

AGREEMENT

THIS AGREEMENT is made and entered into this 23rd day of June, 2020, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "**COUNTY**", and **CENTRAL STAR BEHAVIORAL HEALTH, Inc.** a for-profit organization, whose address is 1501 Hughes Way, Suite 150, Long Beach, CA 90810, hereinafter referred to as "**CONTRACTOR**," collectively, "the parties."

WITNESSETH:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), is in need of a qualified agency to operate its sixteen (16) bed acute inpatient psychiatric health facility (PHF) to provide inpatient psychiatric services to adolescent youth, twelve (12) years up to eighteen (18) years of age, who may be admitted on a voluntary or involuntary basis and may include Medi-Cal beneficiaries, Medicare and Medicare/Medi-Cal beneficiaries, indigent /uninsured consumers, and juvenile inmates who are referred by DBH, a contract provider with the DBH, or hospital emergency room, other County departments and other agencies;

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), is a Mental Health Plan (MHP) as defined in Title 9 of the California Code of Regulations (C.C.R.), Section 1810.226; and

WHEREAS, CONTRACTOR is qualified and willing to operate said PHF pursuant to the terms and conditions of this Agreement.

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

1. SERVICES

A. CONTRACTOR shall perform all services and fulfill all responsibilities as set forth in Exhibit A, "Scope of Work," attached hereto and by this reference incorporated herein and made part of this Agreement.

B. CONTRACTOR shall adhere to the COUNTY adopted Target Population outlined in Exhibit A, "Scope of Work".

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1 **C.** CONTRACTOR shall also perform all services and fulfill all responsibilities as
2 specified in COUNTY's Request for Proposal (RFP) No. 20-015 dated September 24, 2019, and
3 Addendum No. One (1) to COUNTY'S RFP No. 20-015 dated October 23, 2019, herein collectively
4 referred to as COUNTY's Revised RFP, and CONTRACTOR's Response to said Revised RFP dated
5 November 6, 2019, all incorporated herein by reference and made part of this Agreement. In the
6 event of any inconsistency among these documents, the inconsistency shall be resolved by giving
7 precedence in the following order of priority: 1) to this Agreement, including all Exhibits, 2) to the
8 Revised RFP, 3) to the Response to the Revised RFP. A copy of COUNTY's Revised RFP No. 20-
9 015 and CONTRACTOR's Response thereto shall be retained and made available during the term of
10 this Agreement by COUNTY's DBH Contracts Division.

11 **D.** CONTRACTOR shall align programs, services, and practices with the vision,
12 mission, and guiding principles of the DBH, as further described in Exhibit B, "Fresno County
13 Department of Behavioral Health Guiding Principles of Care Delivery", attached hereto and by this
14 reference incorporated herein and made part of this Agreement.

15 **E.** It is acknowledged by all parties hereto that COUNTY's DBH Administrative Unit
16 shall monitor the PHF operated by CONTRACTOR, in accordance with Section Fourteen (14) of this
17 Agreement.

18 **F.** CONTRACTOR shall participate in monthly, or as needed, workgroup meetings
19 consisting of staff from COUNTY's DBH Administrative Unit to discuss PHF requirements, data
20 reporting, training, policies and procedures, overall program operations and any problems or
21 foreseeable problems that may arise.

22 **G.** CONTRACTOR shall execute a mutually agreeable lease agreement with
23 COUNTY for the lease of COUNTY-owned property located at 4411 E. Kings Canyon, Fresno, CA
24 93702 as the site for CONTRACTOR's provision of PHF services under this Agreement. If
25 CONTRACTOR or CONTRACTOR's affiliate fails to accomplish these tasks prior to providing
26 services under this Agreement, COUNTY may, in addition to other remedies it may have, suspend
27 referrals or terminate this Agreement, in accordance with Section Three (3) of this Agreement. The
28 COUNTY is exploring possible alternative locations for its programs currently located on the

1 COUNTY's University Medical Center (UMC) Campus at 4411 E. Kings Canyon, Fresno, CA 93702.
2 CONTRACTOR will be expected to work with COUNTY in relocation of the Adolescent Youth PHF
3 services in the event that a different site is identified during the term of this Agreement. It is
4 anticipated that the CONTRACTOR would be able to communicate with COUNTY and perform a
5 walk-through of any new identified site to address facility design, etc.

6 **H.** CONTRACTOR shall maintain requirements as an organizational provider
7 throughout the term of this Agreement, as described in Section Seventeen (17) of this Agreement. If
8 for any reason, this status is not maintained, COUNTY may terminate this Agreement pursuant to
9 Section Three (3) of this Agreement.

10 **I.** CONTRACTOR agrees that prior to, and while providing services under the
11 terms and conditions of this Agreement, CONTRACTOR shall have staff hired and in place for
12 program services and operations or COUNTY may, in addition to other remedies it may have,
13 suspend referrals or terminate this Agreement, in accordance with Section Three (3) of this
14 Agreement.

15 **J.** It is acknowledged by all parties hereto that COUNTY's DBH shall be responsible
16 for COUNTY DBH-approved facility improvements to the Adolescent Youth PHF. Payments for
17 COUNTY DBH-approved improvements to the PHF will be funded by the COUNTY's DBH. Said
18 improvements shall be at the discretion of the COUNTY'S DBH Director or designee. Improvements
19 stated herein shall mean those improvements to the PHF designed to assist with the operation of the
20 PHF.

21 **K.** It is acknowledged by all parties hereto that building maintenance and utilities for
22 the PHF will be provided by COUNTY and COUNTY will invoice CONTRACTOR for said services as
23 further described in Section Five (5) of this Agreement.

24 **2. TERM**

25 This Agreement shall become effective on July 1, 2020 and shall terminate on June 30,
26 2023.

27 This Agreement, subject to satisfactory outcomes performance and subject to adequate
28 funding each year, may be extended for two (2) additional twelve (12) month periods upon the written

1 approval of both parties not later than sixty (60) days prior to the close of the then current Agreement
2 term. The COUNTY's DBH Director, or designee, is authorized to execute such written approval on
3 behalf of COUNTY based on CONTRACTOR's satisfactory outcomes performance.

4 **3. TERMINATION**

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

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

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

15 In no event shall any payment by COUNTY constitute a waiver by COUNTY of any
16 breach of this Agreement or any default which may then exist on the part of CONTRACTOR. Neither
17 shall such payment impair or prejudice any remedy available to COUNTY with respect to the breach
18 or default. The COUNTY shall have the right to demand of the CONTRACTOR the repayment to the
19 COUNTY of any funds disbursed to CONTRACTOR under this Agreement, which in the judgment of
20 COUNTY were not expended in accordance with the terms of this Agreement. The CONTRACTOR
21 shall promptly refund any such funds upon demand or at COUNTY's option, such repayment shall be
22 deducted from future payments owing to CONTRACTOR under this Agreement.

23 **C. Without Cause** - Under circumstances other than those set forth above, this
24 Agreement may be terminated by COUNTY or CONTRACTOR upon the giving of sixty (30) days
25 advance written notice of an intention to terminate.

26 **4. COMPENSATION**

27 COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive
28 compensation in accordance with the Budget as set forth in Exhibit C, attached hereto and by this

1 reference in incorporated herein and made part of this Agreement.

2 The COUNTY and CONTRACTOR agree that the CONTRACTOR will actively solicit
3 and contract with other entities/agencies for bed placement at the PHF at no cost to the COUNTY.
4 CONTRACTOR will provide the COUNTY, in writing, a list of secured contracts with hospitals, other
5 agencies, and counties utilizing the PHF. COUNTY shall pay the CONTRACTOR for operational costs
6 less any beds purchased and/or utilized and charged to other outside agencies.

7 **A. Annual Compensation Amounts**

8 The maximum amount for the period of July 1, 2020 through June 30, 2021 shall
9 not exceed Five Million, Three Hundred Seven Thousand, Six Hundred Forty-One and No/100 Dollars
10 (\$5,307,641.00).

11 The maximum amount for the period of July 1, 2021 through June 30, 2022 shall
12 not exceed Five Million, Four Hundred Thirty-Eight Thousand, Nine Hundred Fourteen and No/100
13 Dollars (\$5,438,914.00).

14 The maximum amount for the period of July 1, 2022 through June 30, 2023 shall
15 not exceed Five Million, Six Hundred Two Thousand, Eighty-Four and and No/100 Dollars
16 (\$5,602,084.00).

17 If performance standards are met and this Agreement is extended for an
18 additional twelve (12) month renewal period beginning July 1, 2023 through June 30, 2024, the
19 maximum amount payable to CONTRACTOR for said period shall not exceed Five Million, Seven
20 Hundred Seventy Thousand, One Hundred Forty-Four and No/100 Dollars (\$5,770,144.00).

21 If performance standards are met and this Agreement is extended for an
22 additional twelve (12) month renewal period beginning July 1, 2024 through June 30, 2025, the
23 maximum amount payable to CONTRACTOR for said period shall not exceed Five Million, Nine
24 Hundred Forty-Three Thousand, Two Hundred Forty-Nine and No/100 Dollars (\$5,943,249.00).

25 **B. Total Maximum Compensation Amounts**

26 In no event shall the total maximum compensation amount under this Agreement
27 for the period beginning July 1, 2020 through June 30, 2023 exceed Sixteen Million, Three Hundred
28 Forty-Eight Thousand, Six Hundred Thirty-Nine and No/100 Dollars (\$16,348,639.00).

1 If performance standards are met and this Agreement is extended for an
2 additional twelve (12) month term pursuant to Section 3, TERM, herein, then in no event shall the
3 total maximum compensation amount under this Agreement beginning July 1, 2020 through June 30,
4 2024 exceed Twenty-Two Million, One Hundred Eighteen Thousand, Seven Hundred Eighty-Three
5 and No/100 Dollars (\$22,118,783.00).

6 If performance standards are met and this Agreement is extended for an
7 additional twelve (12) month term pursuant to Section 3, TERM, herein, then in no event shall the
8 total maximum compensation amount under this Agreement beginning July 1, 2020 through June 30,
9 2025 exceed Twenty-Eight Million, Sixty-Two Thousand, Thirty-Two and No/100 Dollars
10 (\$28,062,032.00).

11 **C.** Prior to March 1st of each fiscal year, CONTRACTOR may provide to COUNTY's
12 DBH an updated budget and budget narrative in the format identified in Exhibit C for the upcoming
13 twelve (12) month period. Each budget shall require justification by the CONTRACTOR, and
14 approval of COUNTY's DBH Director, or designee, prior to April 1st for the upcoming twelve (12)
15 month period covered by said budget. If said budget is not received by the March 1st due date, the
16 budget as attached to this Agreement for the upcoming twelve (12) month period will remain, as
17 shown in Exhibit C. The amount of said approved budget shall not exceed the maximum
18 compensation for the then current Agreement period.

19 **D.** If CONTRACTOR fails to generate the Medi-Cal revenue
20 as set forth in Exhibit C, the COUNTY shall not be obligated to pay the difference between these
21 estimated amounts and the actual amounts generated. It is further understood by COUNTY and
22 CONTRACTOR that any Medi-Cal revenue above the amounts stated herein will be used to directly
23 offset the COUNTY's contribution of COUNTY funds identified in Exhibit C. The offset of funds will
24 also be clearly identified in monthly invoices received from CONTRACTOR as further described in
25 Section Five (5) of this Agreement.

26 **E.** Travel shall be reimbursed based on actual expenditures and mileage
27 reimbursement shall be at CONTRACTOR's adopted rate per mile, not to exceed the Federal Internal
28 Revenue Services (IRS) published rate for the then current year.

1 **F.** It is understood that all expenses incidental to CONTRACTOR's performance of
2 services under this Agreement shall be borne by CONTRACTOR. If CONTRACTOR fails to comply
3 with any provision of this Agreement, COUNTY shall be relieved of its obligation for further
4 compensation.

5 **G.** Payments shall be made by COUNTY to CONTRACTOR in arrears, for services
6 provided during the preceding month, within forty-five (45) days after the date of receipt and approval
7 by COUNTY of the monthly invoicing as described in Section Five (5) herein. Payments shall be
8 made after receipt and verification of actual expenditures incurred by CONTRACTOR for monthly
9 program costs, as identified in Exhibit C, in the performance of this Agreement and shall be
10 documented to COUNTY on a monthly basis by the tenth (10th) of the month following the month of
11 said expenditures. The parties acknowledge that the CONTRACTOR will be performing hiring,
12 training, and credentialing of staff, and the COUNTY will be performing additional staff credentialing to
13 ensure compliance with State and Federal regulations.

14 **H.** COUNTY shall not be obligated to make any payments under this Agreement if
15 the request for payment is received by COUNTY more than sixty (60) days after this Agreement has
16 terminated or expired.

17 **I.** All final invoices shall be submitted by CONTRACTOR within sixty (60) days
18 following the final month of service for which payment is claimed. No action shall be taken by
19 COUNTY on invoices submitted beyond the sixty (60) day closeout period. Any compensation which
20 is not expended by CONTRACTOR pursuant to the terms and conditions of this Agreement shall
21 automatically revert to COUNTY.

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

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1 **K.** CONTRACTOR shall be held financially liable for any and all future
2 disallowances/audit exceptions due to CONTRACTOR's deficiency discovered through the State audit
3 process and COUNTY utilization review during the course of this Agreement. At COUNTY's election,
4 the disallowed amount will be remitted within forty-five (45) days to COUNTY upon notification or shall
5 be withheld from subsequent payments to CONTRACTOR. CONTRACTOR shall not receive
6 reimbursement for any units of services rendered that are disallowed or denied by the Fresno County
7 Mental Health Plan (Mental Health Plan) utilization review process or through the State Department of
8 Health Care Services (DHCS) cost report audit settlement process for Medi-Cal eligible clients.
9 Notwithstanding the above, COUNTY must notify CONTRACTOR prior to any State audit process
10 and/or COUNTY utilization review. To the extent allowable by law, CONTRACTOR shall have the
11 right to be present during each phase of any State audit process and/or COUNTY utilization review
12 and shall be provided all documentation related to each phase of any State audit process and/or
13 COUNTY utilization review. Additionally, prior to any disallowances/audit exceptions becoming final,
14 CONTRACTOR shall be given at least ten (10) business days to respond to such proposed
15 disallowances/audit exceptions.

16 **L.** It is understood by CONTRACTOR and COUNTY that this Agreement is funded
17 with mental health funds to serve individuals with serious emotional disturbances (SED).

18 **5. INVOICING**

19 **A.** COUNTY'S DBH shall invoice CONTRACTOR by the fifth (5th) day of each month
20 for the prior month's expenditures for building maintenance and utilities for the PHF. CONTRACTOR
21 shall provide payment for these expenditures to COUNTY's Fresno County Department of Behavioral
22 Health, Accounts Receivable, P.O. Box 712, Fresno, CA 93717-0712, Attention: Business Office,
23 within forty-five (45) days after the date of receipt by CONTRACTOR of the monthly invoicing
24 provided by COUNTY.

25 **B.** CONTRACTOR shall invoice COUNTY in arrears by the tenth (10th) day of each
26 month for the prior month's actual services rendered to DBH-Invoices@fresnocountyca.gov,
27 DBHInvoiceReview@fresnocountyca.gov, DBHContractedServicesDivision@fresnocountyca.gov and
28 carbon copy email to the currently assigned DBH Mental Health Contracts Staff Analyst. After

1 CONTRACTOR renders service to referred clients, CONTRACTOR will invoice COUNTY for
2 payment, certify the expenditure, and submit electronic claiming billing directly into COUNTY's
3 electronic health records system for all clients, including those eligible for Medi-Cal as well as those
4 that are not eligible for Medi-Cal, including contracted cost per unit and actual cost per unit.
5 COUNTY must pay CONTRACTOR before submitting a claim to DHCS for Federal and State
6 reimbursement for Medi-Cal eligible clients.

7 **C.** CONTRACTOR shall submit to the COUNTY by the tenth (10th) of each month a
8 detailed general ledger (GL) itemizing costs incurred in the previous month. CONTRACTOR will also
9 submit Profit and Loss (P&L) statement and all other supporting documentation requested by the
10 COUNTY in order to process each invoice for payment along with the GL. Failure to submit GL
11 reports, P&L statement and other supporting documentation shall be deemed sufficient cause for
12 COUNTY to withhold payments until there is compliance.

13 **D.** CONTRACTOR shall submit monthly invoices and general ledgers that itemize
14 the line item charges for monthly program costs per applicable budget, as identified in Exhibit C,
15 including the cost per unit calculation based on clients served within that month, and excluding
16 unallowable costs. Unallowable costs such as lobbying or political donations must be deducted from
17 the monthly invoice reimbursements. The invoices and general ledgers will serve as tracking tools to
18 determine if CONTRACTOR's program costs are in accordance with its budgeted cost, and cost per
19 unit negotiated by service modes compared to actual cost per unit, as set forth in Exhibit C. The
20 actual cost per unit will be based upon total costs and total units of service. It will also serve for the
21 COUNTY to certify the public funds expended for purposes of claiming Federal and State
22 reimbursement for the cost of Medi-Cal services and activities. CONTRACTOR shall remit to
23 COUNTY on a quarterly basis, a summary report of total operational costs and volume of service
24 units to report the actual costs per unit compared to the negotiated rate, as identified in Exhibit C, to
25 report the interim cost per unit. The quarterly reports will be used by COUNTY to ensure compliance
26 with Federal and State reimbursements certified public expenditures.

27 **E.** Monthly invoices shall include a client roster, identifying volume reported by
28 payer group clients served (including third party payer of services) by month and year-to-date,

1 including percentages.

2 **F.** If CONTRACTOR chooses to utilize the COUNTY's electronic health record
3 (EHR) system (currently "AVATAR", the DBH contracted EHR system) method as their own full EHR,
4 COUNTY's DBH shall invoice CONTRACTOR in arrears by the fifth (5th) day of each month for the
5 prior month's hosting fee for access to the COUNTY's EHR in accordance with the fee schedule as
6 set forth in Exhibit D, "Electronic Health Records Software Charges" attached hereto and
7 incorporated herein by reference. COUNTY shall invoice CONTRACTOR annually for the annual
8 maintenance and licensing fee for access to the COUNTY's EHR in accordance with the fee schedule
9 as set forth in Exhibit D. CONTRACTOR shall provide payment for these expenditures to Fresno
10 County Department of Behavioral Health, Accounts Receivable, P.O. Box 712, Fresno, CA 93717-
11 0712, Attention: Business Office, within forty-five (45) days after the date of receipt by
12 CONTRACTOR(S) of the invoicing provided by COUNTY

13 **G.** Operational period invoices, July 1, 2020 through June 30, 2025, shall include a
14 client roster identifying bed utilization unit/bed volume reported by payer group for clients served
15 (including clients from other agencies and third-party payer of services) by month and year-to-date.

