

**AMENDMENT NO. 1 TO SERVICE AGREEMENT**

This Amendment No. 1 to Service Agreement No. 23-276 is dated the 5<sup>th</sup> day of September, 2023 and is between each provider listed in Exhibit A, titled "Provider List," (collectively referred to as "Contractor"), and the County of Fresno, a political subdivision of the State of California ("County").

**Recitals**

A. On June 20, 2023, the County and Contractor entered into County Agreement No. 23-276 ("Agreement"), also referred to as the Bright Beginnings for Families Program, for the operation of a Mental Health Services Act (MHSA) funded Children's Services Program which currently provides Full Service Partnership services for underserved or unserved high-risk children between the ages of 0 to 10 years with Serious Emotional Disturbance (SED) and their families.

B. The County and the Contractor now desire to amend the Agreement to fill a community need for Outpatient (OP) and Intensive Case Management (ICM) level of care services for youth ages 0 to 10 years old.

The parties therefore agree as follows:

1. Article 4, "Compensation, Invoices, and Payments", located on Page Eight (8), Line Fourteen (14) through Page Eleven (11), Line Three (3), beginning with the word 'The' and ending with the number '25' is deleted in its entirety and replaced with the following:

4.1 The County agrees to pay, and the Contractor agrees to receive, compensation for the performance of its services under this Agreement as described in Exhibit H1, Exhibit H2, Exhibit H3, and Exhibit H4 to this Agreement.

4.2 **Specialty Mental Health Services Maximum Compensation.** When added together for all three Contractors, the maximum compensation payable to the Contractors under this Agreement for each 12-month period for Specialty Mental Health Services is Eight Million Four Hundred Ninety-Two Thousand Nine Hundred Two and No/100 Dollars (\$8,492,902.00), which is not a guaranteed sum but shall be paid only for services rendered and received. The maximum compensation payable to Pacific Clinics for each 12-month period for

1 Specialty Mental Health Services is Four Million Nine Hundred Fifty-Two Thousand Five  
2 Hundred Nineteen and No/100 Dollars (\$4,952,519.00). The maximum compensation payable  
3 to Exceptional Parents Unlimited, Inc. for each 12-month period for Specialty Mental Health  
4 Services is One Million Nine Hundred Eleven Thousand One Hundred Ninety-Eight and No/100  
5 Dollars (\$1,911,198.00). The maximum compensation payable to Comprehensive Youth  
6 Services of Fresno, Inc. for each 12-month period for Specialty Mental Health Services is One  
7 Million Six Hundred Twenty-Nine Thousand One Hundred Eighty-Five and No/100 Dollars  
8 (\$1,629,185.00).

9           4.3           **Non-Medi-Cal Supports Maximum Compensation.** When added  
10 together for all three contractors, the maximum compensation payable to the Contractors under  
11 this Agreement for each 12-month period for Non-Medi-Cal Supports is Twenty-Two Thousand  
12 Eight Hundred Ninety-One and No/100 Dollars (\$22,891.00). The maximum compensation  
13 payable to Pacific Clinics for each 12-month period for Non-Medi-Cal Supports is Nine  
14 Thousand Six Hundred Forty-One and No/100 Dollars (\$9,641.00). The maximum  
15 compensation payable to Exceptional Parents Unlimited, Inc. for each 12-month period for Non-  
16 Medi-Cal Supports is Eight Thousand and No/100 Dollars (\$8,000.00). The maximum  
17 compensation payable to Comprehensive Youth Services of Fresno, Inc. for each 12-month  
18 period for Non-Medi-Cal Supports is Five Thousand Two Hundred Fifty and No/100 Dollars  
19 (\$5,250.00).

20           4.4           **Transition Optimization Funds.** If Contractor opts to apply for transition  
21 optimization funds, the maximum amount payable for transition optimization for the period of  
22 July 1, 2023 through June 30, 2024 shall not exceed Two-Hundred Fifty Thousand and No/100  
23 Dollars (\$250,000.00) split among all current agreements between the Contractor and the  
24 County for Medi-Cal billable specialty mental health and substance use disorder services as  
25 further described in the Scope of Work/Services. All final invoices for transition optimization  
26 funds shall be submitted by July 15, 2024. Invoices submitted thereafter, shall not be eligible for  
27 payment.

1           4.5           **Total Maximum Compensation.** In no event shall the maximum contract  
2 amount for all the services provided by the Contractor to County under the terms and conditions  
3 of this Agreement, when added together for all three Contractors, be in excess of Seventeen  
4 Million Seven Hundred Eighty-One Thousand Five Hundred Eighty-Six and No/100 Dollars  
5 (\$17,781,586.00) during the entire term of this Agreement. In no event shall the maximum  
6 contract amount for all the services provided by Pacific Clinics to County be in excess of Ten  
7 Million One Hundred Seventy-Four Thousand Three Hundred Twenty and No/100 Dollars  
8 (\$10,174,320.00). In no event shall the maximum contract amount for all the services provided  
9 by Exceptional Parents Unlimited, Inc. be in excess of Four Million Eighty-Eight Thousand Three  
10 Hundred Ninety-Six and No/100 Dollars (\$4,088,396.00). In no event shall the maximum  
11 contract amount for all the services provided by Comprehensive Youth Services of Fresno, Inc.  
12 to County be in excess of Three Million Five Hundred Eighteen Thousand Eight Hundred  
13 Seventy and No/100 Dollars (\$3,518,870.00).

14           The Contractor acknowledges that the County is a local government entity and does  
15 so with notice that the County's powers are limited by the California Constitution and by State  
16 law, and with notice that the Contractor may receive compensation under this Agreement only  
17 for services performed according to the terms of this Agreement and while this Agreement is in  
18 effect, and subject to the maximum amount payable under this section. The Contractor further  
19 acknowledges that County employees have no authority to pay the Contractor except as  
20 expressly provided in this Agreement.

21           The Contractor will be compensated for performance of its services under this  
22 Agreement as provided in this Article. The Contractor is not entitled to any compensation except  
23 as expressly provided in this Agreement.

24           4.6           **Rate Categories.** The program service components for the Contractor(s)  
25 shall be categorized under one or more of the following rate categories and as indicated in  
26 Exhibit H1, Exhibit H2, and Exhibit H3:

27           (A) Clinic-Site Based: Clinic-Site Based programs shall be defined as programs  
28 who provide less than fifty percent (50%) of services in the field. In the field services

1 are those services that do not occur through telehealth and do not occur in designated  
2 sites in which the Contractor is afforded regular access. Designated sites shall be  
3 identified by the Contractor and approved by County's DBH Director or designee in  
4 writing.

5 (B) Field Based: Field based programs shall be defined as programs that  
6 provide more than fifty percent (50%) of services in the field.  
7 Full-Service Partnership/Assisted Outpatient Therapy/Therapeutic Behavioral Health  
8 Services (FSP/AOT/TBS): FSP/AOT/TBS programs shall provide services in accordance  
9 with level of care standards and general requirements as described in the Scope of  
10 Services, if applicable.

11 DBH shall continuously monitor the programs and analyze data to review accuracy of  
12 rate categories assigned and may only reassign rate categories with the written agreement of  
13 both parties pursuant to Article 25."

14 2. Article 4, Page Thirteen (13), Line Ten (10) beginning with the word "specialty" and  
15 ending on Page Thirteen (13), Line Fifteen (15) with the letter "H" is deleted in its entirety and  
16 replaced with the following:

17 "**Specialty Mental Health Services Claimable Services.** For claimable services,  
18 invoices shall be based on claims entered into the County's billing and transactional database  
19 system for the prior month.

20 Monthly payments for claimed services shall only be based on the units of time assigned  
21 to each CPT or HCPCS code entered in the County's billing and transactional database  
22 multiplied by the practitioner service rates in Exhibits H1, H2, and H3."

23 3. All references in County Agreement No. 23-276 to "Exhibit B" shall be deemed  
24 references to "Revised Exhibit B", attached and incorporated by this reference.

25 4. All references in County Agreement No. 23-276 to "Exhibit H" shall be deemed  
26 references to "Exhibit H1, Exhibit H2, Exhibit H3 and Exhibit H4", all attached and incorporated  
27 by this reference.

