhances access for specific, designated underserved populations. If the County intends to locate the Program in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.
 - (4) Indicate if the County intends to measure outcomes in addition to those required in Section 3750, subdivision (g) and, if so, what outcome(s) and how will it be measured, including timeframes for measurement.
- (j) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs:
 - (1) The Program name
 - (2) An explanation of how the Program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.
- (k) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs the following information for the fiscal year after the plan is submitted.
 - (1) Estimated number of children, adults, and seniors to be served in each Prevention Program and each Early Intervention Program.
 - (2) The County may also include estimates of the number of individuals who will be reached by Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Access and Linkage to Treatment Program, Suicide Prevention Programs, and Stigma and Discrimination Reduction Programs.
- (l) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include projected expenditures for each Program funded with Prevention and Early Intervention funds by fiscal year
 - (1) Projected expenditures by the following sources of funding:
 - (A) Estimated total mental health expenditures
 - (B) Prevention and Early Intervention funds
 - (C) Medi-Cal Federal Financial Participation
 - (D) 1991 Realignment
 - (E) Behavioral Subaccount
 - (F) Any other funding
 - (2) The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing Recognition of

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Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations and shall estimate expected expenditures for each Program. If the Programs are combined, the County shall estimate the percentage of funds dedicated to each Program.

- (A) The County shall estimate the amount of Prevention and Early Intervention funds for Administration of the Prevention and Early Intervention Component.
- (m) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include the previous fiscal years' unexpended Prevention and Early Intervention funds and the amount of those funds that will be used to pay for the Programs listed in the Annual Update and/or Three-year Program and Expenditure Plan.
- (n) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include an estimate of the amount of Prevention and Early Intervention funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.
- (o) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, electing to follow subdivision (c) of section 3705 shall include in the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update a description of the combined and/or integrated program including but not limited:
- (1) Name of the combined and/or integrated program.
 - (2) Description of how the five required programs were combined and/or integrated.
 - (3) Identification of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) the combined and/or integrated program is intended to reduce.
 - (4) Description of how the combined and/or integrated program is likely to reduce the outcomes identified in part (3) above.
 - (5) Identification of the indicators that the County will use to measure the intended outcomes identified in part (3) above.
 - (6) Explanation of how the combined and/or integrated program will be implemented to help Improve Access to Services for Underserved Population, as required in Section 3735, subdivision (a)(2).
 - (7) Explanation of how the combined and/or integrated program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, as required in Section 3735, subdivision (a)(3).
 - (8) Estimated numbers of children, adults, and seniors, respectively, to be served in the combined and/or integrated program.
 - (9) List of the projected expenditures for the combined and/or integrated program funded with Prevention and Early Intervention funds by fiscal year and by the following sources of funding:
 - (A) Estimated total mental health expenditures
 - (B) Prevention and Early Intervention funds
 - (C) Medi-Cal Federal Financial Participation
 - (D) 1991 Realignment
 - (E) Behavioral Subaccount

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(F) Any other funding

- (10) Estimated amount of Prevention and Early Intervention funds budgeted for Administration of the Prevention and Early Intervention Component.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5847, and 5848 Welfare and Institutions Code.

Section 3755.010. Prevention and Early Intervention Program Change Report.

- (a) If the County determines a need to make a substantial change to a Program, Strategy, or target population as described in Section 3745, the County shall in the next Three-Year Program and Expenditure Plan or Annual Update, whichever is closest in time to the planned change, include the following information:
- (1) A brief summary of the Program as initially set forth in the originally adopted Three-Year Program and Expenditure Plan or Annual Update.
 - (2) A description of the change including the resulting changes in the intended outcomes and the planned evaluation.
 - (3) Explanation for the change including, stakeholder involvement in the decision and, if any, evaluation data supporting the change.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5847, Welfare and Institutions Code.