16 **H.** At the discretion of COUNTY's DBH Director, or designee, if an invoice is
17 incorrect or is otherwise not in proper form or substance, COUNTY's DBH Director, or designee, shall
18 have the right to withhold payment as to only that portion of the invoice that is incorrect or improper
19 after five (5) days prior notice to CONTRACTOR. CONTRACTOR agrees to continue to provide
20 services for a period of ninety (90) days after notification of an incorrect or improper invoice. If after
21 the ninety (90) day period, the invoice(s) is still not corrected to COUNTY's DBH satisfaction,
22 COUNTY's DBH Director, or designee, may elect to terminate this Agreement, pursuant to the
23 termination provisions stated in Section Three (3) of this Agreement. In addition, for invoices
24 received ninety (90) days after the expiration of each term of this Agreement or termination of this
25 Agreement, at the discretion of COUNTY's DBH Director, or designee, COUNTY's DBH shall have
26 the right to deny payment of any additional invoices received.

27 **I.** CONTRACTOR must report all third-party collections from other funding
28 sources such as Medicare, private insurance, client private pay or any other third party. COUNTY

1 expects the invoice for reimbursement to equal the amount due CONTRACTOR less any funding
2 sources not eligible for federal reimbursement.

3 **J.** CONTRACTOR will remit annually within ninety (90) days from June 30, a
4 schedule to provide the required information on published charges for all authorized services. The
5 publish charge listing will serve as a source document to determine their usual and customary charge
6 prevalent in the public mental health sector that is used to bill the general public, insurers or other
7 non-Medi-Cal third party payors during the course of business operations.

8 **K.** CONTRACTOR shall submit monthly staffing report that identifies all direct
9 service and support staff, applicable licensure/certifications, and full time equivalent (FTE) hours
10 worked to be used as a tracking tool to determine if CONTRATOR's program is staffed according to
11 the Agreement requirements.

12 **L.** CONTRACTOR must maintain such financial records for a period of seven (7)
13 years or until any dispute, audit or inspection is resolved, whichever is later. CONTRACTOR will be
14 responsible for any disallowances related to inadequate documentation.

15 **M.** CONTRACTOR is responsible for collection and managing data in a manner to
16 be determined by DHCS and Mental Health Specialty plan in accordance with applicable rules and
17 regulations. COUNTY EHR is a critical source of information for purposes of monitoring service
18 volume and obtaining reimbursement. CONTRACTOR must attend COUNTY's Business Office
19 training on equipment reporting for assets, intangible and sensitive minor assets, COUNTY's EHR
20 system and related cost reporting.

21 **N.** CONTRACTOR shall submit service data into COUNTY's EHR
22 system within thirty (30) calendar days from the date services were rendered. Federal and State
23 reimbursement for Medi-Cal specialty mental health services is based on public expenditures certified
24 by the CONTRACTOR. CONTRACTOR must submit a signed certified public expenditure report,
25 with each respective monthly invoice. DHCS expects the claims for Federal and State
26 reimbursement to equal the amount the COUNTY paid the CONTRACTOR for the service rendered
27 less any funding sources not eligible for Federal and State reimbursement.

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1 **O.** CONTRACTOR must provide all necessary data to allow the COUNTY to bill
2 Medi-Cal, and any other third-party source, for services and meet State and Federal reporting
3 requirements. The necessary data can be provided by a variety of means, including but not limited
4 to: 1) direct data entry into COUNTY's EHR; 2) providing an electronic file compatible with COUNTY's
5 EHR system; or 3) integration between COUNTY's EHR system and CONTRACTOR's information
6 system(s).

7 **P.** If a client has other health coverage (OHC) such as private insurance, or Federal
8 Medicare, the CONTRACTOR will be responsible for billing the carrier and obtaining a payment,
9 denial, or have validation of claiming with no response ninety (90) days after the claim was mailed,
10 before the service can be entered into the COUNTY's EHR system. A copy of explanation of benefits
11 or CMS 1500 is required as documentation. CONTRACTOR must report all revenue collection from
12 OHC, third party, client-pay, or private-pay in each monthly invoice and in the cost report that is
13 required to be submitted. CONTRACTOR shall submit monthly invoices for reimbursement that equal
14 the amount due CONTRACTOR less any funding sources not eligible for Federal and State
15 reimbursement. CONTRACTOR must comply with all laws and regulations governing the Federal
16 Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C.
17 section 1395 et seq; and 2) the regulation and rules promulgated by the Centers for Medicare and
18 Medicaid Services as they relate to participation, coverage, and claiming reimbursement.
19 CONTRACTOR will be responsible for compliance as of the effective date of each Federal, State, or
20 local law or regulation specified.

21 **Q.** Data entry into COUNTY's EHR system shall be the responsibility of the
22 CONTRACTOR. The direct specialty mental health services data must be reconciled by the
23 CONTRACTOR to the monthly invoices submitted for payment. COUNTY shall monitor the volume of
24 services and cost of services entered into the COUNTY's EHR system. Any and all audit exceptions
25 resulting from the provision and reporting of Medi-Cal services by CONTRACTOR shall be the sole
26 responsibility of the CONTRACTOR. CONTRACTOR will comply with all applicable policies,
27 procedures, directives and guidelines regarding the use of COUNTY's EHR system. If
28 CONTRACTOR elects to use their own EHR system, the EHR must have Certification Commission

1 for Healthcare Information Technology (CCHIT) certification for Security Access Control, Audit and
2 Authentication. CONTRACTOR's billers in the EHR system will need to sign an Electronic Signature
3 Certification (ESR).

4 **R. Medi-Cal Certification and Mental Health Plan Compliance**

5 CONTRACTOR will establish and maintain Medi-Cal certification or become
6 certified within ninety (90) days of the effective date of this Agreement through COUNTY to provide
7 reimbursable services to Medi-Cal eligible clients. In addition, CONTRACTOR shall work with the
8 COUNTY's DBH to execute the process if not currently certified by COUNTY for credentialing of staff.
9 During this process, the CONTRACTOR will obtain a legal entity number established by the DHCS,
10 as this is a requirement for maintaining Mental Health Plan organizational provider status throughout
11 the term of this Agreement. CONTRACTOR will be required to become Medi-Cal certified prior to
12 providing services to Medi-Cal eligible clients and seeking reimbursement from the COUNTY.
13 CONTRACTOR will not be reimbursed by COUNTY for any services rendered prior to certification.

14 CONTRACTOR shall provide specialty mental health services in accordance with
15 the COUNTY's Mental Health Plan. CONTRACTOR must comply with the "Fresno County Mental
16 Health Plan Compliance Program and Code of Conduct" set forth in Exhibit E, attached hereto and by
17 this reference incorporated herein and made part of this Agreement.

18 CONTRACTOR may provide direct specialty mental health services using
19 unlicensed staff as long as the individual is approved as a provider by the Mental Health Plan, is
20 supervised by licensed staff, works within his/her scope, and only delivers allowable specialty mental
21 health services. It is understood that each claim is subject to audit for compliance with Federal and
22 State regulations, and that COUNTY may be making payments in advance of said review. In the
23 event that a service is disapproved, COUNTY may, at its sole discretion, withhold compensation or
24 set off from other payments due the amount of said disapproved services. CONTRACTOR shall be
25 responsible for audit exceptions to ineligible dates of services or incorrect application of utilization
26 review requirements.

27 **6. INDEPENDENT CONTRACTOR**

28 In performance of the work, duties, and obligations assumed by CONTRACTOR under

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

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

19 **7. MODIFICATION**

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

22 Notwithstanding the above, minor changes to services, staffing, and daily bed rates, to
23 be provided as set forth in Exhibit C and responsibilities of the CONTRACTOR, as needed, with no
24 change in maximum compensation, may be made by written approval of COUNTY's DBH Director, or
25 designee. Changes to accommodate changes in the laws relating to mental health treatment, may be
26 made with the signed written approval of COUNTY's DBH Director, or designee, and CONTRACTOR
27 through an amendment approved by COUNTY's Counsel and the COUNTY's Auditor-Controller's
28 Office.

1 In addition, changes to expense category (i.e., Salary & Benefits, Facilities/Equipment,
2 Operating, Financial Services, Special Expenses, Fixed Assets, etc.) subtotals in the budgets, and
3 changes to the volume of units of services/types of service units to be provided as set forth in Exhibit
4 C, that do not exceed ten percent (10%) of the maximum compensation payable to the
5 CONTRACTOR may be made with the written approval of COUNTY's DBH Director, or designee.
6 Changes to the expense categories in the budget that exceed ten percent (10%) of the maximum
7 compensation payable to the CONTRACTOR, may be made with the signed written
8 approval of COUNTY's DBH Director, or designee, through an amendment approved by COUNTY's
9 Counsel and COUNTY's Auditor-Controller's Office.

10 Said modifications shall not result in any change to the annual maximum compensation
11 amount payable to CONTRACTOR, as stated in this Agreement.

12 **8. NON-ASSIGNMENT**

13 No party shall assign, transfer or subcontract this Agreement nor their rights or duties
14 under this Agreement without the prior written consent of COUNTY and CONTRACTOR.

15 **9. HOLD-HARMLESS**

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

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

26 **10. INSURANCE**

27 Without limiting COUNTY's right to obtain indemnification from CONTRACTOR or any
28 third parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect the following

1 insurance policies throughout the term of this Agreement:

2 A. Commercial General Liability

3 Commercial General Liability Insurance with limits of not less than Two Million
4 Dollars (\$2,000,000) per occurrence and an annual aggregate of Five Million
5 Dollars (\$5,000,000). This policy shall be issued on a per occurrence basis.
6 COUNTY may require specific coverage including completed operations, product
7 liability, contractual liability, Explosion, Collapse, and Underground (XCU), fire
8 legal liability or any other liability insurance deemed necessary because of the
9 nature of the Agreement.

8 B. Automobile Liability

9 Comprehensive Automobile Liability Insurance with limits no less than One
10 Million Dollars (\$1,000,000) per accident for bodily injury and property damage.
11 Coverage should include any automobile used in connection with this
12 Agreement. If CONTRACTOR employees are not covered by CONTRACTOR's
13 automobile liability insurance policy, CONTRACTOR shall ensure that each
14 employee as part of this Agreement procures and maintains their own private
15 automobile coverage in force during the term of this Agreement, at the
16 employee's sole cost and expense.

14 C. Real and Personal Property Insurance

15 CONTRACTOR shall maintain a policy of insurance for all risk personal property
16 coverage which shall be endorsed naming the County of Fresno as an additional
17 loss payee. The personal property coverage shall be in an amount that will cover
18 the total of the County purchased and owned property, at a minimum, as
19 discussed in Section Twenty (21) of this Agreement.

18 All Risk Property Insurance

19 As applicable, CONTRACTOR will provide property coverage for the full
20 replacement value of the County's personal property in the possession of
21 Contractor and/or used in the execution of this Agreement. County will be
22 identified on an appropriate certificate of insurance as the certificate holder and
23 will be named as an Additional Loss Payee on the Property Insurance Policy.

23 D. Professional Liability

24 If CONTRACTOR employs licensed professional staff (e.g. Ph.D., R.N.,
25 L.C.S.W., L.M.F.T.) in providing services, Professional Liability Insurance with
26 limits of not less than One Million Dollars (\$1,000,000) per occurrence, Three
27 Million Dollars (\$3,000,000) annual aggregate. CONTRACTOR agrees that it
28 shall maintain, at its sole expense, in full force and effect for a period of five (5)
years following the termination of this Agreement, one or more policies of
professional liability insurance with limits of coverage as specified herein.

1 E. Worker's Compensation

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

4 F. Child Abuse/Molestation and Social Services Coverage

5 Each CONTRACTOR shall have either separate policies or an umbrella policy
6 with endorsements covering Child Abuse/Molestation and Social Services
7 Liability coverage or have a specific endorsement on their General Commercial
8 liability policy covering Child Abuse/Molestation and Social Services Liability.
9 The policy limits for these policies shall be One Million Dollars (\$1,000,000) per
10 occurrence with a Two Million Dollars (\$2,000,000) annual aggregate. The
11 policies are to be on a per occurrence basis.

12 G. Cyber Liability

13 Cyber Liability Insurance, with limits not less than Two Million Dollars
14 (\$2,000,000) per occurrence or claim, Two Million Dollars (\$2,000,000)
15 aggregate. Coverage shall be sufficiently broad to respond to the duties and
16 obligations as is undertaken by CONTRACTOR in this Agreement and shall
17 include, but not be limited to, claims involving infringement of intellectual
18 property, including but not limited to infringement of copyright, trademark, trade
19 dress, invasion of privacy violations, information theft, damage to or destruction
20 of electronic information, release of private information, alteration of electronic
21 information, extortion and network security. The policy shall provide coverage for
22 breach response costs as well as regulatory fines and penalties as well as credit
23 monitoring expenses with limits sufficient to respond to these obligations.

24 H. Waiver of Subrogation

25 Cyber CONTRACTOR hereby grants to COUNTY a waiver of any right to
26 subrogation which any insurer of said CONTRACTOR may acquire against the
27 COUNTY by virtue of the payment of any loss under such insurance.
28 CONTRACTOR agrees to obtain any endorsement that may be necessary to
affect this waiver of subrogation, but this provision applies regardless of whether
or not the COUNTY has received a waiver of subrogation endorsement from the
insurer.

CONTRACTOR shall obtain endorsements to the Commercial General Liability
insurance naming the County of Fresno, its officers, agents, and employees, individually and
collectively, as additional insured, but only insofar as the operations under this Agreement are
concerned. Such coverage for additional insured shall apply as primary insurance and any other
insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees shall be
excess only and not contributing with insurance provided under CONTRACTOR'S policies herein.

1 This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance
2 written notice given to COUNTY.

3 Within thirty (30) days from the date CONTRACTOR signs this Agreement,
4 CONTRACTOR shall provide certificates of insurance and endorsements as stated above for all of
5 the foregoing policies, as required herein, to the County of Fresno, Department of Behavioral Health,
6 1925 E. Dakota Ave., Fresno, CA 93726, Attention: Contracted Services Division, stating that such
7 insurance coverages have been obtained and are in full force; that the County of Fresno, its officers,
8 agents and employees will not be responsible for any premiums on the policies; that such
9 Commercial General Liability insurance names the County of Fresno, its officers, agents and
10 employees, individually and collectively, as additional insured, but only insofar as the operations
11 under this Agreement are concerned; that such coverage for additional insured shall apply as primary
12 insurance and any other insurance, or self-insurance, maintained by COUNTY, its officers, agents
13 and employees, shall be excess only and not contributing with insurance provided under
14 CONTRACTOR's policies herein; and that this insurance shall not be cancelled or changed without a
15 minimum of thirty (30) days advance, written notice given to COUNTY.

16 In the event CONTRACTOR fails to keep in effect at all times insurance coverage as
17 herein provided, COUNTY may, in addition to other remedies it may have, suspend or terminate this
18 Agreement upon the occurrence of such event.

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

22 **11. LICENSES/CERTIFICATES**

23 Throughout each term of this Agreement, CONTRACTOR and CONTRACTOR's staff
24 shall maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions
25 necessary for the provision of the services hereunder and required by the laws and regulations of the
26 United States of America, State of California, the County of Fresno, and any other applicable
27 governmental agencies. CONTRACTOR shall notify COUNTY immediately in writing of its inability to
28 obtain or maintain such licenses, permits, approvals, certificates, waivers and exemptions irrespective

1 of the pendency of any appeal related thereto. Additionally, CONTRACTOR and CONTRACTOR's
2 staff shall comply with all applicable laws, rules or regulations, as may now exist or be hereafter
3 changed.

4 **12. RECORDS**

5 CONTRACTOR shall maintain records in accordance with Exhibit F, "Documentation
6 Standards for Client Records", attached hereto and by this reference incorporated herein and made
7 part of this Agreement. During site visits, COUNTY shall be allowed to review records of services
8 provided, including the goals and objectives of the treatment plan, and how the therapy provided is
9 achieving the goals and objectives. The client record shall begin with registration and intake and
10 include client authorizations, assessments, plans of care, and progress notes, as well as other
11 documents as approved by the COUNTY's DBH. All mental health records shall be considered the
12 property of the COUNTY and shall be retained by the COUNTY upon termination or expiration of this
13 Agreement.

14 **13. REPORTS**

15 **A. Cost Reports**

16 CONTRACTOR agrees to submit a complete and accurate detailed cost report
17 on an annual basis for each fiscal year ending June 30th in the format prescribed by the DHCS for
18 the purposes of Short Doyle Medi-Cal reimbursements and total costs for programs. The cost report
19 will be the source document for several phases of settlement with the DHCS for the purposes of Short
20 Doyle Medi-Cal reimbursement. CONTRACTOR shall report costs under their approved legal entity
21 number established during the Medi-Cal certification process. The information provided applies to
22 CONTRACTOR for program related costs for services rendered to Medi-Cal and non Medi-Cal. The
23 CONTRACTOR will remit a schedule to provide the required information on published charges (PC)
24 for all authorized services. The report will serve as a source document to determine their usual and
25 customary charge prevalent in the public mental health sector that is used to bill the general public,
26 insurers or other non-Medi-Cal third party payors during the course of business operations.
27 CONTRACTOR must report all collections for Medi-Cal/Medicare services and collections. The
28 CONTRACTOR shall also submit with the cost report a copy of the CONTRACTOR's GL that

1 supports revenues and expenditures and reconciled detailed report of reported total units of services
2 rendered under this Agreement to the units of services reported by CONTRACTOR to COUNTY'S
3 EHR system.

4 Cost Reports must be submitted to the COUNTY as a hard copy with a signed
5 cover letter and electronic copy of completed DHCS cost report form along with requested support
6 documents following each fiscal year ending June 30th. During the month of September of each year
7 this Agreement is effective, COUNTY will issue instructions of the annual cost report which indicates
8 the training session, DHCS cost report template worksheets, and deadlines to submit as determine by
9 State annually. Remit hard copy of cost report to County of Fresno, Attention: Cost Report Team, PO
10 BOX 45003, Fresno CA 93718. Remit the electronic copy or any inquiries to
11 DBHCostReportTeam@fresnocountyca.gov.