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

3 6. The Contractor represents and warrants to the County that:

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

6 b. The individual signing this Amendment on behalf of the Contractor is duly authorized  
7 to do so and his or her signature on this Amendment legally binds the Contractor to  
8 the terms of this Amendment.

9 7. The parties agree that this Amendment may be executed by electronic signature as  
10 provided in this section.

11 a. An "electronic signature" means any symbol or process intended by an individual  
12 signing this Amendment to represent their signature, including but not limited to (1) a  
13 digital signature; (2) a faxed version of an original handwritten signature; or (3) an  
14 electronically scanned and transmitted (for example by PDF document) version of an  
15 original handwritten signature.

16 b. Each electronic signature affixed or attached to this Amendment (1) is deemed  
17 equivalent to a valid original handwritten signature of the person signing this  
18 Amendment for all purposes, including but not limited to evidentiary proof in any  
19 administrative or judicial proceeding, and (2) has the same force and effect as the  
20 valid original handwritten signature of that person.

21 c. The provisions of this section satisfy the requirements of Civil Code section 1633.5,  
22 subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part  
23 2, Title 2.5, beginning with section 1633.1).

24 d. Each party using a digital signature represents that it has undertaken and satisfied  
25 the requirements of Government Code section 16.5, subdivision (a), paragraphs (1)  
26 through (5), and agrees that each other party may rely upon that representation.  
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e. This Amendment is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this Amendment with an original handwritten signature.

8. This Amendment may be signed in counterparts, each of which is an original, and all of which together constitute this Amendment.

9. The Agreement as amended by this Amendment No. 1 is ratified and continued, effective upon execution. All provisions of the Agreement and not amended by this Amendment No. 1 remain in full force and effect.

[SIGNATURE PAGE FOLLOWS]

1 The parties are signing this Amendment No. 1 on the date stated in the introductory  
2 clause.

3 Please see the attached signatures

COUNTY OF FRESNO

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6   
7 Sal Quintero, 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

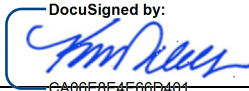
10 By:   
11 Deputy

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13 For accounting use only:  
14 Org No.: 56304320  
15 Account No.: 7295  
16 Fund No.: 0001  
17 Subclass No.: 10000  
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1           The parties are signing this Amendment No. 1 to Agreement No. 23-276 on the date  
2 stated in the introductory clause.

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PACIFIC CLINICS

DocuSigned by:  


CA06E0F4E66D401  
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(Authorized Signature)

Kim M. Wells                           Chief Legal officer

\_\_\_\_\_  
Print Name & Title

251 Llewellyn Avenue  
Campbell, CA 95008

\_\_\_\_\_  
Mailing Address

1 The parties are signing this Amendment No. 1 to Agreement No. 23-276 on the date  
2 stated in the introductory clause.

3

4 EXCEPTIONAL PARENTS UNLIMITED, INC.

5   
6 \_\_\_\_\_  
(Authorized Signature)

7 SUZANNE ELLIS, CFO  
8 \_\_\_\_\_  
Print Name & Title

9 4440 N. First Street  
10 Fresno, CA 93726  
\_\_\_\_\_ Mailing Address

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1 The parties are signing this Amendment No. 1 to Agreement No. 23-276 on the date  
2 stated in the introductory clause.

3  
4 COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.

5  
6   
7 (Authorized Signature)

8 Richard Brown, President, Board of Directors  
9 Print Name & Title

10 4545 N. West Avenue  
11 Fresno, CA 93705  
Mailing Address

**Bright Beginnings for Families Program  
for Children Ages 0–10 Years**

**PROVIDERS LIST**

**Pacific Clinics**

251 Llewellyn Avenue

Campbell, CA 95008

Phone: (408) 379-3790

(559) 446-3054

Contact: Marilyn Sliney, Executive Director, Central Region

**Comprehensive Youth Services of Fresno, Inc.**

4545 N. West Avenue

Fresno, CA 93705

Phone: (559) 229-3561

Contact: Becky Kramer, Executive Director

**Exceptional Parents Unlimited, Inc.**

4440 N. First Street

Fresno, CA 93726

Phone: (559) 229-2000

Contact: Lowell Ens, Executive Director

## **Bright Beginnings for Families Program for Children Ages 0 to 10 Years**

### **SCOPE OF SERVICES**

#### **I. BACKGROUND**

The innovative partnerships that comprise the Bright Beginnings for Families (BBFF) program bring together the knowledge, skills, expertise, and resources of established community-based providers in an integrated System of Care model. The network builds upon evidence-based services and activities to offer an expanded continuum of unduplicated services. Integrated services maximize the use of resources to broaden the scope, intensity, and accessibility of services and supports to children and families in rural and metropolitan areas who might otherwise not receive the services they need.

The Contractors' experience with serving culturally and linguistically diverse families has supported outreach, access and appropriate service delivery to populations that may not be adequately served by traditional mental health and other support systems. The resulting service delivery system has proven to be effective in assisting targeted populations with achieving and maintaining wellness and recovery for their young children. Over time, the fully integrated partnership approach has evolved into a best-practice model of infant, early childhood, and family treatment that has the potential to be duplicated in other areas and has increased capacity to reach out to and engage unserved and underserved populations throughout Fresno County.

The program includes three (3) distinct levels of care – 1) Outpatient (OP) services, 2) Intensive Case Management (ICM), and 3) Full Service Partnership (FSP).

#### **II. TARGET POPULATION**

The BBFF program is designed to provide services to youth ages 0-10 with mental health symptoms/needs that meet medical necessity for specialty mental health services. The target population will include youth who present with moderate to severe impairment and a diagnosable Serious Emotional Disturbance (SED). The program will provide a range of services that will be tailored to each youth's needs for service type, intensity, and duration. Children will therefore be assigned to one (1) of three (3) levels of care upon completion of the intake/assessment: Outpatient, Intensive Case Management, or Full Service Partnership. For children who have mild-to-moderate impairment or need medications only and do not require specialty mental health services, the Contractors will work with other programs such as the appropriate Fresno County Department of Behavioral Health (DBH) Wellness Centers, managed care health plans or other like agencies to develop a collaborative agreement for the provision or transition of needed services.

#### **III. LOCATION OF SERVICES**

Services will be provided at each Contractor's clinic site, in the community, at home and education locations, whichever is most comfortable for the child and family. The Contractors must also be capable of offering services through telehealth-phone and telehealth-video should the need arise.

#### IV. DESCRIPTION OF SERVICES

The intended benefit of creating a program such as the BBFF program with multiple levels of care is for maximum flexibility to move children seamlessly between levels, as clinically indicated. The Contractors shall provide a level of service and support that will reflect each child's unique and individual needs.

##### A. Behavioral Health

1. Contractors shall provide these services to all children in the program. Services will include but are not limited to the following:
  - i. Provide support to the child's family and other members of the child's social network to help them manage the symptoms and illness of the child and reduce the level of family and social stress associated with the illness.
  - ii. Make appropriate referrals and linkages to services that are beyond that of the contractors' services under this Agreement or as appropriate when discharging/transitioning a child from the program.
  - iii. Coordinate services with any other community mental health and non-mental health providers as well as other medical professionals.
  - iv. Assist child/family with accessing all entitlements or benefits for which they are eligible (i.e., Medi-Cal, SSI, Section 8 vouchers, etc.).
  - v. Develop family support and involvement whenever possible.
  - vi. Refer child/family to supported education and employment opportunities, as appropriate.
  - vii. Provide or link to transportation services when it is critical to initially access a support service or gain entitlements or benefits.
  - viii. Provide or refer to peer support activities, as appropriate.
  - ix. Ensure that clinically appropriate Evidence-Based Practices are utilized in service delivery at all levels of care – see the table below.
2. Contractors shall deliver a comprehensive specialty mental health program. Behavioral health services include but are not limited to:
  - i. Assessment
  - ii. Treatment or Care planning/Goal setting
  - iii. Pediatric Symptom Checklist (PSC) 35 and the clinically appropriate version of the Child and Adolescent Needs and Strengths (CANS) assessment
  - iv. Individual therapy
  - v. Group therapy
  - vi. Family therapy