Department of Behavioral Health Policy and Procedure Guide

PPG 1.2.7

Section: Administration

Effective Date: 05/30/2017

Revised Date: 05/30/2017

Policy Title: Performance Outcome Measures

Approved by: Dawan Utecht (Director of Behavioral Health), Francisco Escobedo (Sr. Staff Analyst - QA), Kannika Toonnachat (Division Manager - Technology and Quality Management)

POLICY:

It is the policy of Fresno County Department of Behavioral Health and the Fresno County Mental Health Plan (FCMHP) to ensure procedures for developing performance measures which accurately reflect vital areas of performance and provide for systematic, ongoing collection and analysis of valid and reliable data. Data collection is not intended to be an additional task for FCMHP programs/providers but rather embedded within the various non-treatment, treatment and clinical documentation.

PURPOSE:

To determine the effectiveness and efficiency of services provided by measuring performance outcomes/results achieved by the persons served during service delivery or following service completion, delivery of service, and of the individuals' satisfaction. This is a vital management tool used to clarify goals, document the efforts toward achieving those goals, and thus measure the benefit the service delivery to the persons served. Performance measurement selection is part of the planning and developing process design of the program. Performance measurement is the ongoing monitoring and reporting of progress towards pre-established objectives/goals.

REFERENCE:

California Code of Regulations, Title 9, Chapter 11, Section 1810.380(a)(1): State Oversight

DHCS Service, Administrative and Operational Requirements

Mental Health Services Act (MHSA), California Code of Regulations, Title 9, Section 3320, 3200.050, and 3200.120

Commission on Accreditation of Rehabilitation Facilities (CARF)

DEFINITIONS:

1. **Indicator:** Qualitative or quantitative measure(s) that tell if the outcomes have been accomplished. Indicators evaluate key performance in relation to objectives. It indicates what the program is accomplishing and if the anticipated results are being achieved.

MISSION STATEMENT

The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

Template Review Date 3/28/16



Department of Behavioral Health Policy and Procedure Guide

Section: Administration

Effective Date: 05/30/2017

PPG 1.2.7

Policy Title: Performance Outcome Measures

2. **Intervention:** A systematic plan of action consciously adapted in an attempt to address and reduce the causes of failure or need to improve upon system.
3. **Fresno County Mental Health Plan (FCMHP):** Fresno County's contract with the State Department of Health and Human Services that allows for the provision of specialty mental health services. Services may be delivered by county-operated programs, contracted organizational, or group providers.
4. **Objective (Goal):** Intended results or the impact of learning, programs, or activities.
5. **Outcomes:** Specific results or changes achieved as a consequence of the program or intervention. Outcomes are connected to the objectives/goals identified by the program or intervention.

PROCEDURE:

- I. Each FCMHP program/provider shall engage in measurement of outcomes in order to generate reliable and valid data on the effectiveness and efficiency of programs or interventions. Programs/providers will establish/select objectives (goals), decide on a methodology and timeline for the collection of data, and use an appropriate data collection tool. This occurs during the program planning and development process. Outcomes should be in alignment with the program/provider goals.
- II. Outcomes should be measurable, obtainable, clear, accurately reflect the expected result, and include specific time frames. Once the measures have been selected, it is necessary to design a way to gather the information. For each service delivery performance indicator, FCMHP program/provider shall determine: to whom the indicator will be applied; who is responsible for collecting the data; the tool from which data will be collected; and a performance target based on an industry benchmark, or a benchmark set by the program/provider.
- III. Performance measures are subject to review and approval by FCMHP Administration.
- IV. Performance measurement is the ongoing monitoring and reporting of progress towards pre-established objectives/goals. Annually, each FCMHP program/provider must measure service delivery performance in each of the areas/domains listed below. Dependent on the program/provider service deliverables, exceptions must be approved by the FCMHP Administration.