12 All Cost Reports must be prepared in accordance with General Accepted
13 Accounting Principles (GAAP) and Welfare and Institutions Code §§ 5651(a)(4), 5664(a), 5705(b)(3)
14 and 5718(c). Unallowable costs such as lobby or political donations must be deducted on the cost
15 report and invoice reimbursements.

16 If the CONTRACTOR does not submit the cost report by the deadline, including
17 any extension period granted by the COUNTY, the COUNTY may withhold payments of pending
18 invoicing under compensation until the cost report has been submitted and clears COUNTY desk
19 audit for completeness

20 **B. Settlements with State Department of Health Care Services (DHCS)**

21 During the term of this Agreement and thereafter, COUNTY and CONTRACTOR
22 agree to settle dollar amounts disallowed or settled in accordance with DHCS audit settlement
23 findings related to the Medi-Cal and realignment reimbursements. CONTRACTOR will participate in
24 the several phases of settlements between COUNTY/CONTRACTOR and DHCS. The phases of
25 initial cost reporting for settlement according to State reconciliation of records for paid Medi-Cal
26 services and audit settlement-State DHCS audit: 1) initial cost reporting - after an internal review by
27 COUNTY, the COUNTY files cost report with DHCS on behalf of the CONTRACTOR's legal entity for
28 the fiscal year; 2) Settlement – State reconciliation of records for paid Medi-Cal services,

1 approximately eighteen (18) to thirty-six (36) months following the State close of the fiscal year,
2 DHCS will send notice for any settlement under this provision will be sent to the COUNTY; 3) Audit
3 Settlement - DHCS audit. After final reconciliation and settlement DHCS may conduct a review of
4 medical records, cost report along with support documents submitted to COUNTY in initial
5 submission to determine accuracy and may disallow cost and/or unit of service reported on the
6 CONTRACTOR's legal entity cost report. COUNTY may choose to appeal and therefore reserves the
7 right to defer payback settlement with CONTRACTOR until resolution of the appeal. DHCS Audits
8 will follow federal Medicaid procedures for managing overpayments.

9 If at the end of the Audit Settlement, the COUNTY determines that it overpaid
10 the CONTRACTOR, it will require the CONTRACTOR to repay the Medi-Cal related overpayment
11 back to the COUNTY.

12 Funds owed to COUNTY will be due within 45 days of notification by the
13 COUNTY, or COUNTY shall withhold future payments until all excess funds have been recouped by
14 means of an offset against any payments then or thereafter owing to CONTRACTOR under this or
15 any other Agreement.

16 **C. Outcome Reports**

17 CONTRACTOR shall submit to COUNTY's DBH service outcome reports as
18 requested by COUNTY's DBH. Outcome reports and outcome requirements are subject to change at
19 COUNTY DBH's discretion.

20 **D. Additional Reports**

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

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1 **E. Quarterly Report Progress Updates**

2 CONTRACTOR shall complete Quarterly Report Progress updates according to
3 DHCS regulations, in the form set forth in **Exhibit G and G-1**, DHCS 1010 form and Quarterly
4 Progress Reporting, attached hereto and by this reference incorporated herein and made part of this
5 Agreement. CONTRACTOR shall utilize the Quarterly Progress Report as shown in Exhibit G, to
6 submit the required Quarterly Report Progress updates. Quarterly reports shall be submitted to
7 COUNTY's DBH Contracts Division for review within thirty (30) days of the end of each quarter.

8 **F. Daily Census Reports**

9 CONTRACTOR will submit a copy of admitted clients on a daily basis to
10 COUNTY's DBH Director, and/or designee, identifying clients by DHCS number, Social Security
11 number, date of birth, age, length of stay, DSM V Diagnosis, housing status, and financial status such
12 as Medi-Cal and/or general relief, identify clients primary physician status, and identify discharged
13 clients in a format acceptable to COUNTY'S DBH Director, or designee. Said daily census reports
14 shall accompany each monthly invoice submitted by CONTRACTOR.

15 **14. MONITORING**

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

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

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

24 **16. COMPLIANCE WITH STATE REQUIREMENTS**

25 CONTRACTOR recognizes that COUNTY operates its mental health programs under an
26 agreement with DHCS, and that under said agreement the State imposes certain requirements on
27 COUNTY and its subcontractors. CONTRACTOR shall adhere to all State requirements, including
28 those identified in Exhibit H, "State Mental Health Requirements", attached hereto and by this

1 reference incorporated herein and made part of this Agreement.

2 **17. COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS**

3 CONTRACTOR shall be required to maintain Medi-Cal organizational provider
4 certification by COUNTY's Managed Care. CONTRACTOR must meet Medi-Cal organization
5 provider standards as listed in Exhibit I, "Medi-Cal Organizational Provider Standards", attached
6 hereto and by this reference incorporated herein and made part of this Agreement. It is
7 acknowledged that all references to Organizational Provider and/or Provider in Exhibit I shall refer to
8 CONTRACTOR.

9 In addition, CONTRACTOR shall inform every client of their rights under the COUNTY's
10 MHP as described in Exhibit J, "Fresno County Mental Health Plan Grievances and Appeals
11 process," attached hereto and by this reference incorporated herein and made part of this
12 Agreement.

13 CONTRACTOR shall also file an incident report for all incidents involving clients,
14 following the COUNTY DBH's "Incident Reporting and Intensive Analysis" policy and procedure guide
15 and using the "Incident Report" worksheet identified in Exhibit K, attached hereto and by this
16 reference incorporated herein and made part of this Agreement, or a protocol and worksheet
17 presented by CONTRACTOR that is accepted by COUNTY's DBH Director, or designee.

18 **18. CONFIDENTIALITY**

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

22 **19. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

23 COUNTY and CONTRACTOR each consider and represent themselves as covered
24 entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law
25 104-191(HIPAA) and agree to use and disclose Protected Health Information (PHI) as required by
26 law.

27 COUNTY and CONTRACTOR acknowledge that the exchange of PHI between them is
28 only for treatment, payment, and health care operations.

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

6 As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require
7 CONTRACTOR to enter into a contract containing specific requirements prior to the disclosure of
8 PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the
9 Code of Federal Regulations (C.F.R.).

10 **20. DATA SECURITY**

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

17 **A. CONTRACTOR-Owned Mobile, Wireless, or Handheld Devices**

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

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

25 **B. CONTRACTOR-Owned Computers or Computer Peripherals**

26 CONTRACTOR may not bring CONTRACTOR-owned computers or computer
27 peripherals into the COUNTY for use without prior authorization from the COUNTY's Chief
28 Information Officer, and/or designee(s), including but not limited to mobile storage devices. If data is

1 approved to be transferred, data must be stored on a secure server approved by the COUNTY and
2 transferred by means of a Virtual Private Network (VPN) connection, or another type of secure
3 connection. Said data must be encrypted.

4 **C. COUNTY-Owned Computer Equipment**

5 CONTRACTOR may not use COUNTY computers or computer peripherals on
6 non-COUNTY premises without prior authorization from the COUNTY's Chief Information Officer,
7 and/or designee(s).

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

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

15 **F.** Confidential client information transmitted to one party by the other by means of
16 electronic transmissions must be encrypted according to Advanced Encryption Standards (AES) of
17 128 BIT or higher. Additionally, a password or pass phrase must be utilized.

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

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

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1 Director, or designee. CONTRACTOR maintains a tracking system on the items and are not required
2 to be capitalize or depreciated. The items are subject to annual inventory for compliance.

3 **C.** Assets shall be retained by COUNTY, as COUNTY property, in the event this
4 Agreement is terminated or upon expiration of this Agreement. CONTRACTOR agrees to participate
5 in an annual inventory of all COUNTY fixed and inventoried assets. Upon termination or expiration of
6 this Agreement CONTRACTOR shall be physically present when fixed and inventoried assets are
7 returned to COUNTY possession. CONTRACTOR is responsible for returning to COUNTY all
8 COUNTY owned undepreciated fixed and inventoried assets, or the monetary value of said assets if
9 unable to produce the assets at the expiration or termination of this Agreement.

10 CONTRACTOR further agrees to the following:

- 11 1. To maintain all items of equipment in good working order and condition,
12 normal wear and tear is expected;
- 13 2. To label all items of equipment with COUNTY assigned program number,
14 to perform periodic inventories as required by COUNTY and to maintain an inventory list showing
15 where and how the equipment is being used, in accordance with procedures developed by COUNTY.
16 All such lists shall be submitted to COUNTY within ten (10) days of any request therefore; and
- 17 3. To report in writing to COUNTY immediately after discovery, the lost or
18 theft of any items of equipment. For stolen items, the local law enforcement agency must be
19 contacted, and a copy of the police report submitted to COUNTY.

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

26 **E.** CONTRACTOR must obtain prior written approval from COUNTY's DBH
27 whenever there is any modification or change in the use of any property acquired or improved, in
28 whole or in part, using funds under this agreement. If any real or personal property acquired or

1 improved with said funds identified herein is sold and/or is utilized by CONTRACTOR for a use which
2 does not qualify under this program, CONTRACTOR shall reimburse COUNTY in an amount equal to
3 the current fair market value of the property, less any portion thereof attributable to expenditures of
4 non-program funds. These requirements shall continue in effect for the life of the property. In the
5 event the program is closed out, the requirements for this Section shall remain in effect for activities
6 or property funded with said funds, unless action is taken by the State government to relieve
7 COUNTY of these obligations.

8 **22. NON-DISCRIMINATION**

9 During the performance of this Agreement, CONTRACTOR and its subcontractors shall
10 not deny the contract's benefits to any person on the basis of race, religious creed, color, national
11 origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital
12 status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and
13 veteran status, nor shall they discriminate unlawfully against any employee or applicant for
14 employment because of race, religious creed, color, national origin, ancestry, physical disability,
15 mental disability, medical condition, genetic information, marital status, sex, gender, gender identity,
16 gender expression, age, sexual orientation, or military or veteran status. CONTRACTOR shall ensure
17 that the evaluation and treatment of employees and applicants for employment are free of such
18 discrimination.

19 CONTRACTOR and subcontractors shall comply with the provisions of the Fair
20 Employment and Housing Act (Gov. Code §12800 et seq.), the regulations promulgated thereunder
21 (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3,
22 Title 2 of the Government Code (Gov. Code §11135-11139.5), and the regulations or standards
23 adopted by the awarding state agency to implement such article. CONTRACTOR shall permit access
24 by representatives of the Department of Fair Employment and Housing and the awarding state
25 agency upon reasonable notice at any time during the normal business hours, but in no case less
26 than twenty-four (24) hours' notice, to such of its books, records, accounts, and all other sources of
27 information and its facilities as said Department or Agency shall require to ascertain compliance with
28 this clause. CONTRACTOR and its subcontractors shall give written notice of their obligations under

1 this clause to labor organizations with which they have a collective bargaining or other agreement.
2 (See Cal. Code Regs., tit. 2, §11105) CONTRACTOR shall include the Non-Discrimination and
3 compliance provisions of this clause in all subcontracts to perform work under this Agreement.

4 **23. TAX EQUITY AND FISCAL RESPONSIBILITY ACT**

5 To the extent necessary to prevent disallowance of reimbursement under section
6 1861(v) (1) (I) of the Social Security Act, (42 U.S.C. § 1395x, subd. (v)(1)[I]), until the expiration of
7 four (4) years after the furnishing of services under this Agreement, CONTRACTOR shall make
8 available, upon written request of the Secretary of the United States Department of Health and
9 Human Services, or upon request of the Comptroller General of the United States General
10 Accounting Office, or any of their duly authorized representatives, a copy of this Agreement and such
11 books, documents, and records as are necessary to certify the nature and extent of the costs of these
12 services provided by CONTRACTOR under this Agreement. CONTRACTOR further agrees that in
13 the event CONTRACTOR carries out any of its duties under this Agreement through a subcontract,
14 with a value or cost of Ten Thousand and No/100 Dollars (\$10,000.00) or more over a twelve (12)
15 month period, with a related organization, such Agreement shall contain a clause to the effect that
16 until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract,
17 the related organizations shall make available, upon written request of the Secretary of the United
18 States Department of Health and Human Services, or upon request of the Comptroller General of the
19 United States General Accounting Office, or any of their duly authorized representatives, a copy of
20 such subcontract and such books, documents, and records of such organization as are necessary to
21 verify the nature and extent of such costs.

22 **24. SINGLE AUDIT CLAUSE**

23 **A.** If CONTRACTOR expends Seven Hundred Fifty Thousand and No/100
24 Dollars (\$750,000.00) or more in Federal and Federal flow-through monies, CONTRACTOR agrees
25 to conduct an annual audit in accordance with the requirements of the Single Audit Standards as set
26 forth in Office of Management and Budget (OMB) Circular A-133. CONTRACTOR shall submit said
27 audit and management letter to COUNTY. The audit must include a statement of findings or a
28 statement that there were no findings. If there were negative findings, CONTRACTOR must include a

1 corrective action plan signed by an authorized individual. CONTRACTOR agrees to take action to
2 correct any material non-compliance or weakness found as a result of such audit. Such audit shall be
3 delivered to COUNTY's DBH Business Office for review within nine (9) months of the end of any fiscal
4 year in which funds were expended and/or received for the program. Failure to perform the requisite
5 audit functions as required by this Agreement may result in COUNTY performing the necessary audit
6 tasks, or at COUNTY's option, contracting with a public accountant to perform said audit, or may
7 result in the inability of COUNTY to enter into future agreements with CONTRACTOR. All audit costs
8 related to this Agreement are the sole responsibility of CONTRACTOR.

9 **B.** A single audit report is not applicable if CONTRACTOR's Federal contracts do
10 not exceed the Five Hundred Thousand and No/100 Dollars (\$500,000.00) requirement or
11 CONTRACTOR's only funding is through Drug-related Medi-Cal. If a single audit is not applicable, a
12 program audit must be performed and a program audit report with management letter shall be
13 submitted by CONTRACTOR to COUNTY as a minimum requirement to attest to CONTRACTOR's
14 solvency. Said audit report shall be delivered to COUNTY's DBH Business Office for review, no later
15 than nine (9) months after the close of the fiscal year in which the funds supplied through this
16 Agreement are expended. Failure to comply with this act may result in COUNTY performing the
17 necessary audit tasks or contracting with a qualified accountant to perform said audit. All audit costs
18 related to this Agreement are the sole responsibility of CONTRACTOR who agrees to take corrective
19 action to eliminate any material noncompliance or weakness found as a result of such audit. Audit
20 work performed by COUNTY under this section shall be billed to the CONTRACTOR at COUNTY's
21 cost, as determined by COUNTY's Auditor-Controller/Treasurer-Tax Collector.

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

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1 **25. COMPLIANCE**

2 CONTRACTOR agrees to comply with the COUNTY's Contractor Code of Conduct and
3 Ethics and the COUNTY's Compliance Program in accordance with Exhibit E. Within thirty (30) days
4 of entering into the agreement with the COUNTY, CONTRACTOR shall have all of CONTRACTOR's
5 employees, agents and subcontractors providing services under this Agreement certify in writing, that
6 he or she has received, read, understood, and shall abide by the Contractor Code of Conduct and
7 Ethics. CONTRACTOR shall ensure that within thirty (30) days of hire, all new employees, agents
8 and subcontractors providing services under this Agreement shall certify in writing that he or she has
9 received, read, understood, and shall abide by the Contractor Code of Conduct and Ethics.

10 CONTRACTOR understands that the promotion of and adherence to the Code of Conduct is an
11 element in evaluating the performance of CONTRACTOR and its employees, agents and
12 subcontractors.

13 Within thirty (30) days of entering into this Agreement, and annually thereafter, all
14 employees, agents and subcontractors providing services under this Agreement shall complete
15 general compliance training and appropriate employees, agents and subcontractors shall complete
16 documentation and billing or billing/reimbursement training. All new employees, agents and
17 subcontractors shall attend the appropriate training within 30 days of hire. Each individual who is
18 required to attend training shall certify in writing that he or she has received the required training. The
19 certification shall specify the type of training received and the date received. The certification shall be
20 provided to the COUNTY's Compliance Officer at 1925 E. Dakota Aveue, Fresno, CA 93726.

21 CONTRACTOR agrees to reimburse COUNTY for the entire cost of any penalty imposed upon
22 COUNTY by the Federal Government as a result of CONTRACTOR's violation of the terms of this
23 Agreement.

24 **26. ASSURANCES**

25 In entering into this Agreement, CONTRACTOR certifies that it nor any of its officers are
26 not currently excluded, suspended, debarred, or otherwise ineligible to participate in the Federal
27 Health Care Programs: that it or any of its officers have not been convicted of a criminal offense
28 related to the provision of health care items or services; nor has it or its officers been reinstated to

1 participation in the Federal Health Care Programs after a period of exclusion, suspension, debarment,
2 or ineligibility. If COUNTY learns, subsequent to entering into a contract, that CONTRACTOR is
3 ineligible on these grounds, COUNTY will remove CONTRACTOR from responsibility for, or
4 involvement with, COUNTY's business operations related to the Federal Health Care Programs and
5 shall remove such CONTRACTOR from any position in which CONTRACTOR's compensation, or the
6 items or services rendered, ordered or prescribed by CONTRACTOR may be paid in whole or part,
7 directly or indirectly, by Federal Health Care Programs or otherwise with Federal Funds at least until
8 such time as CONTRACTOR is reinstated into participation in the Federal Health Care Programs.

9 **A.** If COUNTY has notice that CONTRACTOR or its officers has been charged with
10 a criminal offense related to any Federal Health Care Program or is proposed for exclusion during the
11 term on any contract, CONTRACTOR and COUNTY shall take all appropriate actions to ensure the
12 accuracy of any claims submitted to any Federal Health Care Program. At its discretion given such
13 circumstances, COUNTY may request that CONTRACTOR cease providing services until resolution
14 of the charges or the proposed exclusion.

15 **B.** CONTRACTOR agrees that all potential new employees of CONTRACTOR or
16 subcontractors of CONTRACTOR who, in each case, are expected to perform professional services
17 under this Agreement, will be queried as to whether (1) they are now or ever have been excluded,
18 suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (2)
19 they have been convicted of a criminal offense related to the provision of health care items or
20 services; and or (3) they have been reinstated to participation in the Federal Health Care Programs
21 after a period of exclusion, suspension, debarment, or ineligibility.

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

28 2. Notwithstanding the above, COUNTY at its discretion may terminate this

1 Agreement in accordance with Section Three (3) of this Agreement, or require adequate assurance
2 (as defined by COUNTY) that no excluded, suspended or otherwise ineligible employee or
3 subcontractor of CONTRACTOR will perform work, either directly or indirectly, relating to services
4 provided to COUNTY. Such demand for adequate assurance shall be effective upon a time frame to
5 be determined by COUNTY to protect the interests of COUNTY consumers.