- vii. Case management
  - viii. Consultation
  - ix. Collateral
  - x. Linkage to additional services and supports including medication services.
  - xi. Hospitalization/Post Hospitalization Support
3. Contractors will ensure that all services:
- i. Be values-driven, strengths based, individual-driven, and co-occurring capable.
  - ii. Be culturally and linguistically competent.
  - iii. Be age, culture, gender, and language appropriate.
  - iv. Include accommodations for children with physical disability(ies)
4. Methods for service coordination and communication between program and other service providers shall be developed and implemented consistent with Fresno County Mental Health Plan (MHP) confidentiality rules.
5. Contractors shall maintain up-to-date caseload records of all children enrolled in services, and provide individual, programmatic, and other demographic information to DBH as requested.
6. Contractors shall ensure billable specialty mental health services meet any/all County, State, Federal regulations including any utilization review and quality assurance standards and provide all pertinent and appropriate information in a timely manner to DBH to bill Medi-Cal services rendered.
7. Staffing should be appropriate for services needed at each level of care, which should include case managers, therapists, peer support specialists, psychiatrists, and nurses.
8. Evidence-Based Practices (EBP) utilized in BBFF include Incredible Years, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Dialectic Behavioral Therapy, Managing and Adapting Practices, Positive Parenting Program, Trauma Focused Cognitive Behavioral Therapy, and Attachment Vitamins. Although some EBPs are appropriate for all ages served under this Agreement, many are more effective and intended for specific age sub-groups of the target population.

The table below clarifies the EBP, description, target person served sub-group, and the appropriate agency to provide the service.

Contractors include the following:

Pacific Clinics (PC), Exceptional Parents Unlimited (EPU), Comprehensive Youth Services (CYS)

Evidence Based Treatment	Description	Target Age	PC	EPU	CYS
Incredible Years (IY)	Utilized to prevent, reduce, and treat conduct problems; increase social competence; and improve school readiness.	0-8 years	×	×	×
Parent-Child Interaction Therapy (PCIT)	Live therapist-coached sessions with parent/caregiver and child to build safe, positive, and nurturing relationships between parents and their children. Decreases behavior problems, improves parenting skills, and enhances the quality of the relationship.	2-8 years		×	×
Child Parent Psychotherapy (CPP)	Treatment for children with at least one traumatic event and are experiencing behavior, attachment, and/or mental health problems, including PTSD. Supports and strengthens the relationship between a child and caregiver; restores a child's sense of safety and attachment; and improves cognitive, behavioral, and social functioning.	0-5 years	×	×	×
Dialectic Behavioral Therapy (DBT)	A cognitive behavioral treatment that has been shown to be effective in treating a wide range of disorders such as depression, eating disorders, PTSD, and substance dependence.	Parents of children 0-18 years	×	×	×
Managing and Adapting Practices (MAP)	Coordinates and supplements the use of evidence-based programs for children's mental health. The system is not a single treatment program; rather, it involves several decision and practice support tools to assist in the selection, review, adaptation, or construction of empirically derived common treatment elements to match particular child characteristics. The three main features of the MAP system are: <ul style="list-style-type: none"> <li>• The PracticeWise Evidence-Based Services Database</li> <li>• The Clinical Dashboard</li> <li>• The Practitioner Guides</li> </ul>	0-18 years	×		
Positive Parenting Program (Triple P)	Provides education, prevention, and early intervention strategies for parents. The five core principles of Triple P are: <ul style="list-style-type: none"> <li>• Ensuring a safe and engaging environment;</li> <li>• Creating a positive learning environment;</li> <li>• Using assertive discipline;</li> <li>• Having realistic expectations; and</li> <li>• Taking care of oneself as a parent</li> </ul>	0-10 years	×		

B. Levels of Treatment

1. Outpatient (OP)

i. The OP level of care focuses primarily on therapeutic appointments for individual and group treatment as well as case management and medication services, as needed. Children at this level receive a minimum of one (1) contact per week with at least one (1) of those contacts being face-to-face per month.

ii. Caseload

maximum caseload: 1:40

iii. Length of Stay

Suggested length of stay is twelve (12) to eighteen (18) months, with each Contractor evaluating the needs of each enrolled child on an ongoing basis to ensure that the level of care is clinically appropriate.

2. Intensive Case Management (ICM)

i. Children at this ICM level of care would benefit from regularly scheduled case management, individual rehabilitation and/or individual therapy. Children at this level receive a minimum of one (1) to two (2) mental health contacts per week with one of those contacts being face-to-face. These mental health contacts can include but are not limited to individual therapy, family therapy, group therapy, case management, peer support services and/or medication management.

ii. Caseload

maximum caseload: 1:30

iii. Length of Stay

Suggested length of stay is twelve (12) to twenty-four (24) months, with each Contractor evaluating the needs of each enrolled child on an ongoing basis to ensure that the level of care is clinically appropriate.

3. Full Service Partnership (FSP)

i. This FSP level of care employs the concept of “whatever it takes”, which focuses on innovative approaches to “no fail” services. Children at this level meet the State-defined FSP criteria and require higher intensity services to meet their needs. FSP has an increased focus on engagement, collaboration with the youth/family and stabilization to achieve mutually agreed upon treatment goals. Services at this level of care shall be accessible 24/7. Children at the FSP level shall receive a minimum of three (3) face-to-face contacts per week.

ii. Caseload

maximum caseload: 1:15

iii. Length of Stay

Suggested length of stay is eighteen (18) to twenty-four (24) months, with each Contractor evaluating the needs of each enrolled child on an ongoing basis to ensure that the level of care is clinically appropriate.

C. Admission, Termination and Discharge

1. Entry Criteria

Child must meet at least one (1) of the following criteria for FSP Level services:

- i. Have a substantial impairment in at least two (2) of the following categories as a result of a SED: self-care, school functioning, family relationships, and ability to function in the community. The child must be at risk of, or already removed from, the home; or the mental disorder and impairments have been present for more than six (6) months or are likely to continue for more than one year without treatment.
- ii. Displays psychotic features, is at risk of suicide, and/or is at risk of violence due to a mental disorder.
- iii. Meets special education eligibility requirements under Chapter 26.5 of the Government Code.

Child must meet one (1) of the following criteria for the OP and ICM services:

- i. Has a condition placing them at high-risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by DBH, involvement in the Child Welfare system, juvenile justice involvement, or experiencing homelessness.
- ii. Meets both of the following requirements:
  - a. Has at least one (1) of the following: a significant impairment, a reasonable probability of significant deterioration in an important area of life functioning, a reasonable probability of not progressing developmentally as appropriate, a need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.
  - b. The youth's condition as described above is due to one (1) of the following: a diagnosed mental health disorder, a suspected mental health disorder that has not yet been diagnosed or significant trauma placing the youth at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

2. Intake and Initial Assessment

The OP and ICM services are considered access points; therefore, children can be referred directly to enter the BBFF program based on meeting medical necessity for specialty mental

health services. Children may be referred to the program for OP or ICM services through various sources including, but not limited to DBH, schools, individuals, or other agencies.

Children will be referred to the BBFF program for FSP services through DBH's Youth Wellness Center. Contractors will contact the family of the referred child within twenty-four (24) hours of receipt of the referral. A face-to-face meeting will be scheduled within three (3) business days to begin the intake process.

For all levels of care, Contractor shall adhere to the timeliness standards set forth by the state and County's DBH. An initial mental health assessment will be completed within a clinically appropriate timeframe. If the timeframe exceeds thirty (30) days, justification for this delay should be clearly represented in the clinical documentation.

### 3. Termination and Discharge

Children referred to the BBFF program may be denied services if the child does not meet medical necessity for specialty mental health services, meets medical necessity for a mental health diagnosis that is not covered by the County's MHP, and/or the child is over the age of 10 at the time of referral. Children who are determined to be ineligible for BBFF services will be linked to other appropriate services and resources.