Department of Behavioral Health Policy and Procedure Guide



Section: Administration

Effective Date: 05/30/2017

PPG 1.2.7

Policy Title: Performance Outcome Measures

- a. Effectiveness of services – How well programs performed and the results achieved. Effectiveness measures address the quality of care through measuring change over time. Examples include but are not limited to: reduction of hospitalization, reduction of symptoms, employment and housing status, and reduction of recidivism rate and incidence of relapse.
 - b. Efficiency of services – The relationship between the outcomes and the resources used. Examples include but are not limited to: service delivery cost per service unit, length of stay, and direct service hours of clinical and medical staff.
 - c. Services access – Changes or improvements in the program/provider's capacity and timeliness to provide services to those who request them. Examples include but are not limited to: wait/length of time from first request/referral to first service or subsequent appointment, convenience of service hours and locations, number of clients served by program capacity, and no-show and cancellation rates.
 - d. Satisfaction and feedback from persons served and stakeholders– Changes or increased positive/negative feedback regarding the experiences of the persons served and others (families, referral sources, payors/guarantors, etc.). Satisfaction measures are usually oriented toward clients, family members, personnel, the community, and funding sources. Examples include but are not limited to: did the organization/program focus on the recovery of the person served, were grievances or concerns addressed, overall feelings of satisfaction, and satisfaction with physical facilities, fees, access, service effectiveness, and efficiency.
- V. Each FCMHP program/provider shall use the following templates to document the defined goals, intervention(s), specific indicators, and outcomes.
1. FCMHP Outcome Report template (see Attachment A)
 2. FCMHP Outcome Analysis template (see Attachment C)

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title: Click here to enter text.
Program Description: Click here to enter text.

Provider: Click here to enter text.
MHP Work Plan: Choose an item.
 Choose an item.
 Choose an item.

Age Group Served 1: ADULT
Age Group Served 2: Choose an item.
Funding Source 1: Choose an item.
Funding Source 2: Choose an item.

Dates Of Operation: Click here to enter text.
Reporting Period: Choose an item.
Funding Source 3: Choose an item.
Other Funding: Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount: Click here to enter text.
Number of Unique Clients Served During Time Period: 0
Number of Services Rendered During Time Period: Click here to enter text.
Actual Cost Per Client: 0

Program Actual Amount: 0

CONTRACT INFORMATION:

Program Type:
Contract Term: Click here to enter text.

Type of Program:
For Other: Click here to enter text.
Renewal Date: Click here to enter text.

Level of Care Information Age 18 & Over: Choose an item.

Level of Care Information Age 0- 17: Choose an item.

TARGET POPULATION INFORMATION:

Target Population: Click here to enter text.

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Please describe how the selected concept (s) embedded :

Click here to enter text.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

Click here to enter text.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.

FRESNO COUNTY MENTAL HEALTH PLAN

Outcomes Analysis

Attachment C

Name of Program:

[Click here to enter text.](#)

What is the Program/Contract Goals?

[Click here to enter text.](#)

Program Type: _____

Type of Program: [Other, please specify below](#)

Other: [Click here to enter text.](#)

CLINICAL INFORMATION:

Does the Program Utilize Any of the Following? *(May select more than one)*

[Evidence Informed Practice](#)

[Best Practice](#)

[Evidence Based Practice](#)

Other: [Click here to enter text.](#)

Please Describe: [Click here to enter text.](#)

OUTCOMES

What Outcome Measures Are Being Used? [Click here to enter text.](#)

What Outcome Measures/Functional Variables Could Be Added to Better Explain the Program's Effectiveness? [Click here to enter text.](#)

Describe the Program's *analysis* (i.e. have the program/contract goals been met? Number served, waiting list, wait times, budget to volume, etc.): [Click here to enter text.](#)

What Barriers Prevent the Program from Achieving Better Outcomes? [Click here to enter text.](#)

What Changes to the Program Would You Recommend to Improve the outcomes ? [Click here to enter text.](#)

For Committee Use Only:

Recommendations: *do include a conclusion and a to-do list with action items*

[Click here to enter text.](#)