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

18 1. CONTRACTOR agrees to notify COUNTY immediately during the term of
19 this Agreement whenever CONTRACTOR learns that an employee or subcontractor who, in each
20 case, is providing professional services under section (1) this Agreement is excluded, suspended,
21 debarred or otherwise ineligible to participate in the Federal Health Care Programs, or is convicted of
22 a criminal offense relating to the provision of health care services.

23 2. Notwithstanding the above, COUNTY at its discretion may terminate this
24 Agreement in accordance with the Termination Section (3) of this Agreement, or require adequate
25 assurance (as defined by COUNTY) that no excluded, suspended or otherwise ineligible employee or
26 subcontractor of CONTRACTOR will perform work, either directly or indirectly, relating to services
27 provided to COUNTY. Such demand for adequate assurance shall be effective upon a time frame to
28 be determined by COUNTY to protect the interests of COUNTY consumers.

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

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

7 **27. PROHIBITION ON PUBLICITY**

8 None of the funds, materials, property or services provided directly or indirectly under
9 this Agreement shall be used for CONTRACTOR's advertising, fundraising, or publicity (i.e.,
10 purchasing of tickets/tables, silent auction donations, etc.) for the purpose of self-promotion.
11 Notwithstanding the above, publicity of the services described in Section One (1) of this Agreement
12 shall be allowed as necessary to raise public awareness about the availability of such specific
13 services when approved in advance by COUNTY's DBH Director, or designee, and at a cost to be
14 provided in Section Four (4) of this Agreement for such items as written/printed materials, the use of
15 media (i.e., radio, television, newspapers) and any other related expense(s).

16 **28. COMPLAINTS**

17 CONTRACTOR shall log complaints and the disposition of all complaints from a client or
18 a client's family. CONTRACTOR shall provide a copy of the detailed complaint log entries concerning
19 COUNTY-sponsored clients to COUNTY at monthly intervals by the tenth (10th) day of the following
20 month, in a format that is mutually agreed upon. In addition, CONTRACTOR shall provide details and
21 attach documentation of each complaint with the log. CONTRACTOR shall post signs informing
22 clients of their right to file a complaint or grievance.

23 CONTRACTOR shall notify COUNTY of all incidents reportable to State licensing bodies
24 that affect COUNTY clients within twenty-four (24) hours of receipt of a complaint. Within ten (10)
25 days after each incident or complaint affecting COUNTY-sponsored clients, CONTRACTOR shall
26 provide COUNTY with information relevant to the complaint, investigative details of the complaint, the
27 complaint and CONTRACTOR's disposition of, or corrective action taken to resolve the complaint. In
28 addition, CONTRACTOR shall inform every client of their rights as set forth in Exhibit J.

1 **29. CULTURAL COMPETENCY**

2 As related to Cultural and Linguistic Competence, CONTRACTOR shall comply with:

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

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

14 **C.** CONTRACTOR shall not use minors as interpreters.

15 **D.** CONTRACTOR shall provide and pay for interpreting and translation services to
16 persons participating in CONTRACTOR's services who have limited or no English language
17 proficiency, including services to persons who are deaf or blind. Interpreter and translation services
18 shall be provided as necessary to allow such participants meaningful access to the programs,
19 services and benefits provided by CONTRACTOR. Interpreter and translation services, including
20 translation of CONTRACTOR's "vital documents" (those documents that contain information that is
21 critical for accessing CONTRACTOR's services or are required by law) shall be provided to
22 participants at no cost to the participant. CONTRACTOR shall ensure that any employees, agents,
23 subcontractors, or partners who interpret or translate for a program participant, or who directly
24 communicate with a program participant in a language other than English, demonstrate proficiency in
25 the participant's language and can effectively communicate any specialized terms and concepts
26 peculiar to CONTRACTOR's services.

27 **E.** In compliance with the State mandated Culturally and Linguistically Appropriate
28 Services standards as published by the Office of Minority Health, CONTRACTOR must submit to

COUNTY for approval, within sixty (60) days from date of contract execution, CONTRACTOR's plan to address all fifteen (15) national cultural competency standards as set forth in the "National Standards on Culturally and Linguistically Appropriate Services (CLAS)", Exhibit M and Exhibit M-1, "Cultural Competence Form", attached hereto and by this reference incorporated herein and made a part of this Agreement. COUNTY's annual on-site review of CONTRACTOR shall include collection of documentation to ensure all national standards are implemented. As the national competency standards are updated, CONTRACTOR's plan must be updated accordingly.

30. COMPREHENSIVE CONTINUOUS INTEGRATED SYSTEM OF CARE

CONTRACTOR shall integrate mental health and substance use disorder through comprehensive continuous integrated systems of care for the life span of those served and to work as partners with a shared vision: to create a coordinated and comprehensive system of service delivery. The CONTRACTOR shall perform the following:

A. Demonstrate familiarity with the COUNTY Comprehensive Continuation Integrated System of Care (CCISC) consensus document and with the process of CCISC implementation, both in terms of county level activities, as well as the continuous quality improvement process that each program organizes in order to make progress toward co-occurring disorder capability. Conduct an ongoing agency self-survey using the COMPASSTM (Co-Morbidity Program Audit and Self-Survey for behavioral health services), using the recommended focus group process to engage staff of all levels in the conversation.

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B. Identify a Change Agent to represent the program, and support that Change Agent to participate actively in the COUNTY Change Agent team. The role of the Change Agent is to provide training and supervision in accordance with the principles of the CCISC model in order to establish and enhance dual diagnosis competency in program staff and to provide consultation to facilitate development and implementation of quality improvement action planning to establish and enhance dual diagnosis capability in the program as a whole.

C. Develop a formal written Continuous Quality Improvement (CQI) action plan to identify measurable objectives toward the achievement of Co-Occurring Disorders (COD) capability

1 that will be addressed by the program during the contract period. These objectives should be
2 achievable and realistic for the program, based on the self-assessment and the program priorities,
3 but need to include attention to making progress on the following issues, at minimum (as outlined in
4 the Charter):

- 5 1. Welcoming policies, practices, and procedures related to the
6 engagement of individuals with co-occurring issues and disorders;
- 7 2. Removal or reduction of access barriers to admission based on co-
8 occurring diagnosis or medication;
- 9 3. Improvement in routine integrated screening, and identification in the
10 data system of how many consumers served have co-occurring issues;
- 11 4. Developing the goal of basic co-occurring competency for all treatment
12 staff, regardless of licensure or certification; and
- 13 5. Documentation of coordination of care with collaborative mental health
14 and/or substance use disorder providers for each client.

15 **31. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST INFORMATION**

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

19 In accordance with C.F.R., Title 42 §§ 455.101, 455.104, 455.105 and 455.106(a)(1),(2),
20 the following information must be disclosed by CONTRACTOR by completing **Exhibit N**, “Disclosure
21 of Ownership and Control Interest Statement”, attached hereto and by this reference incorporated
22 herein and made part of this Agreement. CONTRACTOR shall submit this form to the Department of
23 Behavioral Health within thirty (30) days of the effective date of this Agreement. Additionally,
24 CONTRACTOR shall report any changes to this information within thirty-five (35) days of occurrence
25 by completing Exhibit N, “Disclosure of Ownership and Control Interest Statement.” Submissions
26 shall be scanned pdf copies and are to be sent via email to DBHAdministration@fresnocountyca.gov
27 attention: Contracts Administration and to DBHContractedServicesDivision@fresnocountyca.gov.

28 COUNTY may deny enrollment or terminate this Agreement where any person with a

1 five percent (5%) or greater direct or indirect ownership interest in CONTRACTOR(S) has been
2 convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or
3 Title XXI program in the last ten (10) years.

4 **32. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS**

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

8 **A.** Within the three-year period preceding the Agreement award, they have been
9 convicted of, or had a civil judgment rendered against them for:

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

17 **B.** Within a three-year period preceding their Agreement award, they have had a
18 public transaction (federal, state, or local) terminated for cause or default.

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

26 CONTRACTOR must sign a "Certification Regarding Debarment, Suspension,
27 and Other Responsibility Matters- Primary Covered Transactions" in the form set forth in **Exhibit O**,
28 attached hereto and by this reference incorporated herein and made part of this Agreement.

1 Additionally, CONTRACTOR must immediately advise the COUNTY in writing if, during the term of
2 this Agreement: (1) CONTRACTOR becomes suspended, debarred, excluded or ineligible for
3 participation in federal or state funded programs or from receiving federal funds as listed in the
4 excluded parties' list system; or (2) any of the above listed conditions become applicable to
5 CONTRACTOR.

6 CONTRACTOR shall indemnify, defend and hold the COUNTY harmless for any
7 loss or damage resulting from a conviction, debarment, exclusion, ineligibility or other matter listed in
8 the signed Certification Regarding Debarment, Suspension, and Other Responsibility Matters.

9 **33. DISCLOSURE OF SELF-DEALING TRANSACTIONS**

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

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

21 **34. CHILD ABUSE REPORTING ACT**

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

28 **A.** A requirement that all CONTRACTOR's employees, consultants, subcontractors

1 or agents performing services shall sign a statement that he or she knows of and will comply with the
2 reporting requirements as defined in Penal Code section 11166(a), identified in **Exhibit Q**, Notice of
3 Child Abuse Reporting Acknowledgement Form, attached hereto and incorporated herein by reference
4 and made part of this Agreement.

5 **B.** Establishing procedures to ensure reporting even when employees, consultants,
6 subcontractors, or agents who are not required to report child abuse under Penal Code section
7 11166(a), gain knowledge of or reasonably suspect that a child has been a victim of abuse or neglect.

8 **35. AUDITS AND INSPECTIONS**

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

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

17 **36. NOTICES**

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

20 COUNTY

21 Director, Fresno County
22 Department of Behavioral Health
23 1925 E. Dakota Avenue
24 Fresno, CA 93726

20 CONTRACTOR

21 President and CEO
22 Central Star Behavioral Health, Inc.
23 1501 Hughes Way, Suite 150
24 Long Beach, CA 90810

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

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

12 **37. GOVERNING LAW**

13 The parties agree that for the purpose of venue, performance under this Agreement is in
14 Fresno County, California.

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

17 **38. SEVERABILITY**

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

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1 **39. ENTIRE AGREEMENT**

2 This Agreement, including all Exhibits, COUNTY's RFP No. 20-015, COUNTY's RFP No.
3 20-015 Addendum One (1), and CONTRACTOR's response thereto constitutes the entire agreement
4 between CONTRACTOR and COUNTY with respect to the subject matter hereof and supersedes all
5 previous agreement negotiations, proposals, commitments, writings, advertisements, publications,
6 and understandings of any nature whatsoever unless expressly included in this Agreement.

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|----|-------------|---|
| 8 | Exhibit A | Scope of Work |
| 9 | Exhibit B | DBH Guiding Principles of Care Delivery |
| 10 | Exhibit C | Budget and Narrative |
| 11 | Exhibit D | Electronic Health Records Software Charges |
| 12 | Exhibit E | Fresno County Mental Health Plan Compliance Program and Code of
Conduct |
| 13 | Exhibit F | Documentation and Standards |
| 14 | Exhibit G | DHCS 1010 – Quarterly Report on Involuntary Detentions |
| 15 | Exhibit G-1 | Quarterly Reporting Progress |
| 16 | Exhibit H | State Mental Health Requirements |
| 17 | Exhibit I | Medi-Cal Org Provider Standards |
| 18 | Exhibit J | MHP Grievance and Appeals Process |
| 19 | Exhibit K | Incident Reporting Process |
| 20 | Exhibit L | Fixed Asset and Sensitive Item Tracking |
| 21 | Exhibit M | National Standards for CLAS |
| 22 | Exhibit M-1 | CLAS Cultural Competence Form |
| 23 | Exhibit N | Disclosure of Ownership and Control Interest Statement |
| 24 | Exhibit O | Certification Regarding Debarment, Suspension, and Other Responsibility
Matters – Primary Covered Transactions |
| 25 | Exhibit P | Self-Dealing Transaction Disclosure Form |

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

3 **CONTRACTOR:**

4 **CENTRAL STAR BEHAVIORAL**
5 **HEALTH, INC.**

6 By: 

7
8 Print Name: Kent Dunlap

9 Title: President and Chief Executive Officer

10
11
12
13
14
15 By: 

16 Print Name: Olivia Aranda

17 Title: Vice President and Chief Financial Officer

18
19
20
21 Mailing Address:
22 Central Star Behavioral Health, Inc.
23 1501 Hughes Way, Suite 150
24 Long Beach, CA 90810
25 Contact: Kent Dunlap, Senior, Vice President
26 Phone: (310) 221-6336 ext. 125

27 Fund/Subclass: 0001/10000
28 Account/Program: 7295/0
Org/Cost Center: 5630/2112

FT

COUNTY OF FRESNO

By: 

Ernest Buddy Mendes, Chairman
of the Board of Supervisors of the
County of Fresno

Date: 6-23-2020

ATTEST:

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

By: Susan Bishop

Date: 6-23-2020

ADOLESCENT YOUTH ACUTE INPATIENT PSYCHIATRIC SERVICES
Psychiatric Health Facility (PHF)
Scope of Work

ORGANIZATION: Central Star Behavioral Health, Inc.

ADDRESS: 1501 Hughes Way, Suite 150, Long Beach, CA 90810

SITE ADDRESS: 4411 E. Kings Canyon Road, Fresno, CA 93702

SERVICES: **Adolescent Youth Psychiatric Health Facility**

PROJECT DIRECTOR: Kent Dunlap, Senior Vice President

CONTRACT PERIOD: July 1, 2020 – June 30, 2023 with an option for two (2) additional 12-month renewals, pursuant to satisfactory performance

CONTRACT AMOUNT: See Exhibit C

SCHEDULE OF SERVICES:

CONTRACTOR shall operate the youth adolescent Psychiatric Health Facility (PHF) twenty-four (24) hours per day, seven (7) days per week (24/7).

TARGET POPULATION:

The target population will only include youth adolescents (hereinafter referred to as adolescents), twelve (12) years of age up to eighteen (18) years of age, in acute mental health distress who present a threat of harm to self, and/or threat of harm to others, and/or grave disability (severe personal disorganization and inability for self-care and/or functioning safely in the community). CONTRACTOR will not serve adolescents younger than twelve (12) years old. In rare circumstances, the COUNTY DBH Director, or designee, has the ability to approve admittance of a youth younger than twelve (12) years old.

Based on data collected from FY 2018-19, the target population will present the following symptoms upon admission will include moods and emotional regulation (92%), self-harm (82%), anger and aggression (44%), psychotic symptoms (19%), and co-occurring substance use disorders (about 30%).

Adolescents will include those from all payor sources: Medi-Cal beneficiaries, Medicare and Medicare/Medi-Cal beneficiaries, indigent/uninsured clients, and those with private insurance.

Adolescents may be admitted on either a voluntary or involuntary basis, and may be Medi-Cal beneficiaries, Medicare and Medicare/Medi-Cal beneficiaries, and/or the indigent/uninsured. Referrals are received from DBH and other COUNTY Departments, subcontracted providers with DBH, hospital emergency departments, Juvenile Justice Campus (Fresno County's detention facility for adolescents), as well as other counties and agencies. Adolescents covered by private insurance will be accepted via our contracts with and referrals from Kaiser

Permanente, and other insurers (Anthem Blue Cross, Avante Behavioral Health Plan, Cigna Behavioral Health, Magellan, Aetna, Blue Shield, Federal Blue Shield, Beacon Health Options, and MHN, the behavioral health subsidiary of Health Net, Inc. etc.)

Fresno County residents shall receive top priority for admission. During the prior contract term, CONTRACTOR contracted with six (6) additional counties, and was also able to serve adolescents from Kern, Tulare, Madera, Merced, Mariposa and Stanislaus counties. CONTRACTOR shall continue to subcontract with these counties to provide admittance for their respective adolescents. CONTRACTOR will continue to be responsible for contracting with other County Mental Health Plans and healthcare coverage organizations to serve their referrals. CONTRACTOR will work with Fresno County Mental Health Plan (FCMHP) to understand the presumptive transfer process and how to admit adolescents who are medically covered through another county yet residing in Fresno County at the time of need for inpatient psychiatric services.

LOCATION OF SERVICES:

CONTRACTOR will operate the Adolescent PHF located in COUNTY Building 319 at 4411 E. Kings Canyon Road, Fresno, CA 93702, pursuant to a separate lease agreement between COUNTY and CONTRACTOR effective for the same contract term as this Agreement. This lease agreement will be executed at the same time as this Agreement.

CONTRACTOR will work with COUNTY and DBH Facilities Unit to ensure the site meets and maintains physical plant requirements for a PHF under CCR Title 22, Division 5, Chapter 9, Article 5 and applicable Health and Safety Codes.

COUNTY is exploring possible alternative locations for its programs currently located on the University Medical Center (UMC) Campus on Kings Canyon. CONTRACTOR will be expected to work with COUNTY in the relocation of Adolescent PHF services in the event that a different site is identified during the term of this Agreement. CONTRACTOR shall communicate and coordinate with COUNTY during any such transition and perform a walk-through of any new identified site to address facility design, service requirements, etc. and will implement any standardized expectations for naming, branding and communications.

HOURS OF OPERATION

The Adolescent PHF shall be operated 24/7 with appropriate staffing ratios as per CCR Title 22 requirements (Division 5, Chapter 9, Article 3).

The DBH Facilities Unit shall be available to address building maintenance requests from Monday through Friday, 8 AM through 5 PM. After-hours or emergency facility requests will be processed by the COUNTY Internal Services Department (ISD) Facility Services.

Medical staff shall be under the supervision of CONTRACTOR's Medical Director. A physician shall be on-call at all times, and contract psychiatrists shall provide weekend coverage. A Registered Nurse (RN) and/or Licensed Vocational Nurse (LVN) shall be awake and on duty at all times. The PHF Clinical Director, a Licensed Marriage and Family Therapist (LMFT) staff member shall supervise social workers and rehab staff.

RAMP-UP AND SERVICES START DATE

CONTRACTOR shall be prepared to continue providing adolescent inpatient PHF services on July 1, 2020. A few new services (not included in the prior contract term) will require ramp-up as discussed herein below.

Remodel and Equipment Replacement Plan:

The following items will be acquired or finalized during the first year of this Agreement contract term.