Discharge is determined on a case-by-case basis depending on the child's progress toward individualized treatment goals. Reasons for discharge include the child or caregiver refuses or terminates services; the child is transferred to another program mutually agreed upon by the child, parent/caregiver, and BBFF; mutual agreement that the treatment goals have been met; and/or the child is 11 years old or older.

## V. STAFFING

A. Each Contractor shall provide the following staffing components, at minimum:

1. Staffing shall be appropriate for services needed at each level of care, which would include any combination of the following classifications: licensed or license-eligible therapists, personal service coordinators, and family specialists.
2. Licensed or license-eligible therapists:
  - a. Provide evidenced-based clinical treatment. At least one (1) of the therapist positions will be occupied by a former person served or family member with comparable experience to the child and family receiving services. At least one of the therapist positions shall be occupied by a licensed clinician with advanced training in infant mental health in order to provide appropriate clinical oversight. These positions shall be recruited based on linguistic and cultural needs of the targeted population (e.g., Latino, Southeast Asian, African American, Native American).
  - b. Provide linkages and therapeutic services to enrolled children and their caregivers as identified in the Individual Services and Supports Plan (ISSP).

3. Family Partners (or equivalent): Shall be occupied by a former person served or family member with comparable experience to the child and family receiving services.
4. Personal Service Coordinators (PSC): At least one (1) of the PSC positions shall be occupied by a former person served or family member with comparable experience to the child and family receiving services. These positions shall be recruited based on linguistic and cultural needs of the targeted population (e.g., Latino, Southeast Asian, African American, Native American). A bachelor's degree level is preferred for the requirements of the PSC positions; however, 12 college units (including psychology, counseling, etc.) with mental health experience can act as a substitute for the bachelor's degree requirement.
  - a. Ensure the following is provided by the PSC:
    1. Assign a primary PSC to each child served at the FSP level of care. The primary PSC will work with each child, and family member when appropriate, to develop the child's ISSP. The ISSP is used to identify the child's goals and describe the array of services and supports necessary to advance these goals based on the child's needs and preferences and, when appropriate, the needs and preferences of the child's family. ISSPs are reviewed by DBH's MHP Managed Care during chart audits.
    2. The PSC will act as a single point of responsibility and contact for the delivery of personal service coordination for each child, as assigned. Personal service coordination is the assistance provided to the child, and the child's family when appropriate, to access medical, educational, social, vocational, rehabilitative, crisis intervention, or other community services, when needed.
    3. Ensure all children and families that receive personal service coordination services also receive mental health treatment services when a determination is made by qualified staff using clinically proven assessment tools that a child and/or family would benefit from mental health treatment. Contractors shall institute mental health treatment models to meet the mental health treatment needs of the children/families engaged in services offered in this Agreement.

## **VI. HOURS OF OPERATION**

The standard hours of operation will be Monday through Friday 8:00 AM until 5:00 PM; additional services will be provided after 5:00 PM and on weekends, as needed, to address child or family concerns and/or provide services for children and families who are unavailable for services during standard business hours.

Additionally, Contractors shall provide operational and clinical services in the field, as needed, and temporarily extend office hours to accommodate and increase timeliness of services.

FSP services will be available to children and their families twenty-four (24) hours a day, seven (7) days a week.

**VII. GOALS/OUTCOMES**

Contractors shall meet or exceed the outcome goals stated in the tables below for all levels of care within this Agreement:

<b>OUTCOMES</b>		
<b>EFFECTIVENESS</b>		
Source Tool	Description	Goal
CANS – Total	Percent of children with improved clinical condition(s) and quality of life.	80%
CANS - CBEN Domain	Percent of children with reduced emotional and behavioral problems.	80%
CEDE 2.0	Percent of children that will maintain in-home or improve to an in-home placement. (Pacific Clinics only)	80%
CANS - CRB Domain	Percent of children with reduced risk behaviors.	80%
CANS - LDF School Behavior	Percent of children that will maintain or improve school behaviors.	80%
CANS - LDF School Achievement	Percent of children that will maintain or improve school achievement.	80%
CANS - LDF School Attendance	Percent of children that will maintain or improve school attendance.	80%
PSC-35	Percent of children that will have improved psychosocial impairment functioning.	80%
CEDE 2.0	Percent of children that will maintain non-involvement with the juvenile justice system. (Pacific Clinics only)	80%
<b>EFFICIENCY</b>		
Source Tool	Description	Goal
Contractor Finance Department	Percent of productivity for Medi-Cal billing.	70%
<b>ACCESS</b>		
Source Tool	Description	Goal
EHR	Percent of admitted children that are seen for a face-to-face appointment within seven (7) business days from receipt of service referral.	80%
YSS – F	Percent of caregivers that are satisfied with their access to services. (Pacific Clinics only)	80%
<b>SATISFACTION</b>		
Source Tool	Description	Goal
YSS – F	Percent of caregivers that will be satisfied with services. <i>(Total Satisfaction mean score of 4 or higher – Pacific Clinics only)</i>	80%

YSS	Percent of children that increases relationships/connections.	60%
YSS	Percent of children that form sustainable relationships.	60%
YSS	Percent of children with an overall plan of permanency at Time 1, will connect and live with connection identified in FSE services.	60%
YSS	Percent of children participating in FSE services that will improve stability of significant relationships in the youth's life.	80%

Contractors shall utilize a computerized tracking system with which performance and outcome measures and other relevant person served data, such as demographics, will be maintained. The data tracking system may be incorporated into the Contractors' electronic health records (EHR) systems or in stand-alone databases (e.g., Access or Excel spreadsheets). DBH must be afforded read-only access to the data tracking system. The following items listed below represent program goals to be tracked and achieved by the Contractors during the contract terms.

#### **VIII. TRANSITION OPTIMIZATION FUNDS**

One-time Transition Optimization Funds will be available to specialty mental health providers and Drug Medi-Cal providers within FY 2023-24 to encourage Contractors to identify and implement organization changes during the first year of CalAIM Payment Reform to improve outcomes for persons served and create operational efficiencies. Contractor is expected to utilize the strategies, tools and knowledge learned to their programming and continue to improve services for the population served.

##### **A. Funding Allocation Methodology**

1. Each participating contractor is eligible to apply for an allocation of Transition Optimization Funds up to the maximum amounts stated in Article 4 of this Agreement and further described below. Transition Optimization Funds will only be available from July 1, 2023 through June 30, 2024 and payments shall be on a quarterly basis.
2. Payments will be disbursed upon review and approval by DBH of each deliverable described below. Quarterly progress reports shall be submitted to DBH in order to show progress as outlined in the submitted plans and deliverables.
3. Payments will be dependent on Contractor demonstrating progress toward meeting deliverables described in this Revised Exhibit B. Contractors who fail to submit progress reports by stated deadlines, or who do not demonstrate adequate progress made, may be determined ineligible for that quarter's payment at the sole discretion of the County.
4. All invoices will be submitted on a quarterly basis within fifteen (15) days following the end of the quarter. Invoices submitted thereafter may not be eligible for payment.

##### **B. Responsibilities**

1. Letter of Intent

Contractor shall submit a letter of intent to DBH by July 31, 2023 identifying the selected Transition Optimization Activity(ies) and commitment to meet the deliverable deadlines as described below. The letter shall include all current Medi-Cal billable specialty mental health and substance use disorder services agreements the Contractor has with the County.

The County shall respond to the Contractor's letter of intent within thirty (30) days. The County's response shall include a breakdown of anticipated payments, as determined by the County, depending on the Transition Optimization Activity(ies) chosen and depending on the number of current Medi-Cal billable specialty mental health and substance use disorder services agreements the Contractor has with the County.

2. Quarterly Reports

Contractor shall submit quarterly progress reports and invoices. Reports shall be submitted on the dates indicated in the Schedule of Deliverables below. Invoices are due fifteen (15) days after the end of each quarter. All activities shall be completed by June 30, 2024. The report shall include updated plans/tools and progress Contractor has made toward the Transition Optimization Activity(ies) described in each Contractors' letter of intent.

3. Schedule of Deliverables: Equity Gap Analysis, Fiscal Monitoring Tool, and Electronic Health Record

i. Q1 Reports: July-Sept:

1. Letter of Intent: Due July 31, 2023
2. Fiscal Monitoring Tool, Equity Gap Analysis, and Electronic Health Record Implementation Plans (if applicable): Due September 30, 2023
3. Fiscal Monitoring Tool Identified Practices and Strategies (if applicable): Due September 30, 2023

ii. Q2 Report: Oct-Dec: Due January 15, 2024

iii. Q3 Report: Jan-Mar: Due April 15, 2024

iv. Q4 Report: Apr-June: Due July 15, 2024

v. All deliverables will be reviewed and approved by DBH prior to payment.

4. Eligible Transition Optimization Activities

- i. Fiscal Monitoring Tools: Contractor shall submit to DBH a draft of their fiscal monitoring tool that shall be used monthly on an ongoing basis to evaluate fiscal health of the organization. Tools shall, at a minimum, monitor costs, productivity targets and identify one or more practice pattern(s) the organization is employing to increase direct care time to the Medi-Cal population.

1. Fiscal Monitoring Tools and Implementation Plan: Contractor shall develop fiscal monitoring tools that will be used monthly to ensure their organizational fiscal health and implementation plan. Fiscal monitoring tools drafts and implementation plan shall be submitted to DBH by September 30, 2023.
  - i. Identified Practice: Identify at least one process improvement that shall be modified by September 30, 2023.
  - ii. Quarterly Progress Reports: Quarterly progress reports shall be submitted including but not limited to a narrative of progress, obstacles, alternative solutions and outcomes.
  - iii. Funding for this activity shall be available up to \$25,000 for the initial agreement with Contractor and up to another \$10,000 for each additional agreement. County shall provide further details on deliverables and payment schedule in County's response to the Contractor's letter of intent.
- ii. Equity Gap Analysis: Contractor shall produce a report identifying the race/ethnicity of population served in FY 2022-23 compared to the County's population as provided by the County. Contractor shall identify key disparities in both persons served and amount of services and frequency of transitions to other levels of care received. Contractor shall identify three (3) strategies they shall employ during FY 2023-24 to reduce the disparities among underserved population.
  1. Report on Underserved Population: Contractor shall submit an Equity Gap Report to the Department containing including, but not limited to, the following:
    - i. Identify if it serves specific population within its program(s) and identify whom the program(s) currently served based on data.
    - ii. Staffing/workforce information and demographics. Report the staffing/workforce supporting the different programs and populations served by the provider in Fresno County. This data is to evaluate how the staffing reflects the populations it is serving.
    - iii. Comparison of the County penetration rates to the demographics of persons served by the Contractor and program(s) under agreement with DBH.
    - iv. Data on retention of persons served by demographics. Total persons served and the average length of stay by demographics of the persons served in programs.
      - i. Which populations are remaining in the programs by demographics, which ones are having the shortest stays.

- ii. How long is the average length of stay by the demographics.
  - v. Identify what data points the Contractor is missing at this time that challenges its ability to thoroughly assess its equity gap analysis.  
Examples: data is not collected, data that is missing or under reported, data not captured in its processes, etc.
2. Equity Improvement Implementation Plan: Contractor shall submit an Equity Improvement Implementation Plan related to improving health equity by September 30, 2023. The plan shall include the following items at a minimum:
- i. Contractor shall select three (3) strategies from below:
    - i. Plan shall include specific efforts including, but not limited to, the following and timelines to increase access to underserved groups.
      - 1. Outreach/Engagement with underserved communities
      - 2. Active attendance/participation in DBH's Diversity Equity and Inclusion (DEI) workgroup
      - 3. Plan for retention of persons served in programs who are under represented
      - 4. Improvement of demographic data collection including Sexual Orientation Gender Identity (SOGI)/LGBTQ data.
    - ii. Plan shall address workforce capacity to render services to more underserved populations, through:
      - 1. Development of bilingual personnel
      - 2. Recruitment plan for more diverse workforce to reflect populations served.
      - 3. Training for workforce to increase capacity to be culturally responsive
      - 4. Development workforce pool for the future that can be bilingual and bicultural
  - ii. Timeline for each effort shall be included in the plan.
  - iii. Contractor shall identify the measurement to be used to demonstrate successful implementation of plan. Measure may be identified by the Contractor to best support their plan and goals.

- iv. Contractor shall develop and submit policies and procedures to formally support equity effort.
  3. Quarterly Progress Reports: Use available data including but not limited to, External Quality Review Organization (EQRO) and EHR data to evaluate the strategies deployed. Quarterly progress reports shall be submitted including but not limited to a narrative of the progress, obstacles, alternative solutions and outcomes. The final quarter shall include a comprehensive final report on the outcomes.
  4. Funding for this activity shall be available up to \$25,000 for the initial agreement with Contractor and up to another \$10,000 for each additional agreement. County shall provide further details on deliverables and payment schedule in County's response to the Contractor's letter of intent.
- C. Electronic Health Record (EHR): The implementation and expansion of the SmartCare EHR is an essential component of improving oversight with the implementation of payment reform. Furthermore, a standardized EHR will improve continuity of care, create transparency across the system, remove obstacles for individuals accessing services and improve the overall outcomes for persons served. For Contractors who plan to opt in to use SmartCare or have previously opted into DBH's former EHR and intend to transition to SmartCare, user fees and costs shall be waived during FY 2023-2024 and FY 2024-2025.
1. Option One: Current EHR Users
    - i. Strategic Plan: Contractors utilizing DBH's EHR as their current EHR, and who will continue to utilize SmartCare beginning July 1, 2023, shall provide a plan, including, but not limited to, how they will optimize Medi-Cal billing, illustrate how they will utilize the information in the EHR to improve care for persons served, and a training plan for their organization by September 30, 2023.
      - i. Quarterly Progress Reports: Quarterly progress reports shall be submitted, including, but not limited to, a narrative on the progress, obstacles, alternative solutions and outcomes.
      - ii. Total compensation for this EHR activity, Option 1, shall not exceed \$50,000.00 split among all current agreements between the Contractor and the County for Medi-Cal billable specialty mental health and substance use disorder services. County shall provide further details on deliverables and payment schedule in County's response to the Contractor's letter of intent.
  2. Option Two: Non-EHR Users
    - i. Contractor shall submit an implementation plan by September 30, 2023 regarding how they will transition to utilizing the SmartCare EHR by June 30, 2024. The plan shall include, at a minimum, an identified Go Live Date, plan on how the current record system will be maintained and utilized, training plan including number of

individuals, and additional supports. The Go Live Date must occur by June 30, 2024 to receive final payment. Contractor shall work closely with DBH to identify needs, assignments, collaboration opportunities to transition.

- ii. For Option 2, the Contractor shall not be reimbursed more than \$200,000 split among all current agreements between the Contractor and the County for Medi-Cal billable specialty mental health and substance use disorder services. The total maximum compensation available for this option, shall include costs for maintaining current electronic health record/record system and additional supports and training costs per user. Contractor shall transition both specialty mental health and Drug Medi-Cal programming to the County's EHR and shall be required to use the County's EHR for future eligibility agreements with DBH. County shall provide further details on deliverables and payment schedule in County's response to the Contractor's letter of intent.

## **IX. REPORTS**

- A. Contractors shall prepare an evaluation report annually, which will be submitted to County's DBH and made available to partnering and interested local agencies and organizations (e.g., project collaborators, other community agencies, and mental health treatment providers). Annual evaluation reports will include the following information: demographics of the target population served, services provided to each participant, number of hospitalizations, enrollment in school, results of data analysis compared to planned process, output and outcome measures, barriers to program implementation and measures taken to overcome those barriers, accomplishments of program participants, lessons learned, and the final result of any and all satisfaction survey(s).
- B. Contractors shall be expected to comply with all contract monitoring and compliance protocols, procedures, data collection methods, and reporting requirements conducted by County.
- C. Additional reports and outcome information may be requested by County at a later date, as needed.
- D. Additional Reporting Requirements

Contractors will be responsible for meeting with DBH on a monthly basis, or more often as agreed upon between DBH and Contractors, for contract and performance monitoring.