- Replace older office furniture and information technology equipment including desktops and monitors.
- Begin recruitment to hire additional new positions of Discharge Coordinator and Transitional Age Youth (TAY) Peer Support Specialist, including all required background checks.
- Complete other new staff hiring.
- Complete onboarding, orientation and training of new staff.
- Implementation of Child Adolescent Fellowship Program rotation which is further outlined herein below.

CONTRACTOR will work closely with DBH staff to seamlessly relocate the Adolescent PHF services in the event that a different site is identified during the contract term.

PROJECT DESCRIPTION:

CONTRACTOR shall operate an Adolescent PHF to serve up approximately 684 (57/month) clients for each twelve (12) month period of this Agreement. Services include intensive, acute care, trauma-informed residential treatment to adolescents. CONTRACTOR will provide services for up to sixteen (16) adolescents at any given time. The Adolescent PHF shall provide acute psychiatric inpatient hospitalization, coordinated discharge planning, and effective linkages to post-hospital outpatient mental health treatment programs and other supportive services for adolescents and their families.

CONTRACTOR shall be responsible to comply with the requirements of the FCMHP and must complete and submit supporting documentation for all admissions regardless of payer source to the FCMHP. The FCMHP will perform a utilization review of all admissions to determine that the documentation demonstrates medical necessity criteria, as defined by the State of California Department of Health Care Services (DHCS). The 16-bed facility will be licensed by DHCS and shall meet all regulations required for operating a psychiatric health facility W&I Code 4080 Article 3; Health and Safety Code 1250.2 and meet Medi-Cal certification by the FCMHP.

CONTRACTOR shall be responsible to enter all Client Service Information (CSI), admission data and billing information into the COUNTY DBH electronic health record (EHR) system (currently AVATAR) and will be responsible for any and all audit exceptions pertaining to the delivery of services.

CONTRACTOR’S RESPONSIBILITIES:

A. RESPONSIBILITIES

1. Management and alleviation of the adolescent’s acute psychiatric symptoms to allow them to be discharged to a less restrictive level of care.
2. Clinical program shall be recovery/strengths based.
3. Adolescent PHF shall be staffed with appropriate professional staff 24/7.
4. Services shall be provided in a safe, secure and structured environment that promotes the adolescent’s wellness and recovery, including connections to family and community.
5. Services shall include comprehensive multi-disciplinary evaluation and a client-centered care plan for each adolescent.
6. CONTRACTOR shall provide appropriate dietary services in accordance with Title 22, Division 5, Chapter 9, Article 3, Section 77077. A dietician shall be utilized for menu planning and assessment for special dietary needs, consistent with Title 22 requirements.
7. CONTRACTOR shall have admission procedures in place for voluntary and involuntary clients.
8. Treatment Planning – CONTRACTOR staff shall provide the following services captured in written assessment and care plans:
 - a. Mental Status Examination
 - b. Medical Evaluation
 - c. Psycho-Social Assessment
 - d. Nursing Assessment
 - e. Multi-Disciplinary Milieu Treatment Program
 - f. Individualized Focused Treatment Planning
 - g. Aftercare Planning
9. Staffing:
 - a. CONTRACTOR’s staffing pattern and all staff working at the PHF shall meet all State licensing and regulatory requirements including medical staff standards, nursing staff standards, social work and rehabilitation staff requirements pursuant to Title 9, Division 1, Chapter 11, Article 3, Section 1840.348 of the California Code of Regulations for Psychiatric Health Facilities. All staff, which requires state licensure or certification, will be required to be licensed or certified in the State of California and be in good standing with the state licensing or certification board.
 - b. All CONTRACTOR’s facility staff, who provide direct patient care or perform coding/billing functions, must meet the requirements of the FCMHP

Compliance Program. This includes the screening for excluded persons and entities by accessing or querying the applicable licensing board(s), the National Practitioner Data Bank (NPDB), Office of Inspector General's List of Excluded Individuals/Entities (LEIE), Excluded Parties List System (EPLS) and Medi-Cal Suspended and Ineligible List prior to hire and annually thereafter. In addition, all licensed/registered/waivered staff must complete a FCMHP Provider Application and be credentialed by the FCMHP's Credentialing Committee. All licensed staff shall have Department of Justice (DOJ), Federal Bureau of Investigation (FBI), and Sheriff fingerprinting (Live Scan) executed.

- c. CONTRACTOR's Peer and/or Family Support staff shall be available to help educate, support, and advocate on behalf of the adolescents and their families during the hospitalization and will assist with discharge planning and the transition to follow-up care.

10. Medical Records and Mandated Reporting:

- a. CONTRACTOR shall be responsible to enter all CSI, admission data and billing information into COUNTY DBH's AVATAR and will be responsible for any and all audit exceptions pertaining to the delivery of services.
- b. CONTRACTOR will be responsible for "release of information" requests for the PHF and shall adhere to applicable federal and state regulations.
- c. CONTRACTOR shall report information and admission/discharge data to OSHPD and meet the submission deadlines of June 30 and December 31 each calendar year.

11. Organized Clinical Staff – CONTRACTOR's clinical staff will be licensed mental health professionals as well as rehabilitation therapists with appropriate education, credentialing and experience to reach status as a Qualified Mental Health Professional (QMHP).

12. Pharmaceutical and Medication Services – CONTRACTOR shall implement medication controls required by a licensed PHF for pharmaceutical and medication services. CONTRACTOR shall have policies, procedures and physician/nursing protocols in place regarding medication labeling, storage/security, orders, use of medication carts, administration, polypharmacy, and monitoring.

13. Physical Health Care – CONTRACTOR will contract with a primary care physician and a registered dietician. CONTRACTOR will provide a full health history to each adolescent upon admission. CONTRACTOR will have a written agreement with one or more acute care hospitals to provide services for youth requiring additional services.

14. Schedule of Active Therapies - CONTRACTOR shall provide a daily schedule of therapeutic activities that will be provided as part of the clinical treatment program. The schedule shall include wellness education with motivational support, psycho-social, and life skill building groups on varied topics, family therapy, creative expressive arts, recreational and fitness programs. The treatment team is expected to schedule the adolescent's participation activities tailored to each

individual's needs. There will also be daily meetings among the staff and adolescents for general education and guidance about unit activities and to collectively address milieu living issues.

15. Utilization Review, Billing and Cost Report:

- a. CONTRACTOR shall notify DBH of any admission of a COUNTY client within twenty-four (24) hours or the next business day in a manner approved by the COUNTY. The notification method shall be mutually acceptable by both COUNTY and CONTRACTOR.
- b. CONTRACTOR shall be responsible to ensure that documentation in the adolescent's medical record meets medical necessity criteria for the hours of service submitted to COUNTY for reimbursement by federal intermediaries, third-party payers, and other responsible parties.
- c. CONTRACTOR shall enter all mental health data and billing information into the COUNTY DBH's EHR and will be responsible for any and all audit exceptions pertaining to the delivery of services. **For Medi-Cal billing denials by the State, CONTRACTOR will maintain an error rate no greater than five percent (5%).**
- d. CONTRACTOR shall submit a complete and accurate DHCS/Short-Doyle Medi-Cal Cost Report for each fiscal year ending June 30th affected by the proposed agreement within ninety (90) days following the end of each fiscal year.
- e. CONTRACTOR shall ensure that cost reports are prepared in accordance with general accounting principles and the standards set forth by the DHCS and the COUNTY.

16. Patient's Rights and Certification Review Hearings:

- a. CONTRACTOR shall adopt and post in a conspicuous place a written policy on patient rights in accordance with Section 70707 of Title 22 of the California Code of Regulations and Section 5325.1 of the California Welfare and Institutions Code and Title 42 Code of Federal Regulations Section 438.100.
- b. CONTRACTOR shall allow access to COUNTY clients by the Patients' Rights Advocate designated by the COUNTY.
- c. CONTRACTOR shall conduct Mental Health Certification Review Hearings in accordance with regulations in a location within the facility that allows for confidentiality and is compatible with and is least disruptive to the treatment being provided to the COUNTY patient.

17. Grievances and Incident Reports - CONTRACTOR shall log all grievances and the disposition of all grievances received from an adolescent or their family in accordance with the FCMHP, as indicated in Exhibit H. CONTRACTOR shall provide a summary of the grievance log entries concerning COUNTY clients to the DBH Director, or designee, at monthly intervals, by the fifteenth (15th) day of the following month, in a format that is mutually agreed upon between COUNTY and

CONTRACTOR. CONTRACTOR shall post signs, provided by the COUNTY, informing the adolescents of their right to file a grievance and appeal.

CONTRACTOR shall notify COUNTY of all incidents or unusual occurrences reportable to state licensing bodies that affect COUNTY clients within twenty-four (24) hours. CONTRACTOR shall use the Incident Report form, as indicated in Exhibit I, for such reporting.

Within fifteen (15) days after each grievance or incident affecting COUNTY clients, CONTRACTOR shall provide COUNTY with the complaint and CONTRACTOR's disposition of, or corrective action taken to resolve the complaint or incident.

Within fifteen (15) days after CONTRACTOR submits a corrective action plan to California State licensing and/or accrediting body concerning any sentinel event, as the term is defined by the licensing or accrediting agency, and within fifteen (15) days after CONTRACTOR receives a corrective action order from a California State licensing and/or accrediting body to address a sentinel event, CONTRACTOR shall provide a summary of such plans and orders to COUNTY.

B. OBJECTIVES

CONTRACTOR shall provide the following objectives:

1. Safe and Secure Environment – CONTRACTOR shall provide for clinical and medical assessment, diagnostic formulation, crisis intervention, medication management and clinical treatment for mental health clients with acute psychiatric disorder in a safe and secure environment. All staff will be trained and certified by a nationally recognized assault crisis training that is principally focused on crisis prevention and de-escalation.
2. Provide the appropriate type and level of staffing to provide for a clinically effective program design.
3. Provide an intensive treatment program which has individualized client care plans.
4. Stabilize adolescents as soon as possible in order to assist them in their recovery from their acute mental illness crisis.
5. Effectively partner with other programs in the crisis service system of care in accepting COUNTY adolescents for admission for acute inpatient psychiatric services and also to work collaboratively in discharge planning to ensure appropriate ongoing outpatient specialty mental health treatment services will be provided post-release.
6. Identify COUNTY adolescents with frequent admissions during the fiscal year and develop strategies with other COUNTY and community agencies to reduce readmissions.
7. Effectively interact with community agencies, other mental health programs and providers, natural support systems and families to assist adolescents to be discharged to a lower level of care, as soon as clinically appropriate.

8. Work to integrate mental health and substance use disorder services through comprehensive continuous integrated systems of care for the life span of those served and to work as partners with a shared vision: to create a coordinated and comprehensive system of service delivery via the County Comprehensive Continuation Integrated System of Care (CCISC) as mentioned within this Agreement.

C. Direct Admissions to the PHF

Regarding direct admissions to the PHF from COUNTY DBH programs or its subcontracted providers, CONTRACTOR agrees to the following:

1. To allow direct admits from COUNTY DBH programs or its contracted providers, when PHF beds are available.
2. Said direct admits shall not require medical clearance. However, in the event a referred client is known to possess a contagious medical condition, said patient shall be medically cleared by a local hospital prior to admission to the PHF operated by CONTRACTOR.

D. Court Testimony for PHF Adolescents

Regarding the provision of court testimony related to PHF patients, CONTRACTOR shall identify CONTRACTOR's appropriate staff to provide court testimony relevant to PHF clients, when required.

E. Cultural Competency

Regarding the PHF program and Cultural Competency, CONTRACTOR agrees to the following:

CONTRACTOR refers to cultural competency as *cultural attunement* to remind staff of the key values of humility, open-mindedness, avoiding assumptions, and *lifelong learning* about others from diverse backgrounds versus a focus on achieving one-time competence.

F. Child-Adolescent Fellowship Program

CONTRACTOR agrees to the following:

CONTRACTOR's Medical Director will work with the COUNTY's DBH Medical Director as well as the Medical Director of the University of California, San Francisco (UCSF) to plan and coordinate for the Child-Adolescent Fellowship Program.

CONTRACTOR is prepared to accept two (2) Fellows/year (one at a time, each for a 6-month rotation) as well as Residents (one at a time, each for a 2-month rotation). The number of fellows and residents will be negotiated with DBH. Stipend payments would be provided by the COUNTY under a yet to be determined and executed contract between COUNTY DBH and

UCSF.

CONTRACTOR is willing to provide supervision for the Fellowship via the PHF Medical Director, as well as from a licensed PHF Administrator and Clinical Director. The Fellowship's Acting Attending will consult and co-sign all medical documentation, and the PHF Administrator will consult and co-sign all clinical notes.

CONTRACTOR will work with UCSF and/or the COUNTY's Designated Supervisor, if requested, to implement and carry out the Child-Adolescent Fellowship Program.

G. Staffing Training:

CONTRACTOR has developed rich and comprehensive training plans that meet the PHF requirement of 47 hours of staff training. CONTRACTOR staff shall participate in comprehensive and on-going training that includes, but is not limited to:

- 1) New Hire Orientation,
- 2) CONTRACTOR's Core Practices for Clinical Excellence in Mental Health Services Delivery, and
- 3) CONTRACTOR's course catalogue offerings of elective topics available through e-learning or classroom trainings.

PHF staff will also be intensively trained in practices critical to the delivery of PHF services, and treatment staff will receive additional training in Evidence Based Practices (EBPs). All staff will be required to participate in any DBH trainings and meetings.

In addition to the above, staff receive a full calendar of training topics including cultural attunement training as it relates to various cultures and backgrounds, including recovery, LGBTQ, youth, homeless and monolingual persons. All new staff shall participate in an overview of cultural attunement. Employees shall also attend the *annual Re-Orientation Training* and take a quiz to measure understanding. Training is conducted using the state *Health Equity and Multicultural Diversity Training* (HEMCDT). At the PHF, direct service providers will be required to attend at least eight (8) hours of cultural competency training annually, reported to DBH as required.

Additional PHF-specific trainings include: *Emergency Procedures and Non-Violent Crisis Intervention*: including training in *Pro-ACT* and the use of restraints, how to contact emergency personnel, as well as training in CPR, First Aid, and Emergency Management Plans.

H. Peer Support Resources

CONTRACTOR includes Peer/Family Advocates/Parent Partners and youth mentors, and many other staff with lived experience as part of PHF services.

CONTRACTOR values Peer Support Staff with lived experience because of their unique ability to *engage* with families from a place of shared experience. They also offer fresh and insightful perspectives about service delivery issues such as access, respect, autonomy, and

quality of care. They also reinforce the innate potential for recovery, so critical during a family crisis.

CONTRACTOR's PHF Family Advocate helps to educate, support and advocate on behalf of adolescents and families and assists with discharge planning and the transition to follow-up care. They help lead Family Services, facilitating groups and working one-on-one with the adolescents and families to articulate their voice and choice in the treatment process.

CONTRACTOR will add a Transitional Age Youth (TAY) Peer Specialist role to the PHF services during this Agreement. This position will utilize a young adult (between the ages of 18 and 25) with lived experience in recovery. The TAY Peer Specialist will play a key role in engaging with and articulating the voice of adolescents, from the perspective of someone who has "been there."

CONTRACTOR's Peer Staff undergo the same *Core Practices* training as all other staff, and also complete the CONTRACTOR's *Peer Staff Career Ladder* training on family and client voice and choice, identifying strengths, engagement strategies, communication and clarification strategies, uncovering and understanding differences in perception, addressing stigma and conveying hope. This curriculum is designed to enhance peer skills, increase confidence, and help peers make a career of assisting others. They are supervised by the Clinical Director, and supervision can consist of one-on-one supervision, during meetings or be situationally based. Hours of supervision may vary, typically, one (1) hour per week.

I. Discharge Coordinator

CONTRACTOR will have a Discharge Coordinator in the new Adolescent PHF. This position will have primary responsibility for organizing discharge information and facilitating the discharge of patients at the PHF; a process that begins at assessment and unfolds throughout stay. Will participate in interdisciplinary meetings, collaboration and communication with outside partners and resources, and with preparing clients for facility release.

J. Program Outcomes/Performance Outcomes Measures

CONTRACTOR's Research and Program Practices (RPP) Department works closely with the PHF to track and analyze COUNTY and DHCS-determined performance measures and develops additional standardized and agency-specific assessment and outcome tools, satisfaction surveys, and other meaningful performance measures, as needed.

CONTRACTOR is using its current EHR, 'myEvolv', by Netsmart Technologies Inc. CONTRACTOR is open to switching to the COUNTY's EHR known as AVATAR. If CONTRACTOR decides to transition to the use of AVATAR, COUNTY and CONTRACTOR will coordinate for an Amendment regarding usage and fees for access and maintenance of COUNTY's EHR.

Data tracked for the PHF program evaluation comes from varied sources, including:

- 1) PHF EHR data entered by program staff regarding client registry (demographics, clinical profile, etc.), service utilization (incoming referrals, admit/discharge dates, outgoing referrals and linkages); and risk behavior incident reports;
- 2) Exit interviews and survey methodologies to capture additional information and

perspectives, including satisfaction with the service and perceptions of results, from adolescents, families and/or agency partners;

3) System of care data set analyses to assess patterns (including repeat use) of crisis/hospital and other high-end services relative to community services and supports by adolescents before and after their PHF service episodes.

The following table details the *indicators* CONTRACTOR anticipates tracking over the next contract period, with the understanding that final measures will be agreed upon between COUNTY and CONTRACTOR.

See outcome tables on the following pages.