Contractors will be required to submit monthly reports to the County that will include, but not be limited to: the number of persons served/anticipated to be served; utilization of services by persons served; and staff composition. These reports will be due within thirty (30) days after the last day of the previous month or payments may be delayed.

Additional reporting is required for FSPs by DHCS. DHCS uses the FSP Data Collection and Reporting (DCR) system to ensure adequate research and evaluation, regarding the effectiveness of services being provided and the achievement of the outcome measures. Contractors will need to report individual/partner information and outcomes of the FSP program directly into the DCR system. Data will be submitted through an online interface using specific forms. The Partnership Assessment Form gathers baseline information about the partner and is completed once the partnership is established. Key Event Tracking provides a snapshot of changes in key quality of life areas and is

tracked on a continuous basis throughout the course of the FSP. The Quarterly Assessment collects updated information about changes in quality of life areas and is completed every three (3) months from the date the partnership is established.

Continuous improvement is a core tenant of the Department and the Mental Health Services Act (MHSA). As a result of a multi-year statewide FSP evaluation project that the County DBH participated in, another question has been added to the State required DCR data as follows:

"How often do you get the social and emotional support that you need?" Response options will be: "always, usually, sometimes, rarely, or never".

#### **X. COUNTY RESPONSIBILITIES:**

COUNTY shall:

- A. Assist Contractors' efforts to evaluate the needs of each enrolled child on an ongoing basis to ensure that the level of care each child is receiving is clinically appropriate.
- B. Provide oversight and collaborate with contractors and other County Departments and community agencies to help achieve State program goals and outcomes. Oversight includes, but is not limited to, contract monitoring and coordination with the State Department of Health Care Services in regard to program administration and outcomes.
- C. Assist Contractors in making linkages with the total mental health system of care. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
- D. Participate in evaluating overall program progress and efficiency and be available to contractors for ongoing consultation.
- E. Gather outcome information from target person served groups and Contractors throughout each term of this Agreement. County shall notify contractors when their participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, person served and staff interviews, chart reviews, and other methods of obtaining required information.
- F. Assist Contractors' efforts toward cultural and linguistic competency by providing the following to contractors:
  1. Technical assistance and training regarding cultural competency requirements at no cost to contractors.
  2. Mandatory cultural competency training for contractors' personnel, on an annual basis, at minimum.
  3. Technical assistance for translating information into County's threshold languages (Spanish and Hmong). Translation services and costs associated will be the responsibility of contractors.

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

<b>Clinic/Site Based (less than 50% of services are provided in the field)</b>	
<b>Provider Type</b>	<b>Provider Rate Per Hour</b>
Psychiatrist/ Contracted Psychiatrist	\$912.79
Physicians Assistant	\$409.38
Nurse Practitioner	\$453.91
RN	\$370.76
Certified Nurse Specialist	\$453.91
LVN	\$194.77
Pharmacist	\$436.93
Licensed Psychiatric Technician	\$166.97
Psychologist/Pre-licensed Psychologist	\$367.09
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$237.56
Occupational Therapist	\$316.22
Mental Health Rehab Specialist	\$178.73
Peer Recovery Specialist	\$187.66
Other Qualified Providers - Other Designated MH staff that bill medical	\$178.73

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

<b>Field Based (at least 50% of services are provided in the field)</b>	
<b>Provider Type</b>	<b>Provider Rate Per Hour</b>
Psychiatrist/ Contracted Psychiatrist	\$988.85
Physicians Assistant	\$443.50
Nurse Practitioner	\$491.73
RN	\$401.65
Certified Nurse Specialist	\$491.73
LVN	\$211.00
Pharmacist	\$473.34
Licensed Psychiatric Technician	\$180.89
Psychologist/Pre-licensed Psychologist	\$397.68
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$257.35
Occupational Therapist	\$342.58
Mental Health Rehab Specialist	\$193.62
Peer Recovery Specialist	\$203.30
Other Qualified Providers - Other Designated MH staff that bill medical	\$193.62

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

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

**BRIGHT BEGINNINGS FOR FAMILIES  
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.  
Fiscal Year (FY) 2023-2024**

**PROGRAM EXPENSES**

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

<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS PERCENTAGE:</b>	Admin	Program
	#DIV/0!	#DIV/0!

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	2,000
2004	Clothing, Food, & Hygiene	2,500
2005	Education Support	300
2006	Employment Support	200
2007	Household Items for Clients	-
2008	Medication Supports	250
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 5,250</b>

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

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

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

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

INDIRECT COST RATE	0.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	s	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES	\$ 5,250
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**PROGRAM FUNDING SOURCES**

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

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

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

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ 5,250
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ 5,250

TOTAL PROGRAM FUNDING SOURCES:	\$ 5,250
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NET PROGRAM COST:	\$ -
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**BRIGHT BEGINNINGS FOR FAMILIES  
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.  
Fiscal Year (FY) 2023-2024 Budget Narrative**

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
<b>1000: DIRECT SALARIES &amp; BENEFITS</b>		-		
<b>Administrative Positions</b>		-		
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	-		
<b>Program Positions</b>		-		
1116	0	-		
1117	0	-		
1118	0	-		
1119	0	-		
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
<b>Direct Employee Benefits</b>		-		
1201	Retirement	-		
1202	Worker's Compensation	-		
1203	Health Insurance	-		
1204	Other (specify)	-		
1205	Other (specify)	-		
1206	Other (specify)	-		
<b>Direct Payroll Taxes &amp; Expenses:</b>		-		
1301	OASDI	-		
1302	FICA/MEDICARE	-		
1303	SUI	-		
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
<b>2000: DIRECT CLIENT SUPPORT</b>		<b>5,250</b>		
2001	Child Care	-		
2002	Client Housing Support	-		
2003	Client Transportation & Support	2,000	The supports are for clients, family members, and caregivers including cash payments, vouchers, goods, services, items necessary for daily living and transportation. This does not include housing supports and capital expenditures or the salaries and benefits of staff used to provide client flexible supports.	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2004	Clothing, Food, & Hygiene	2,500	The supports are for clients, family members, and caregivers including cash payments, vouchers, goods, services, items necessary for daily living (such as food, clothing, hygiene, etc.). This does not include housing supports and capital expenditures or the salaries and benefits of staff used to provide client flexible supports. CYS adheres to a strict internal control procedure regarding gift cards: all gift cards purchased are logged in by CYS fiscal staff, allocated to programmatic staff, then signed out by the clients. Until they are issued to the client, all gift cards are locked in bolted safes at the main office, with restricted access to only a few staff.
2005	Education Support	300	The supports are for clients, family members, and caregivers including cash payments, vouchers, goods, services, items necessary for daily living
2006	Employment Support	200	The supports are for clients, family members, and caregivers including cash payments, vouchers, goods, services, items necessary for daily living
2007	Household Items for Clients	-	
2008	Medication Supports	250	Medication Supports is used to support clients who need assistance with doctor's visits, eyeglasses, dental etc.
2009	Program Supplies - Medical	-	
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			
		-	
3001	Telecommunications	-	
3002	Printing/Postage	-	
3003	Office, Household & Program Supplies	-	
3004	Advertising	-	
3005	Staff Development & Training	-	
3006	Staff Mileage	-	
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	-	
3009	Other (specify)	-	
3010	Other (specify)	-	
3011	Other (specify)	-	
3012	Other (specify)	-	

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

5000: DIRECT SPECIAL EXPENSES			
		-	
5001	Consultant (Network & Data Management)	-	
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			
		-	
6001	Administrative Overhead	-	
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
7003	Furniture & Fixtures	-	
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>5,250</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>5,250</b>
<b>BUDGET CHECK:</b>	<b>-</b>

**BRIGHT BEGINNINGS FOR FAMILIES  
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.  
Fiscal Year (FY) 2024-2025**

**PROGRAM EXPENSES**

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

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

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	2,000
2004	Clothing, Food, & Hygiene	2,500
2005	Education Support	300
2006	Employment Support	200
2007	Household Items for Clients	-
2008	Medication Supports	250
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 5,250</b>

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

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

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

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

INDIRECT COST RATE	0.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES	\$ 5,250
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**PROGRAM FUNDING SOURCES**

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

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 5,250
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 5,250

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:	\$ 5,250
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NET PROGRAM COST:	\$ -
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**BRIGHT BEGINNINGS FOR FAMILIES  
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.  
Fiscal Year (FY) 2023-2024 Budget Narrative**

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
<b>1000: DIRECT SALARIES &amp; BENEFITS</b>		-		
<b>Administrative Positions</b>		-		
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	-		
<b>Program Positions</b>		-		
1116	0	-		
1117	0	-		
1118	0	-		
1119	0	-		
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
<b>Direct Employee Benefits</b>		-		
1201	Retirement	-		
1202	Worker's Compensation	-		
1203	Health Insurance	-		
1204	Other (specify)	-		
1205	Other (specify)	-		
1206	Other (specify)	-		
<b>Direct Payroll Taxes &amp; Expenses:</b>		-		
1301	OASDI	-		
1302	FICA/MEDICARE	-		
1303	SUI	-		
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
<b>2000: DIRECT CLIENT SUPPORT</b>		<b>5,250</b>		
2001	Child Care	-		
2002	Client Housing Support	-		
2003	Client Transportation & Support	2,000	The supports are for clients, family members, and caregivers including cash payments, vouchers, goods, services, items necessary for daily living and transportation. This does not include housing supports and capital expenditures or the salaries and benefits of staff used to provide client flexible supports.	

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
2004	Clothing, Food, & Hygiene	2,500	The supports are for clients, family members, and caregivers including cash payments, vouchers, goods, services, items necessary for daily living (such as food, clothing, hygiene, etc.). This does not include housing supports and capital expenditures or the salaries and benefits of staff used to provide client flexible supports. CYS adheres to a strict internal control procedure regarding gift cards: all gift cards purchased are logged in by CYS fiscal staff, allocated to programmatic staff, then signed out by the clients. Until they are issued to the client, all gift cards are locked in bolted safes at the main office, with restricted access to only a few staff.	
2005	Education Support	300	The supports are for clients, family members, and caregivers including cash payments, vouchers, goods, services, items necessary for daily living	
2006	Employment Support	200	The supports are for clients, family members, and caregivers including cash payments, vouchers, goods, services, items necessary for daily living	
2007	Household Items for Clients	-		
2008	Medication Supports	250	Medication Supports is used to support clients who need assistance with doctor's visits, eyeglasses, dental etc.	
2009	Program Supplies - Medical	-		
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				
3001	Telecommunications	-		
3002	Printing/Postage	-		
3003	Office, Household & Program Supplies	-		
3004	Advertising	-		
3005	Staff Development & Training	-		
3006	Staff Mileage	-		
3007	Subscriptions & Memberships	-		
3008	Vehicle Maintenance	-		
3009	Other (specify)	-		
3010	Other (specify)	-		
3011	Other (specify)	-		
3012	Other (specify)	-		

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

5000: DIRECT SPECIAL EXPENSES				
5001	Consultant (Network & Data Management)	-		
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				
6001	Administrative Overhead	-		
6002	Professional Liability Insurance	-		
6003	Accounting/Bookkeeping	-		
6004	External Audit	-		
6005	Insurance (Specify):	-		
6006	Payroll Services	-		
6007	Depreciation (Provider-Owned Equipment to be Used	-		

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
7003	Furniture & Fixtures	-	
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>5,250</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>5,250</b>
<b>BUDGET CHECK:</b>	<b>-</b>

BRIGHT BEGINNINGS FOR FAMILIES  
PACIFIC CLINICS  
Fiscal Year (FY) 2023-2024

PROGRAM EXPENSES

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

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

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	778
2003	Client Transportation & Support	1,252
2004	Clothing, Food, & Hygiene	4,530
2005	Education Support	192
2006	Employment Support	-
2007	Household Items for Clients	1,156
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	578
2011	Client Housing Operating Expenditures	1,155
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 9,641</b>

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

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

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

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

INDIRECT COST RATE	0.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	s	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES	\$ 9,641
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**PROGRAM FUNDING SOURCES**

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

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 9,641
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 9,641

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:	\$ 9,641
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NET PROGRAM COST:	\$ -
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**BRIGHT BEGINNINGS FOR FAMILIES  
PACIFIC CLINICS  
Fiscal Year (FY) 2023-2024 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: DIRECT SALARIES &amp; BENEFITS</b>		-	
<b>Administrative Positions</b>		-	
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	-	
<b>Program Positions</b>		-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
1121	0	-	
1122	0	-	
1123	0	-	
1124	0	-	
1125	0	-	
1126	0	-	
1127	0	-	
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
<b>Direct Employee Benefits</b>		-	
1201	Retirement	-	
1202	Worker's Compensation	-	
1203	Health Insurance	-	
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
<b>Direct Payroll Taxes &amp; Expenses:</b>		-	
1301	OASDI	-	
1302	FICA/MEDICARE	-	
1303	SUI	-	
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
<b>2000: DIRECT CLIENT SUPPORT</b>		<b>9,641</b>	
2001	Child Care	-	
2002	Client Housing Support	778	This includes, but is not limited to: housing subsidies for permanent, transitional and temporary housing, master leases, motel and other housing vouchers, rental security deposits, first and last month rental payments, and other fiscal housing supports resources.
2003	Client Transportation & Support	1,252	This includes bus vouchers and reimbursements for other travel expenses as lack of transportation is frequently a major barrier for families in accessing services. This also includes other non-traditional supports to meet the needs that families may have.

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2004	Clothing, Food, & Hygiene	4,530	Supports for these basic needs aids in fully realizing the benefits provided through Full Service Partnerships. In addition to vouchers for these basic necessities, food/snacks for families are provided during treatment sessions.
	2005	Education Support	192	This includes, but is not limited to assistance for youth with linkages to educational resources and supports, as well as support in addressing any barriers that impact educational success.
	2006	Employment Support	-	
	2007	Household Items for Clients	1,156	Supports the purchase of household items to assist in maintaining a safe, healthy, and secure home environment.
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	578	Supports emergency assistance with maintaining electricity, gas, water, trash pic-up, etc. to maintain a safe and healthy home environment.
	2011	Client Housing Operating Expenditures	1,155	This includes, but is not limited to building repair and maintenance, utilities, housing agency management fees, insurance, property taxes and assessments, credit reporting fees, and other operating costs incurred in providing child and family housing supports.
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

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

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

5000: DIRECT SPECIAL EXPENSES				
	5001	Consultant (Network & Data Management)	-	
	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				
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	-	
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (specify)	-	
	7008	Other (specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>9,641</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>9,641</b>
<b>BUDGET CHECK:</b>	<b>-</b>

**BRIGHT BEGINNINGS FOR FAMILIES  
PACIFIC CLINICS  
Fiscal Year (FY) 2024-2025**

**PROGRAM EXPENSES**

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

<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS PERCENTAGE:</b>	Admin	Program
	#DIV/0!	#DIV/0!

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	778
2003	Client Transportation & Support	1,252
2004	Clothing, Food, & Hygiene	4,530
2005	Education Support	192
2006	Employment Support	-
2007	Household Items for Clients	1,156
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	578
2011	Client Housing Operating Expenditures	1,155
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 9,641</b>

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

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

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

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

INDIRECT COST RATE	0.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES	\$ 9,641
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**PROGRAM FUNDING SOURCES**

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

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 9,641
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 9,641

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:	\$ 9,641
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NET PROGRAM COST:	\$ -
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**BRIGHT BEGINNINGS FOR FAMILIES  
PACIFIC CLINICS  
Fiscal Year (FY) 2023-2024 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: DIRECT SALARIES &amp; BENEFITS</b>		-	
<b>Administrative Positions</b>		-	
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	-	
<b>Program Positions</b>		-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
1121	0	-	
1122	0	-	
1123	0	-	
1124	0	-	
1125	0	-	
1126	0	-	
1127	0	-	
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
<b>Direct Employee Benefits</b>		-	
1201	Retirement	-	
1202	Worker's Compensation	-	
1203	Health Insurance	-	
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
<b>Direct Payroll Taxes &amp; Expenses:</b>		-	
1301	OASDI	-	
1302	FICA/MEDICARE	-	
1303	SUI	-	
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
<b>2000: DIRECT CLIENT SUPPORT</b>		<b>9,641</b>	
2001	Child Care	-	
2002	Client Housing Support	778	This includes, but is not limited to: housing subsidies for permanent, transitional and temporary housing, master leases, motel and other housing vouchers, rental security deposits, first and last month rental payments, and other fiscal housing supports resources.
2003	Client Transportation & Support	1,252	This includes bus vouchers and reimbursements for other travel expenses as lack of transportation is frequently a major barrier for families in accessing services. This also includes other non-traditional supports to meet the needs that families may have.