Indicator (Type and Target)	Who Applied	Time of Measure	Data Source	Target Goal Expectancy
<p>ACCESS</p> <p>Time between receipt of a referral to the PHF and contact with the referring agency.</p> <p>Time between referral and admission to the PHF.</p>	Intake Staff (Nursing Dept)	Admission	<ul style="list-style-type: none"> • Packet Tracker • SBHG EMR 	<p>% Referrals responded to within 1 hr. Average length of response time.</p> <p>% Referrals admitted to PHF within 24 hrs. Average length of referral to admission time.</p>
<p>ACCESS & EFFICIENCY</p> <p>Denial rate of admissions when a bed is available</p> <p>Denial rate of PHF days not meeting Medi-Cal necessity criteria per utilization review.</p>	Internal & External QA/UR	Admissions & Days in Setting	<ul style="list-style-type: none"> • Packet Tracker • Internal & County UR 	<p>% Denials of admissions when bed is available will not exceed 20%</p> <p>% Denials for PHF days due to not meeting medical necessity will not exceed 5%</p>
<p>EFFECTIVENESS</p> <p>Reduced high-risk behaviors and associated incidents.</p>	PHF Psychiatrist, Nurses & Social Workers	<p>BPRS at admission, every three days, discharge (DC)</p> <p>IRs completed at time of incidents</p>	<ul style="list-style-type: none"> • Brief Psychiatric Rating Scale (BPRS) • SBHG EMR Incident Report (IR)Tracking 	<p>Majority of clients will show reductions in one or more individualized target behaviors by discharge (new tool -- we will set baseline by Jan. 1, 2020).</p> <p>IRs (esp. those related to aggression, suicidality) will continue at low rates per 1000 patient days as in prior years.</p>
<p>EFFECTIVENESS</p> <p>Acquisition of coping, communication and community life skills.</p>	PHF Psychiatrist, Nurses & Social Workers	Discharge (DC)	<ul style="list-style-type: none"> • EMR DC Status Form • Client/Family DC Interviews/ Surveys 	Majority of clients will have met all/some of their treatment goals and the majority of both clients and caregivers will report improved capacities by discharge

Indicator (Type and Target)	Who Applied	Time of Measure	Data Source	Target Goal Expectancy
<p>EFFICIENCY</p> <p>Average length of stay.</p>	Internal QA	Admission to Discharge	<ul style="list-style-type: none"> Avatar CONTRACTOR EHR 	<p>Average length of stay will remain stable, similar to prior years (average of 6 days).</p> <p>% of those who discharge within 10 days does not exceed 90%.</p>
<p>EFFECTIVENESS & EFFICIENCY</p> <p>Collaborative approaches and treatment strategies to reduce hospital readmission of clients, esp. among those with frequent PHF readmissions.</p>	PHF Nursing/Clinical & QA Leaders & Treatment Staff (in collaboration w/ external entities)	Varied QI Projects Undertaken Annually	<ul style="list-style-type: none"> Varied QI Projects (Recidivism data from County and/or EMR; project specific tracking logs are also used) 	<p>Varied per QI Project</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> % clients introduced to WRAP % clients w/ family sessions % clients/families endorsement of service approach on DC surveys % readmitted within 30 days of DC
<p>EFFECTIVENESS & EFFICIENCY</p> <p>Effective discharge planning as demonstrated by referral and linkage to other DBH programs, community providers and other community resources.</p>	PHF Nursing/Clinical & QA Leaders & Treatment Staff (in collaboration w/ external entities)	DC planning starts at admission and continues daily through DC to Aftercare linkages	<ul style="list-style-type: none"> CONTRACTOR EHR Aftercare Plan CONTRACTOR EHR DC Status Form Post DC follow-up phone interviews* 	<p>Majority (85%) of PHF clients return to a home/family setting</p> <p>Majority (85%) of PHF clients DC with at least 2 referral/linkages to community resources & supports.</p> <p>COUNTY also tracks KPIs related to timely uptakes to next-on services (e.g., 7 days, 48 hrs.).</p>
<p>CUSTOMER SATISFACTION</p> <p>Multiple Protocols & Survey Items</p> <p><i>Examples:</i></p> <p>(Client) “More confident now, after being in the program, in my ability to recover and cope with mental health problems.”</p> <p>(Caregiver) “Family received the help we needed for our child.”</p>	<p>Family Advocate and/or PHF Psychiatrist</p> <p>QA/Others TBD</p>	Client/Family: Discharge & (possibly) Post DC Interviews/Surveys	<ul style="list-style-type: none"> Youth Survey Caregiver Survey Post DC follow-up phone interviews* Agency Partner Surveys 	<p>Performance benchmark is 85% items endorsed positively.</p> <p>Items or areas that fall below benchmark are reviewed and prioritized for QI.</p>

Indicator (Type and Target)	Who Applied	Time of Measure	Data Source	Target Goal Expectancy
(Agency Partner) “The program provides a needed level of care in the community.”				

* Post discharge (DC) protocols are developed and available; we are assessing whether the team has capacity to sustain the data gathering process, which is time-consuming. Pilot testing results will be available after January 1, 2020.

COUNTY RESPONSIBILITIES:**COUNTY shall:**

1. Perform a utilization review (through its FCMHP) of all admissions to determine that the documentation demonstrates that medical necessity criteria as defined by DHCS was met for each period of the admission, except for the episode of discharge.
2. Provide oversight (through COUNTY DBH) of the CONTRACTOR's PHF program. In addition to contract monitoring of program(s), oversight includes, but not limited to, coordination with DHCS in regard to program administration and outcomes.
3. Assist the CONTRACTOR in making linkages with the entire behavioral health system of care. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
4. Participate in evaluating the progress of the overall program and the efficiency of collaboration with the CONTRACTOR's staff and will be available to the contractor for ongoing consultation.
5. Receive and analyze statistical outcome data from CONTRACTOR throughout the term of this Agreement on a monthly basis, or as requested by COUNTY. DBH will notify the CONTRACTOR when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining required information.
6. Recognize that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective. To assist the CONTRACTOR's efforts towards cultural and linguistic competency, DBH shall provide the following at no cost to CONTRACTOR:
 - A. Technical assistance to CONTRACTOR regarding cultural competency requirements and sexual orientation training.
 - B. Mandatory cultural competency training including sexual orientation and sensitivity training for CONTRACTOR personnel, at minimum once per year. COUNTY will provide mandatory training regarding the special needs of this diverse population and will be included in the cultural competence training(s). Sexual orientation and sensitivity to gender differences is a basic cultural competence principle and shall be included in the cultural competency training. Literature suggests that the mental health needs of lesbian, gay, bisexual, transgender, and queer (or questioning) (LGBTQ) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation.
 - C. Technical assistance for CONTRACTOR in translating behavioral health and substance use disorder services information into DBH's threshold languages (English, Spanish, and Hmong). Translation services and costs associated will be the responsibility of the CONTRACTOR.

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

DBH VISION:

Health and well-being for our community.

DBH MISSION:

DBH, in partnership with our diverse community, is dedicated to providing quality, culturally responsive, behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

DBH GOALS:

Quadruple Aim

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

GUIDING PRINCIPLES OF CARE DELIVERY:

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

1. Principle One - Timely Access & Integrated Services

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

2. Principle Two - Strengths-based

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

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

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

4. Principle Four - Inclusive of Natural Supports

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

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

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

6. Principle Six - Culturally Responsive

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

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

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

8. Principle Eight - Co-occurring Capable

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

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

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

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

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

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

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

ADOLESCENT ACUTE INPATIENT PSYCHIATRIC HEALTH FACILITY (PHF) SERVICES
Central Star Behavioral Health, Inc. | Fresno County DBH Adolescent PHF
FY 2020 - 2021 | 07/01/2020 - 6/30/2021

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Clinical Director	1.00		\$ 105,905	\$ 105,905
1102	Director Nursing	1.00		108,150	108,150
1103	Coordinator, Program	1.00		53,560	53,560
1104	Therapist, Recreation	1.00		56,333	56,333
1105	Therapist, Rehabilitation I - III	1.00		47,069	47,069
1106	Case Manager	1.00		40,063	40,063
1107	Counselor, Youth IV	14.00		495,039	495,039
1108	Advocate Peer and Family	1.00		32,801	32,801
1109	Rehabilitation Aide I - II	2.00		70,720	70,720
1110	Social Worker	4.50		321,703	321,703
1111	Coordinator, Admissions	1.00		56,347	56,347
1112	Charge & Registered Nurse	2.50		182,000	182,000
1113	Licensed Vocational Nurse	6.80		373,119	373,119
1114	Clerk, Receptionist	2.00		59,987	59,987
1115	Housekeeper	1.00		31,129	31,129
1116	Lead, Cook	1.00		28,227	28,227
1117	Cook	1.00		31,065	31,065
1118	Discharge Coordinator	1.00		43,680	43,680
1119	TAY Peer Specialist	1.00		37,440	37,440
1120	Administrator	0.75	88,566		88,566
1121	QA Coordinator	0.25	12,855		12,855
1122	QA Manager	0.25	16,802		16,802
1123	QA Assistant	0.25	7,954		7,954
1124	Training Coordinator	0.25	9,555		9,555
1125	Training Manager	0.25	18,398		18,398
1126	HR Manager	0.25	12,854		12,854
1127	HR Assistant	0.25	12,319		12,319
1128			-	-	-
1129			-	-	-
1130			-	-	-
1131			-	-	-
Personnel Salaries Subtotal		47.30	\$ 179,303	\$ 2,174,336	\$ 2,353,639

Employee Benefits				
Acct #	Description	Admin	Direct	Total
1201	Retirement	\$ 4,167	\$ 47,484	\$ 51,651
1202	Worker's Compensation	5,557	64,655	70,212
1203	Health Insurance	22,225	258,616	280,841
1204	Other (Specify)	-	-	-
1205	Other (Specify)	-	-	-
1206	Other (Specify)	-	-	-
Employee Benefits Subtotal:		\$ 31,949	\$ 370,755	\$ 402,704
Payroll Taxes & Expenses:				
Acct #	Description	Admin	Direct	Total
1301	OASDI	\$ 11,483	\$ 133,031	\$ 144,514
1302	FICA/MEDICARE	2,686	31,251	33,937
1303	SUI	4,352	50,647	54,999
1304	Other (Specify)	-	-	-
1305	Other (Specify)	-	-	-
1306	Other (Specify)	-	-	-
Payroll Taxes & Expenses Subtotal:		\$ 18,521	\$ 214,929	\$ 233,450
EMPLOYEE SALARIES & BENEFITS TOTAL:		\$ 229,773	\$ 2,760,020	\$ 2,989,793

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	-
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
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)	-
DIRECT CLIENT CARE TOTAL		\$ -

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 37,460
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	43,616
3004	Advertising	-
3005	Staff Development & Training	9,600
3006	Staff Mileage	11,220
3007	Food	35,100
3008	Clothing	8,400
3009	Program Supplies - Medical	53,640
3010	Purchased Services	67,942
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 266,978

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 22,680
4002	Rent/Lease Building	11,160
4003	Rent/Lease Equipment	20,700
4004	Rent/Lease Vehicles	-
4005	Security	3,600
4006	Utilities	56,280
4007	Computers & Software	54,222
4008	Furniture & Fixtures	10,000
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 178,642

5000: 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	5,241
5005	Medication Supports	828,120
5006	Laundry & Linen	13,560
5007	Professional Services	94,700
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 941,621

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 320,250
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	104,400
6004	External Audit	8,400
6005	Liability Insurance	19,320
6006	Payroll Services	8,523
6007	Depreciation <i>(Provider-Owned Equipment to be Used for Program Purposes)</i>	-
6008	Centralized Fiscal Services	114,375
6009	Centralized Services Private Ins/Other County	222,087
6010	Centralized Services-program	133,252
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 930,607

7000: 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		\$ 5,307,641
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Phyciatric Health Facility Inpatient	5,869	895.84	5,257,739
Estimated Specialty Mental Health Services Billing Totals:		5,869		\$ 5,257,739
Estimated % of Clients who are Medi-Cal Beneficiaries				61%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				3,207,221
Federal Financial Participation (FFP) %			50%	1,603,610
MEDI-CAL FFP TOTAL				\$ 1,603,610

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	\$ 1,653,513
REALIGNMENT TOTAL		\$ 1,653,513

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	
8402	Client Insurance	
8403	Out-of-County Bed Rate=922.26/day	1,156,703
8404	Private Insurance Bed Rate=1015.15/day	788,661
8405	Uninsured	105,155
OTHER REVENUE TOTAL		\$ 2,050,518

TOTAL PROGRAM FUNDING SOURCES: \$ 5,307,641

ADOLESCENT ACUTE INPATIENT PSYCHIATRIC HEALTH FACILITY (PHF) SERVICES
Central Star Behavioral Health, Inc. | Fresno County DBH Adolescent PHF
FY 2020 - 2021 | 07/01/2020 - 6/30/2021 Budget Narrative

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
1000: SALARIES & BENEFITS		2,989,793		
Employee Salaries		2,353,639		
1101	Clinical Director	105,905	1.0 FTE This position has primary responsibility for overseeing the provision of mental health services, case management services and support services to clients and their families. Has oversight of the Program and provides supervision to clinical staff. Works in close collaboration with Clinical Director to ensure each client receives the appropriate care and treatment consistent with the program's requirements. Responsible for the implementation and management of all regulatory requirements.	
1102	Director Nursing	108,150	1.0 FTE The Director of Nursing ensures that each PHF client receives the nursing care, treatment, medications and diet, which have been ordered by the attending physician, ensuring the overall quality of licensed nursing care for the PHF Unit. S/he participates in budget development for the Nursing Department and is responsible for its implementation and management. S/he selects, hires and supervises all staff in the Nursing Department.	
1103	Coordinator, Program	53,560	1.0 FTE assists the Director of Nursing in directing the activities of assigned licensed and non-licensed personnel who provide health care services to clients of the Central Star Youth Psychiatric Health Facility on a 24-hour 7 day a week basis.	
1104	Therapist, Recreation	56,333	1.0 FTE is the treatment team member who is responsible for providing recreational services to adolescent clients within the Rehabilitation Program. These services are provided through individualized and/or group activities to restore, establish and maintain optimum level of social, vocational and physical functioning which include social activities involving group participation, indoor and outdoor recreational activities and exercises.	
1105	Therapist, Rehabilitation I - III	47,069	1.0 FTE is the treatment team member who is responsible for providing direct and indirect rehabilitation services to adolescent clients. These services are provided through individualized and/or group activities for clients. The Rehab Therapist may also provide work direction to Rehab Aides.	
1106	Case Manager	40,063	1.0 FTE This position has primary responsibility for organizing discharge information and facilitating the discharge of patients at the Central Star Youth PHF; a process that begins from initial assessment and unfolds throughout the course of acute inpatient treatment. The case manager participates in interdisciplinary meetings, collaboration and communication with outside partners and resources, and with preparing patients for facility release.	
1107	Counselor, Youth IV	495,039	14.0 FTE is the treatment team member who is responsible for providing direct care to meet the physical and psychosocial needs of the adolescents. This care is provided through direct and indirect physical and verbal interactions with clients, modeling appropriate behaviors for clients, and monitoring daily client activities. (1.0 FTE Youth Counselor serves as a designated Safety Specialist.)	
1108	Advocate Peer and Family	32,801	1.0 FTE provide outreach, advocacy, training and support for client's family members throughout all stages of the treatment, transition, and aftercare.	
1109	Rehabilitation Aide I - II	70,720	2.0 FTE assists the Rehabilitation Therapist in providing direct and indirect rehabilitation services to adolescent clients through individualized and/or group activities.	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1110	Social Worker	321,703	4.5 FTE is the leader of each client's treatment team, and is responsible for preparing a comprehensive treatment plan for each client. This position manages the client's journey from intake, evaluation and assessment, the provision of case management and other therapeutic services, through discharge planning and final placement. This position coordinates with other agencies such as Child Protective Services, Juvenile Probation Department, and County Department of Mental Health.
1111	Coordinator, Admissions	56,347	1.0 FTE will provide a large variety of data management and clerical tasks related to admissions and discharges for the Psychiatric Health Facility. This position monitors timeliness of documentation, admission/discharge tasks and other time-sensitive activities. Includes collaboration with other departments and outside agencies to process client referrals and assist in completing the admission or discharge process.
1112	Charge & Registered Nurse	182,000	2.5 FTE is the treatment team member who is responsible for performing all nursing duties and related nursing activities for clients. The Charge Nurse is also responsible for the supervision of the Youth Counselor staff assigned to their respective shift.
1113	Licensed Vocational Nurse	373,119	6.8 FTE provides direct client care including medications, and supervises nursing activities performed by professional and para-professional nursing personnel on the unit.
1114	Clerk, Receptionist	59,987	2.0 FTE provides reception, clerical and administrative support.
1115	Housekeeper	31,129	1.0 FTE This position performs a variety of tasks to ensure that the facility is in a clean, orderly, sanitary and attractive condition
1116	Lead, Cook	28,227	1.0 FTE This position has primary responsibility for preparing food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures and under the direction of the Administrator to assure that quality food service is provided at all times. Lead Cook coordinates the daily activities of the dietary department, including scheduling and monitoring work completed
1117	Cook	31,065	1.0 FTE This position prepares food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures and under the direction of the Administrator to assure that quality food service is provided at all times.
1118	Discharge Coordinator	43,680	1.0 FTE provides a large variety of data management and clerical tasks related to admissions and discharges for the Psychiatric Health Facility. This position monitors timeliness of documentation, admission/discharge tasks and other time-sensitive activities. Includes collaboration with other departments and outside agencies to process client referrals and assist in completing the admission or discharge process.
1119	TAY Peer Specialist	37,440	1.0 FTE is part of a team that provides services to youth. The Peer Partner is responsible for educating, coaching, and acting as a role model and advocate for clients. The Peer specialist collaborates with other team members and providers to ensure proper, client-centered services are provided.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1120	Administrator	88,566	0.75 FTE manages the overall day-to-day operation of the adolescent Psychiatric Health Facility (PHF) and Community Services programs. Assures compliance with Federal, State, County and local laws and regulations. He/she oversees and assures that there is a comprehensive quality treatment program and supervision for all PHF and Community Services patients and reviews and approves all policies and procedures of the agency. Manages all employee relations. The Administrator represents the CSBH agency and its programs to governmental agencies and the community.
1121	QA Coordinator	12,855	.25 FTE, is responsible for utilization review and assisting in medical record management by gathering and analyzing agency data and assisting in the agency's quality control, quality assurance, and quality improvement efforts.
1122	QA Manager	16,802	.25 FTE, manages all Quality Assurance tasks for the program, which includes records management, documentation and service audits for compliance to Medi-Cal and internal requirements.
1123	QA Assistant	7,954	.25 FTE Performs a wide variety of administrative and clerical tasks in support of the Quality Assurance/Total Quality Management (QA/TQM) System functions. Assists in the agency's quality control, quality assurance and quality improvement efforts.
1124	Training Coordinator	9,555	.25 FTE, assists in the development, coordination, delivery and administration of agency training programs.
1125	Training Manager	18,398	.25 FTE This position has primary responsibility for development, coordination, and supervision of training programs for Central Star PHF program. The Training Manager regularly provides trainings. The position develops and maintains systems to track in-service attendance. The position develops opportunities to host trainings for other professionals or participate with other organizations in providing such trainings.
1126	HR Manager	12,854	.25 FTE, manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.
1127	HR Assistant	12,319	.25 FTE manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
Employee Benefits		402,704	
1201	Retirement	51,651	Annual ESOP Pension and 401k employer match, calculated at 2.7% of annual salaries
1202	Worker's Compensation	70,212	Worker Compensation calculated at 3% of annual salaries
1203	Health Insurance	280,841	Health Insurance is calculated at 12% of annual salaries
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
Payroll Taxes & Expenses:		233,450	
1301	OASDI	144,514	Calculated at 6.20% of annual salaries up to the annual IRS max
1302	FICA/MEDICARE	33,937	Calculated at 1.45% of annual salaries
1303	SUI	54,999	Calculate at the Company's rate of 6% up to \$7,000 of annual wages per employee
1304	Other (Specify)	-	
1305	Other (Specify)	-	
1306	Other (Specify)	-	