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2004	Clothing, Food, & Hygiene	4,530	Supports for these basic needs aids in fully realizing the benefits provided through Full Service Partnerships. In addition to vouchers for these basic necessities, food/snacks for families are provided during treatment sessions.
	2005	Education Support	192	This includes, but is not limited to assistance for youth with linkages to educational resources and supports, as well as support in addressing any barriers that impact educational success.
	2006	Employment Support	-	
	2007	Household Items for Clients	1,156	Supports the purchase of household items to assist in maintaining a safe, healthy, and secure home environment.
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	578	Supports emergency assistance with maintaining electricity, gas, water, trash pic-up, etc. to maintain a safe and healthy home environment.
	2011	Client Housing Operating Expenditures	1,155	This includes, but is not limited to building repair and maintenance, utilities, housing agency management fees, insurance, property taxes and assessments, credit reporting fees, and other operating costs incurred in providing child and family housing supports.
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

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

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

5000: DIRECT SPECIAL EXPENSES				
	5001	Consultant (Network & Data Management)	-	
	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				
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	-	
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (specify)	-	
	7008	Other (specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>9,641</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>9,641</b>
<b>BUDGET CHECK:</b>	<b>-</b>

**BRIGHT BEGINNINGS FOR FAMILIES  
EXCEPTIONAL PARENTS UNLIMITED, INC  
Fiscal Year (FY) 2023-2024**

**PROGRAM EXPENSES**

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

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

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	1,800
2003	Client Transportation & Support	1,000
2004	Clothing, Food, & Hygiene	1,000
2005	Education Support	900
2006	Employment Support	900
2007	Household Items for Clients	1,200
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	1,200
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 8,000</b>

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

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

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

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

INDIRECT COST RATE	0.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	s	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES	\$ 8,000
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**PROGRAM FUNDING SOURCES**

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

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 8,000
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 8,000

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

TOTAL PROGRAM FUNDING SOURCES:	\$ 8,000
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NET PROGRAM COST:	\$ -
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**BRIGHT BEGINNINGS FOR FAMILIES  
EXCEPTIONAL PARENTS UNLIMITED, INC  
Fiscal Year (FY) 2023-2024 Budget Narrative**

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
<b>1000: DIRECT SALARIES &amp; BENEFITS</b>		-		
<b>Administrative Positions</b>		-		
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	-		
<b>Program Positions</b>		-		
1116	0	-		
1117	0	-		
1118	0	-		
1119	0	-		
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
<b>Direct Employee Benefits</b>		-		
1201	Retirement	-		
1202	Worker's Compensation	-		
1203	Health Insurance	-		
1204	Other (specify)	-		
1205	Other (specify)	-		
1206	Other (specify)	-		
<b>Direct Payroll Taxes &amp; Expenses:</b>		-		
1301	OASDI	-		
1302	FICA/MEDICARE	-		
1303	SUI	-		
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
<b>2000: DIRECT CLIENT SUPPORT</b>		<b>8,000</b>		
2001	Child Care	-		
2002	Client Housing Support	1,800	Partial assistance with emergency rent/ housing for clients' family (\$450 x 4 families per year = \$1,800).	
2003	Client Transportation & Support	1,000	Bus tokens or gas reimbursements for clients to access services (\$20 x 50 families = \$1,000).	
2004	Clothing, Food, & Hygiene	1,000	Basic needs support with food, clothing diapers for financially insecure families (\$20 x 50 families = \$1,000).	
2005	Education Support	900	Support with books, tutoring, etc (up to \$75 per child x 12 children = \$900).	
2006	Employment Support	900	Assistance with resume building, developing interview skills, etc. (up to \$75 per caregiver x 12 = \$900).	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2007	Household Items for Clients	1,200	Basic furniture, study desk, heater, etc for client households (estimated that up to 12 of the clients served will need such assistance, \$100 x 12 = \$1,200).
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	1,200	
	2011	Other (specify)	-	
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	Provide partial assistance for utility expenses for client households who are financially insecure (12 families x \$100 = \$1,200).

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

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

5000: DIRECT SPECIAL EXPENSES				
	5001	Consultant (Network & Data Management)	-	
	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				
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Other (specify)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS				
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	-	
	7004	Leasehold/Tenant/Building Improvements	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

**TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 8,000**

**TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 8,000**

**BUDGET CHECK: -**

**BRIGHT BEGINNINGS FOR FAMILIES  
EXCEPTIONAL PARENTS UNLIMITED, INC  
Fiscal Year (FY) 2024-2025**

**PROGRAM EXPENSES**

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

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

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	1,800
2003	Client Transportation & Support	1,000
2004	Clothing, Food, & Hygiene	1,000
2005	Education Support	900
2006	Employment Support	900
2007	Household Items for Clients	1,200
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	1,200
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 8,000</b>

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

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

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

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

INDIRECT COST RATE	0.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES	\$ 8,000
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**PROGRAM FUNDING SOURCES**

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

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 8,000
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 8,000

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

TOTAL PROGRAM FUNDING SOURCES:	\$ 8,000
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NET PROGRAM COST:	\$ -
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**BRIGHT BEGINNINGS FOR FAMILIES  
EXCEPTIONAL PARENTS UNLIMITED, INC  
Fiscal Year (FY) 2023-2024 Budget Narrative**

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
<b>1000: DIRECT SALARIES &amp; BENEFITS</b>		-		
<b>Administrative Positions</b>		-		
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	-		
<b>Program Positions</b>		-		
1116	0	-		
1117	0	-		
1118	0	-		
1119	0	-		
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
<b>Direct Employee Benefits</b>		-		
1201	Retirement	-		
1202	Worker's Compensation	-		
1203	Health Insurance	-		
1204	Other (specify)	-		
1205	Other (specify)	-		
1206	Other (specify)	-		
<b>Direct Payroll Taxes &amp; Expenses:</b>		-		
1301	OASDI	-		
1302	FICA/MEDICARE	-		
1303	SUI	-		
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
<b>2000: DIRECT CLIENT SUPPORT</b>		<b>8,000</b>		
2001	Child Care	-		
2002	Client Housing Support	1,800	Partial assistance with emergency rent/ housing for clients' family (\$450 x 4 families per year = \$1,800).	
2003	Client Transportation & Support	1,000	Bus tokens or gas reimbursements for clients to access services (\$20 x 50 families = \$1,000).	
2004	Clothing, Food, & Hygiene	1,000	Basic needs support with food, clothing diapers for financially insecure families (\$20 x 50 families = \$1,000).	
2005	Education Support	900	Support with books, tutoring, etc (up to \$75 per child x 12 children = \$900).	
2006	Employment Support	900	Assistance with resume building, developing interview skills, etc. (up to \$75 per caregiver x 12 = \$900).	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2007	Household Items for Clients	1,200	Basic furniture, study desk, heater, etc for client households (estimated that up to 12 of the clients served will need such assistance, \$100 x 12 = \$1,200).
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	1,200	
	2011	Other (specify)	-	
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	Provide partial assistance for utility expenses for client households who are financially insecure (12 families x \$100 = \$1,200).

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

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

5000: DIRECT SPECIAL EXPENSES				
	5001	Consultant (Network & Data Management)	-	
	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				
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Other (specify)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS				
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	-	
	7004	Leasehold/Tenant/Building Improvements	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 8,000

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 8,000

BUDGET CHECK: -