2000: CLIENT SUPPORT			
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
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: OPERATING EXPENSES			
		266,978	
3001	Telecommunications	37,460	\$37,460, for staff cell phone reimbursement The budget is done based on a reimbursement of \$100/mo. for the director and at \$60/ mo. for all other direct staff. Included is \$30,500 for landline, internet & phones which includes Wi-Fi for staff tablets.
3002	Printing/Postage	-	
3003	Office, Household & Program Supplies	43,616	\$43,616, based on \$21,592 for office supplies for 47.35 FTE's, County badges for 10 staff @12.39, other non perishable supplies and \$11,700 for Property Taxes, business licenses and Joint Commission fees.
3004	Advertising	-	
3005	Staff Development & Training	9,600	\$9,600, which is comprised of the on-going program required education, training and materials for staff . Calculated at \$800 per month.
3006	Staff Mileage	11,220	\$11,220, this is estimated staff travel reimbursement for client visits (IRS mileage rate @ .58/miles) and for staff travel to training programs, which is based on our experience in administering similar programs and locations.
3007	Food	35,100	\$35,100 in Food to be prepared by Cook for the clients based on historical cost usually sourced from US Foods, Inc.
3008	Clothing	8,400	Clothing: \$8,4000, this cost will cover the clothing needs of the clients.
3009	Program Supplies - Medical	53,640	Medical \$53,640 contracted with Omnicare Pharmacy and Medline Industries.
3010	Purchased Services	67,942	Purchased service: which includes document shredding, water and coffee service, postage meter rental, and storage facility totaling \$27,942. This category also includes \$40,000 to cover laboratory and x-ray services for clients.
3011	Other (Specify)	-	
3012	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
4000: FACILITIES & EQUIPMENT		178,642	
4001	Building Maintenance	22,680	for janitorial services, repairs and maintenance, calculated at \$1,900 per month for 12 months.
4002	Rent/Lease Building	11,160	administration common area shared by all programs allocated using a relative value.
4003	Rent/Lease Equipment	20,700	for copier lease, toner and maintenance for 12 months.
4004	Rent/Lease Vehicles	-	
4005	Security	3,600	Security budgeted at \$300 per month.
4006	Utilities	56,280	Electricity, Water, Gas, \$4,690 per month for 12 months.
4007	Computers & Software	54,222	This line item is the budget for replacement of hardware, computers and monitors totaling \$33,455. It includes WiFi Access Point at \$2,600, 23 Optiplex 3070 desktop computers at \$900/each, 2 Dell 5300 2 and 1 laptops at \$1,200/each, two spare equipment at \$1,514/each and 23 monitors 22 to 23 inch at \$206/each. Also included in this line item is Microsoft licenses for the year totaling \$20,767, this was calculated at 48 licenses at \$433 per license.
4008	Furniture & Fixtures	10,000	This line item includes replacement of 10 office chairs, 1 industrial vacuum, new oven, new courtyard table and mattress replacements, desk and shelving for the seclusion room. All of these items are estimated to cost approximately \$10,000.
4009	Other (Specify)	-	
4010	Other (Specify)	-	
5000: SPECIAL EXPENSES		941,621	
5001	Consultant (Network & Data Management)	-	
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	5,241	Translation Services for annual translation services.
5005	Medication Supports	828,120	This line item includes Psychiatrists and Nurse Practitioner services. The psychiatrists are budgeted at 259 hours per month at \$206/hr and Nurse Practitioner \$187,200 which is equivalent to 156 hours per month at \$100/hr. Psychiatrists evaluate, diagnose, and collaborate with other team members to treat our youngsters for different mental health disorders. Since they are physicians they have the ability to prescribe medication and are responsible for medication management and consultation when a patient needs a medical or neurological evaluation. Included is a Medical Director (Dr. Brar) who provides services for the PHF program along with supporting management in the overall coordination and quality control of psychiatrist, primary care physician, and psychiatric nurse practitioner services, including services provided via telepsychiatry.
5006	Laundry & Linen	13,560	this line item includes towels, sheets, blankets, laundry service based on historical cost.
5007	Professional Services	94,700	This category includes \$6,000 for ongoing recruitment, Includes contracted medical doctor (Dr. Grossman) budgeted at a fixed rate of \$6K per month plus \$150 for each follow up visit, and it also includes registered Dietician budgeted at \$3,500 for providing consultant services to maintain healthy dietary requirements of clients.
5008	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6000: ADMINISTRATIVE EXPENSES		930,607	
6001	Administrative Overhead	320,250	Will not exceed 15% of total costs. This line item includes 7% of total costs which is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$114,375 or 3% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding.
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	104,400	this program will be supported and greatly benefit from the experienced and established local Starlight Community Services organization. There is a large cost advantage to the program in being supported by Starlight CS in the areas of operations, business office and billing functions. Without the support from an affiliated organization, the program would need to have dedicated staff for these functions. Additionally any costs shared with this program will result in savings to the county though lower costs for other Central Star County Programs. The cost of this support is budgeted at \$8,700 per month which is consistent with other programs.
6004	External Audit	8,400	External Audit for annual audit fees.
6005	Liability Insurance	19,320	for general liability, property and professional liability based on \$473 per FTE.
6006	Payroll Services	8,523	Payroll services: \$8,523 for payroll processing fees based on \$15 per month for 47.35 employees
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Centralized Fiscal Services	114,375	Central Star has no ability to do fund raising to offset unallowable costs such as income taxes as well as denials and other unreimbursed services. This line item provides a cushion to mitigate this exposure.
6009	Centralized Services Private Ins/Other County	222,087	This Category includes centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses
6010	Centralized Services-program	133,252	is comprised of the SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide). There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted 3% of total expenses.
6011	Other (Specify)	-	
6012	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7000: FIXED ASSETS			
		-	
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)	-	

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

ADOLESCENT ACUTE INPATIENT PSYCHIATRIC HEALTH FACILITY (PHF) SERVICES
Central Star Behavioral Health, Inc. | Fresno County DBH Adolescent PHF
FY 2021 - 2022 | 07/01/2021 - 6/30/2022

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Clinical Director	1.00		\$ 109,082	\$ 109,082
1102	Director Nursing	1.00		111,394	111,394
1103	Coordinator, Program	1.00		55,167	55,167
1104	Therapist, Recreation	1.00		58,023	58,023
1105	Therapist, Rehabilitation I - III	1.00		48,481	48,481
1106	Case Manager	1.00		41,265	41,265
1107	Counselor, Youth IV	14.00		509,891	509,891
1108	Advocate Peer and Family	1.00		33,785	33,785
1109	Rehabilitation Aide I - II	2.00		72,842	72,842
1110	Social Worker	4.50		331,354	331,354
1111	Coordinator, Admissions	1.00		58,038	58,038
1112	Charge & Registered Nurse	2.50		187,460	187,460
1113	Licensed Vocational Nurse	6.80		384,312	384,312
1114	Clerk, Receptionist	2.00		61,787	61,787
1115	Housekeeper	1.00		32,063	32,063
1116	Lead, Cook	1.00		29,073	29,073
1117	Cook	1.00		31,997	31,997
1118	Discharge Coordinator	1.00		44,990	44,990
1119	TAY Peer Specialist	1.00		38,565	38,565
1120	Administrator	0.75	91,224		91,224
1121	QA Coordinator	0.25	13,240		13,240
1122	QA Manager	0.25	17,306		17,306
1123	QA Assistant	0.25	8,192		8,192
1124	Training Coordinator	0.25	9,842		9,842
1125	Training Manager	0.25	18,950		18,950
1126	HR Manager	0.25	13,240		13,240
1127	HR Assistant	0.25	12,688		12,688
1128			-	-	-
1129			-	-	-
1130			-	-	-
1131			-	-	-
Personnel Salaries Subtotal		47.30	\$ 184,682	\$ 2,239,566	\$ 2,424,248

Employee Benefits				
Acct #	Description	Admin	Direct	Total
1201	Retirement	\$ 4,293	\$ 49,046	\$ 53,339
1202	Worker's Compensation	5,723	66,458	72,181
1203	Health Insurance	22,891	266,375	289,266
1204	Other (Specify)	-	-	-
1205	Other (Specify)	-	-	-
1206	Other (Specify)	-	-	-
Employee Benefits Subtotal:		\$ 32,907	\$ 381,879	\$ 414,786
Payroll Taxes & Expenses:				
Acct #	Description	Admin	Direct	Total
1301	OASDI	\$ 11,827	\$ 137,024	\$ 148,851
1302	FICA/MEDICARE	2,767	32,187	34,954
1303	SUI	4,483	52,165	56,648
1304	Other (Specify)	-	-	-
1305	Other (Specify)	-	-	-
1306	Other (Specify)	-	-	-
Payroll Taxes & Expenses Subtotal:		\$ 19,077	\$ 221,376.00	\$ 240,453.27
EMPLOYEE SALARIES & BENEFITS TOTAL:		\$ 236,666	\$ 2,842,821	\$ 3,079,487

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	-
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
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)	-
DIRECT CLIENT CARE TOTAL		\$ -

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 38,584
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	44,924
3004	Advertising	-
3005	Staff Development & Training	9,888
3006	Staff Mileage	11,557
3007	Food	36,153
3008	Clothing	8,651
3009	Program Supplies - Medical	55,249
3010	Purchased Services	69,980
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 274,986

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 23,360
4002	Rent/Lease Building	11,495
4003	Rent/Lease Equipment	21,321
4004	Rent/Lease Vehicles	
4005	Security	3,708
4006	Utilities	57,968
4007	Equipment purchase	32,500
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 150,352

5000: 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	5,398
5005	Medication Supports	852,964
5006	Laundry & Linen	13,967
5007	Professional Services	97,542
5008	Other (Specify)	
SPECIAL EXPENSES TOTAL:		\$ 969,870

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 332,165
6002	Professional Liability Insurance	
6003	Accounting/Bookkeeping	107,532
6004	External Audit	8,652
6005	Liability Insurance	19,900
6006	Payroll Services	8,779
6007	Depreciation <i>(Provider-Owned Equipment to be Used for Program Purposes)</i>	
6008	Centralized Fiscal Services	118,631
6009	Centralized Services Private Ins/Other County	230,350
6010	Centralized Services-program	138,210
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 964,219

7000: 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		\$ 5,438,914
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Phyciatric Health Facility Inpatient	5,869	929.26	5,453,664
Estimated Specialty Mental Health Services Billing Totals:		5,869		\$ 5,453,664
Estimated % of Clients who are Medi-Cal Beneficiaries				61%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				3,326,735
Federal Financial Participation (FFP) %			50%	1,663,368
MEDI-CAL FFP TOTAL				\$ 1,663,368

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	\$ 1,648,617
REALIGNMENT TOTAL		\$ 1,648,617

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	\$ -
8402	Client Insurance	-
8403	Out-of-County Bed Rate=949.93	1,199,806
8404	Private Insurance Bed Rate=1045.60	818,050
8405	Uninsured	109,073
OTHER REVENUE TOTAL		\$ 2,126,929

TOTAL PROGRAM FUNDING SOURCES: \$ 5,438,914

ADOLESCENT ACUTE INPATIENT PSYCHIATRIC HEALTH FACILITY (PHF) SERVICES
Central Star Behavioral Health, Inc. | Fresno County DBH Adolescent PHF
FY 2021 - 2022 | 07/01/2021 - 6/30/2022 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		3,079,487	
Employee Salaries		2,424,248	
1101	Clinical Director	109,082	1.0 FTE This position has primary responsibility for overseeing the provision of mental health services, case management services and support services to clients and their families. Has oversight of the Program and provides supervision to clinical staff. Works in close collaboration with Clinical Director to ensure each client receives the appropriate care and treatment consistent with the program's requirements. Responsible for the implementation and management of all regulatory requirements
1102	Director Nursing	111,394	1.0 FTE The Director of Nursing ensures that each PHF client receives the nursing care, treatment, medications and diet, which have been ordered by the attending physician, ensuring the overall quality of licensed nursing care for the PHF Unit. S/he participates in budget development for the Nursing Department and is responsible for its implementation and management. S/he selects, hires and supervises all staff in the Nursing Department.
1103	Coordinator, Program	55,167	1.0 FTE The Coordinator assists the Director of Nursing in directing the activities of assigned licensed and non-licensed personnel who provide health care services to clients of the Central Star Youth Psychiatric Health Facility on a 24-hour 7 day a week basis.
1104	Therapist, Recreation	58,023	1.0 FTE is the treatment team member who is responsible for providing recreational services to adolescent clients within the Rehabilitation Program. These services are provided through individualized and/or group activities to restore, establish and maintain optimum level of social, vocational and physical functioning which include social activities involving group participation, indoor and outdoor recreational activities and exercises.
1105	Therapist, Rehabilitation I - III	48,481	1.0 FTE is the treatment team member who is responsible for providing direct and indirect rehabilitation services to adolescent clients. These services are provided through individualized and/or group activities for clients. The Rehab Therapist may also provide work direction to Rehab Aides.
1106	Case Manager	41,265	1.0 FTE This position has primary responsibility for organizing discharge information and facilitating the discharge of patients at the Central Star Youth PHF; a process that begins from initial assessment and unfolds throughout the course of acute inpatient treatment. The case manager participates in interdisciplinary meetings, collaboration and communication with outside partners and resources, and with preparing patients for facility release.
1107	Counselor, Youth IV	509,891	14.0 FTE is the treatment team member who is responsible for providing direct care to meet the physical and psychosocial needs of the adolescents. This care is provided through direct and indirect physical and verbal interactions with clients, modeling appropriate behaviors for clients, and monitoring daily client activities. (1.0 FTE Youth Counselor serves as a designated Safety Specialist.)
1108	Advocate Peer and Family	33,785	1.0 FTE provide outreach, advocacy, training and support for client's family members throughout all stages of the treatment, transition, and aftercare.
1109	Rehabilitation Aide I - II	72,842	2.0 FTE assists the Rehabilitation Therapist in providing direct and indirect rehabilitation services to adolescent clients through individualized and/or group activities.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1110	Social Worker	331,354	4.5 FTE is the leader of each client's treatment team, and is responsible for preparing a comprehensive treatment plan for each client. This position manages the client's journey from intake, evaluation and assessment, the provision of case management and other therapeutic services, through discharge planning and final placement. This position coordinates with other agencies such as Child Protective Services, Juvenile Probation Department, and County Department of Mental Health.
1111	Coordinator, Admissions	58,038	1.0 FTE is responsible for interviewing all prospective admissions, conducts the initial assessment and collects all documentation, ensuring appropriate admission at Central Star Psychiatric Health Facility. This person maintains liaison with parents and other legal guardians, county agencies, insurance companies and other payors, hospitals and health care facilities, augments existing social services by providing discharge-planning services, provides direct services to clients, offers consultation and supervision to staff, and acts as liaison to outside agencies.
1112	Charge & Registered Nurse	187,460	2.5 FTE is the treatment team member who is responsible for performing all nursing duties and related nursing activities for clients. The Charge Nurse is also responsible for the supervision of the Youth Counselor staff assigned to their respective shift.
1113	Licensed Vocational Nurse	384,312	6.8 FTE provides direct client care including medications, and supervises nursing activities performed by professional and para-professional nursing personnel on the unit.
1114	Clerk, Receptionist	61,787	2.0 FTE provides reception, clerical and administrative support.
1115	Housekeeper	32,063	1.0 FTE This position performs a variety of tasks to ensure that the facility is in a clean, orderly, sanitary and attractive condition
1116	Lead, Cook	29,073	1.0 FTE This position has primary responsibility for preparing food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures and under the direction of the Administrator to assure that quality food service is provided at all times. Lead Cook coordinates the daily activities of the dietary department, including scheduling and monitoring work completed
1117	Cook	31,997	1.0 FTE This position prepares food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures and under the direction of the Administrator to assure that quality food service is provided at all times.
1118	Discharge Coordinator	44,990	1.0 FTE will provide a large variety of data management and clerical tasks related to admissions and discharges for the Psychiatric Health Facility. This position monitors timeliness of documentation, admission/discharge tasks and other time-sensitive activities. Includes collaboration with other departments and outside agencies to process client referrals and assist in completing the admission or discharge process.
1119	TAY Peer Specialist	38,565	1.0 FTE is part of a team that provides services to youth. The Peer Partner is responsible for educating, coaching, and acting as a role model and advocate for clients. The Peer specialist collaborates with other team members and providers to ensure proper, client-centered services are provided.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1120	Administrator	91,224	0.75 FTE manages the overall day-to-day operation of the adolescent Psychiatric Health Facility (PHF) and Community Services programs. Assures compliance with Federal, State, County and local laws and regulations. He/she oversees and assures that there is a comprehensive quality treatment program and supervision for all PHF and Community Services patients and reviews and approves all policies and procedures of the agency. Manages all employee relations. The Administrator represents the CSBH agency and its programs to governmental agencies and the community.
1121	QA Coordinator	13,240	.25 FTE, is responsible for utilization review and assisting in medical record management by gathering and analyzing agency data and assisting in the agency's quality control, quality assurance, and quality improvement efforts.
1122	QA Manager	17,306	.25 FTE, manages all Quality Assurance tasks for the program, which includes records management, documentation and service audits for compliance to Medi-Cal and internal requirements.
1123	QA Assistant	8,192	.25 FTE Performs a wide variety of administrative and clerical tasks in support of the Quality Assurance/Total Quality Management (QA/TQM) System functions. Assists in the agency's quality control, quality assurance and quality improvement efforts.
1124	Training Coordinator	9,842	.25 FTE, assists in the development, coordination, delivery and administration of agency training programs.
1125	Training Manager	18,950	.25 FTE This position has primary responsibility for development, coordination, and supervision of training programs for Central Star PHF program. The Training Manager regularly provides trainings. The position develops and maintains systems to track in-service attendance. The position develops opportunities to host trainings for other professionals or participate with other organizations in providing such trainings.
1126	HR Manager	13,240	.25 FTE, manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.
1127	HR Assistant	12,688	.25 FTE manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
Employee Benefits		414,786	
1201	Retirement	53,339	Annual ESOP Pension and 401k employer match, calculated at 2.7% of annual salaries
1202	Worker's Compensation	72,181	Worker Compensation calculated at 3% of annual salaries
1203	Health Insurance	289,266	Health Insurance is calculated at 12% of annual salaries
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
Payroll Taxes & Expenses:		240,453	
1301	OASDI	148,851	Calculated at 6.20% of annual salaries up to the annual IRS max
1302	FICA/MEDICARE	34,954	Calculated at 1.45% of annual salaries
1303	SUI	56,648	Calculate at the Company's rate of 6% up to \$7,000 of annual wages per employee
1304	Other (Specify)	-	
1305	Other (Specify)	-	
1306	Other (Specify)	-	

2000: CLIENT SUPPORT			
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
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: OPERATING EXPENSES			
		274,986	
3001	Telecommunications	38,584	\$38,584 for staff cell phone reimbursement The budget is done based on a reimbursement of \$100/mo. for the director and at \$60/ mo. for all other direct staff. Included is \$31,415 for landline, internet & phones which includes Wi-Fi for staff tablets.
3002	Printing/Postage	-	
3003	Office, Household & Program Supplies	44,924	\$44,924 based on \$22,239 for office supplies for 47.35 FTE's, County badges for 10 staff @12.39, other non perishable supplies and \$12,051 for Property Taxes, business licenses and Joint Commission fees.
3004	Advertising	-	
3005	Staff Development & Training	9,888	\$9,888, which comprise of the on-going program required education, training and materials for staff. Calculated at \$824 per month.
3006	Staff Mileage	11,557	\$11,557, this is estimated staff travel reimbursement for client visits (IRS mileage rate @ .58/miles) and for staff travel to training programs, which is based on our experience in administering similar programs and locations.
3007	Food	36,153	\$36,153 to be prepared by Cook for the clients based on historical cost sourced from US Foods, Inc.
3008	Clothing	8,651	Clothing: \$8,651, this cost will cover the clothing needs of the clients.
3009	Program Supplies - Medical	55,249	Medical \$55,249 contracted with Omnicare Pharmacy and Medline Industries.
3010	Purchased Services	69,980	Purchased service: \$69,980 which includes document shredding, water and coffee service, postage meter rental, and storage facility. Also included is \$41,200 to cover laboratory and x-ray services for clients.
3011	Other (Specify)	-	
3012	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
4000: FACILITIES & EQUIPMENT		150,352	
4001	Building Maintenance	23,360	for janitorial services, repairs and maintenance, calculated at \$1,947 per month for 12 months.
4002	Rent/Lease Building	11,495	administration common area shared by all programs allocated using a relative value.
4003	Rent/Lease Equipment	21,321	for copier lease, toner and maintenance for 12 months.
4004	Rent/Lease Vehicles	-	
4005	Security	3,708	Security \$3,708 budgeted at \$309 per month.
4006	Utilities	57,968	Electricity, Water, Gas, \$4,831 per month for 12 months.
4007	Equipment purchase	32,500	Equipment purchases: \$32,500 for minor office equipment, furniture, IT equipment, software and support.
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	
5000: SPECIAL EXPENSES		969,870	
5001	Consultant (Network & Data Management)	-	
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	5,398	for annual translation services.
5005	Medication Supports	852,964	includes Psychiatrists and Nurse Practitioner services. The psychiatrists are budgeted at 259 hours per month at \$212/hr and the Nurse Practitioner is budgeted at 156 hours per month at \$103/hr. Psychiatrists evaluate, diagnose, and collaborate with other team members to treat our youngsters for different mental health disorders. Since they are physicians they have the ability to prescribe medication and are responsible for medication management and consultation when a patient needs a medical or neurological evaluation. Included is a Medical Director (Dr. Brar) who provides services for the PHF program along with supporting management in the overall coordination and quality control of psychiatrist, primary care physician, and psychiatric nurse practitioner services, including services provided via telepsychiatry.
5006	Laundry & Linen	13,967	Laundry & Linen, which comprise of towels, sheets, blankets, laundry service based on historical cost.
5007	Professional Services	97,542	This category includes \$6,180 for ongoing recruitment. Includes contracted medical doctor (Dr. Grossman) budgeted at a fixed rate of \$6K monthly plus \$150 for each follow up visit, and it also includes registered Dietician - \$3,605 - Consultant services to maintain healthy dietary requirements of clients.
5008	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6000: ADMINISTRATIVE EXPENSES		964,219	
6001	Administrative Overhead	332,165	Will not exceed 15% of total costs. \$332,165 or 7% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$118,631 or 3% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding.
6002	Professional Liability Insurance	-	\$19,900 for general liability, property and professional liability based on \$473 per FTE.
6003	Accounting/Bookkeeping	107,532	this program will be supported and greatly benefit from the experienced and established local Starlight Community Services organization. There is a large cost advantage to the program in being supported by Starlight CS in the areas of operations, business office and billing functions. Without the support from an affiliated organization, the program would need to have dedicated staff for these functions. Additionally any costs shared with this program will result in savings to the county though lower costs for other Central Star County Programs. The cost of this support is budgeted at \$8,961 per month which is consistent with other programs.
6004	External Audit	8,652	External Audit \$8,652 for annual audit fees.
6005	Liability Insurance	19,900	
6006	Payroll Services	8,779	Payroll services: \$8,779 for payroll processing fees based on \$15 per month for 47.35 employees.
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Centralized Fiscal Services	118,631	Will not exceed 15% of total costs. \$332,165 or 7% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$118,631 or 3% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding. This Category also includes \$230,350 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses
6009	Centralized Services Private Ins/Other County	230,350	This Category includes \$230,350 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses
6010	Centralized Services-program	138,210	\$138,210 is comprised of the SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide). There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted 3% of total expenses.
6011	Other (Specify)	-	
6012	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7000: FIXED ASSETS			
		-	
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)	-	

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

ADOLESCENT ACUTE INPATIENT PSYCHIATRIC HEALTH FACILITY (PHF) SERVICES
Central Star Behavioral Health, Inc. | Fresno County DBH Adolescent PHF
FY 2022 - 2023 | 07/01/2022 - 6/30/2023

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Clinical Director	1.00		\$ 112,354	\$ 112,354
1102	Director Nursing	1.00		114,736	114,736
1103	Coordinator, Program	1.00		56,822	56,822
1104	Therapist, Recreation	1.00		59,763	59,763
1105	Therapist, Rehabilitation I - III	1.00		49,935	49,935
1106	Case Manager	1.00		42,503	42,503
1107	Counselor, Youth IV	14.00		525,188	525,188
1108	Advocate Peer and Family	1.00		34,798	34,798
1109	Rehabilitation Aide I - II	2.00		75,027	75,027
1110	Social Worker	4.50		341,295	341,295
1111	Coordinator, Admissions	1.00		59,779	59,779
1112	Charge & Registered Nurse	2.50		193,084	193,084
1113	Licensed Vocational Nurse	6.80		395,842	395,842
1114	Clerk, Receptionist	2.00		63,640	63,640
1115	Housekeeper	1.00		33,025	33,025
1116	Lead, Cook	1.00		29,947	29,947
1117	Cook	1.00		32,957	32,957
1118	Discharge Coordinator	1.00		46,340	46,340
1119	TAY Peer Specialist	1.00		39,720	39,720
1120	Administrator	0.75	93,961		93,961
1121	QA Coordinator	0.25	13,637		13,637
1122	QA Manager	0.25	17,825		17,825
1123	QA Assistant	0.25	8,438		8,438
1124	Training Coordinator	0.25	10,137		10,137
1125	Training Manager	0.25	19,518		19,518
1126	HR Manager	0.25	13,637		13,637
1127	HR Assistant	0.25	13,069		13,069
1128			-	-	-
1129			-	-	-
1130			-	-	-
1131			-	-	-
Personnel Salaries Subtotal		47.30	\$ 190,222	\$ 2,306,754	\$ 2,496,976

Employee Benefits				
Acct #	Description	Admin	Direct	Total
1201	Retirement	\$ 4,421	\$ 50,376	\$ 54,797
1202	Worker's Compensation	5,895	68,592	74,487
1203	Health Insurance	23,578	274,367	297,945
1204	Other (Specify)	-	-	-
1205	Other (Specify)	-	-	-
1206	Other (Specify)	-	-	-
Employee Benefits Subtotal:		\$ 33,894	\$ 393,335	\$ 427,229
Payroll Taxes & Expenses:				
Acct #	Description	Admin	Direct	Total
1301	OASDI	\$ 12,182	\$ 141,135	\$ 153,317
1302	FICA/MEDICARE	2,849	33,153	36,002
1303	SUI	4,617	53,731	58,348
1304	Other (Specify)	-	-	-
1305	Other (Specify)	-	-	-
1306	Other (Specify)	-	-	-
Payroll Taxes & Expenses Subtotal:		\$ 19,649	\$ 228,019	\$ 247,668
EMPLOYEE SALARIES & BENEFITS TOTAL:		\$ 243,765	\$ 2,928,108	\$ 3,171,872

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	-
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
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)	-
DIRECT CLIENT CARE TOTAL		\$ -

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 39,741
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	46,272
3004	Advertising	-
3005	Staff Development & Training	10,185
3006	Staff Mileage	11,903
3007	Food	37,238
3008	Clothing	8,912
3009	Program Supplies - Medical	56,907
3010	Purchased Services	72,079
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 283,237

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 24,061
4002	Rent/Lease Building	11,840
4003	Rent/Lease Equipment	21,961
4004	Rent/Lease Vehicles	-
4005	Security	3,819
4006	Utilities	59,707
4007	Equipment purchases	33,475
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 154,863

5000: SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services	-
5004	Translation Services	5,560
5005	Professional Services	100,467
5006	Laundry&Linen	14,385
5007	Medication Supports	878,553
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 998,965

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 342,130
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	110,758
6004	External Audit	8,912
6005	Liability Insurance	20,497
6006	Payroll Services	9,042
6007	Depreciation <i>(Provider-Owned Equipment to be Used for Program Purposes)</i>	-
6008	Centralized Fiscal Services	122,189
6009	Centralized Services Private Ins/Other County	237,262
6010	Centralized Services-program	142,357
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 993,146

7000: 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		\$ 5,602,084
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Phyciatric Health Facility Inpatient	5,869	957.13	5,617,276
Estimated Specialty Mental Health Services Billing Totals:		5,869		\$ 5,617,276
Estimated % of Clients who are Medi-Cal Beneficiaries				61%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				3,426,539
Federal Financial Participation (FFP) %			50%	1,713,269
MEDI-CAL FFP TOTAL				\$ 1,713,269

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	\$ 1,698,077
REALIGNMENT TOTAL		\$ 1,698,077

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	
8402	Client Insurance	
8403	Out-of-County Bed Rate=978.43	1,235,801
8404	Private Insurance Bed Rate=1076.97	842,591
8405	Uninsured	112,346
OTHER REVENUE TOTAL		\$ 2,190,738

TOTAL PROGRAM FUNDING SOURCES: \$ 5,602,084

ADOLESCENT ACUTE INPATIENT PSYCHIATRIC HEALTH FACILITY (PHF) SERVICES
Central Star Behavioral Health, Inc. | Fresno County DBH Adolescent PHF
FY 2022 - 2023 | 07/01/2022 - 6/30/2023 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		3,171,872	
Employee Salaries		2,496,976	
1101	Clinical Director	112,354	1.0 FTE This position has primary responsibility for overseeing the provision of mental health services, case management services and support services to clients and their families. Has oversight of the Program and provides supervision to clinical staff. Works in close collaboration with Clinical Director to ensure each client receives the appropriate care and treatment consistent with the program's requirements. Responsible for the implementation and management of all regulatory requirements
1102	Director Nursing	114,736	1.0 FTE The Director of Nursing ensures that each PHF client receives the nursing care, treatment, medications and diet, which have been ordered by the attending physician, ensuring the overall quality of licensed nursing care for the PHF Unit. S/he participates in budget development for the Nursing Department and is responsible for its implementation and management. S/he selects, hires and supervises all staff in the Nursing Department.
1103	Coordinator, Program	56,822	1.0 FTE The Coordinator assists the Director of Nursing in directing the activities of assigned licensed and non-licensed personnel who provide health care services to clients of the Central Star Youth Psychiatric Health Facility on a 24-hour 7 day a week basis.
1104	Therapist, Recreation	59,763	1.0 FTE is the treatment team member who is responsible for providing recreational services to adolescent clients within the Rehabilitation Program. These services are provided through individualized and/or group activities to restore, establish and maintain optimum level of social, vocational and physical functioning which include social activities involving group participation, indoor and outdoor recreational activities and exercises.
1105	Therapist, Rehabilitation I - III	49,935	1.0 FTE is the treatment team member who is responsible for providing direct and indirect rehabilitation services to adolescent clients. These services are provided through individualized and/or group activities for clients. The Rehab Therapist may also provide work direction to Rehab Aides.
1106	Case Manager	42,503	1.0 FTE This position has primary responsibility for organizing discharge information and facilitating the discharge of patients at the Central Star Youth PHF; a process that begins from initial assessment and unfolds throughout the course of acute inpatient treatment. The case manager participates in interdisciplinary meetings, collaboration and communication with outside partners and resources, and with preparing patients for facility release.
1107	Counselor, Youth IV	525,188	14.0 FTE is the treatment team member who is responsible for providing direct care to meet the physical and psychosocial needs of the adolescents. This care is provided through direct and indirect physical and verbal interactions with clients, modeling appropriate behaviors for clients, and monitoring daily client activities. (1.0 FTE Youth Counselor serves as a designated Safety Specialist.)
1108	Advocate Peer and Family	34,798	1.0 FTE provide outreach, advocacy, training and support for client's family members throughout all stages of the treatment, transition, and aftercare.
1109	Rehabilitation Aide I - II	75,027	2.0 FTE assists the Rehabilitation Therapist in providing direct and indirect rehabilitation services to adolescent clients through individualized and/or group activities.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1110	Social Worker	341,295	4.5 FTE is the leader of each client's treatment team, and is responsible for preparing a comprehensive treatment plan for each client. This position manages the client's journey from intake, evaluation and assessment, the provision of case management and other therapeutic services, through discharge planning and final placement. This position coordinates with other agencies such as Child Protective Services, Juvenile Probation Department, and County Department of Mental Health.
1111	Coordinator, Admissions	59,779	1.0 FTE is responsible for interviewing all prospective admissions, conducts the initial assessment and collects all documentation, ensuring appropriate admission at Central Star Psychiatric Health Facility. This person maintains liaison with parents and other legal guardians, county agencies, insurance companies and other payors, hospitals and health care facilities, augments existing social services by providing discharge-planning services, provides direct services to clients, offers consultation and supervision to staff, and acts as liaison to outside agencies.
1112	Charge & Registered Nurse	193,084	2.5 FTE is the treatment team member who is responsible for performing all nursing duties and related nursing activities for clients. The Charge Nurse is also responsible for the supervision of the Youth Counselor staff assigned to their respective shift.
1113	Licensed Vocational Nurse	395,842	6.8 FTE provides direct client care including medications, and supervises nursing activities performed by professional and para-professional nursing personnel on the unit.
1114	Clerk, Receptionist	63,640	2.0 FTE provides reception, clerical and administrative support.
1115	Housekeeper	33,025	1.0 FTE This position performs a variety of tasks to ensure that the facility is in a clean, orderly, sanitary and attractive condition
1116	Lead, Cook	29,947	1.0 FTE This position has primary responsibility for preparing food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures and under the direction of the Administrator to assure that quality food service is provided at all times. Lead Cook coordinates the daily activities of the dietary department, including scheduling and monitoring work completed
1117	Cook	32,957	1.0 FTE This position prepares food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures and under the direction of the Administrator to assure that quality food service is provided at all times.
1118	Discharge Coordinator	46,340	1.0 FTE will provide a large variety of data management and clerical tasks related to admissions and discharges for the Psychiatric Health Facility. This position monitors timeliness of documentation, admission/discharge tasks and other time-sensitive activities. Includes collaboration with other departments and outside agencies to process client referrals and assist in completing the admission or discharge process.
1119	TAY Peer Specialist	39,720	1.0 FTE is part of a team that provides services to youth. The Peer Partner is responsible for educating, coaching, and acting as a role model and advocate for clients. The Peer specialist collaborates with other team members and providers to ensure proper, client-centered services are provided.

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
1120	Administrator	93,961	0.75 FTE manages the overall day-to-day operation of the adolescent Psychiatric Health Facility (PHF) and Community Services programs. Assures compliance with Federal, State, County and local laws and regulations. He/she oversees and assures that there is a comprehensive quality treatment program and supervision for all PHF and Community Services patients and reviews and approves all policies and procedures of the agency. Manages all employee relations. The Administrator represents the CSBH agency and its programs to governmental agencies and the community.	
1121	QA Coordinator	13,637	for .25 FTE, is responsible for utilization review and assisting in medical record management by gathering and analyzing agency data and assisting in the agency's quality control, quality assurance, and quality improvement efforts.	
1122	QA Manager	17,825	.25 FTE, manages all Quality Assurance tasks for the program, which includes records management, documentation and service audits for compliance to Medi-Cal and internal requirements.	
1123	QA Assistant	8,438	.25 FTE Performs a wide variety of administrative and clerical tasks in support of the Quality Assurance/Total Quality Management (QA/TQM) System functions. Assists in the agency's quality control, quality assurance and quality improvement efforts.	
1124	Training Coordinator	10,137	for .25 FTE, assists in the development, coordination, delivery and administration of agency training programs.	
1125	Training Manager	19,518	.25 FTE This position has primary responsibility for development, coordination, and supervision of training programs for Central Star PHF program. The Training Manager regularly provides trainings. The position develops and maintains systems to track in-service attendance. The position develops opportunities to host trainings for other professionals or participate with other organizations in providing such trainings.	
1126	HR Manager	13,637	.25 FTE, manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.	
1127	HR Assistant	13,069	.25 FTE manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.	
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
Employee Benefits		427,229	
1201	Retirement	54,797	Annual ESOP Pension and 401k employer match, calculated at 2.7% of annual salaries
1202	Worker's Compensation	74,487	Worker Compensation calculated at 3% of annual salaries
1203	Health Insurance	297,945	Health Insurance is calculated at 12% of annual salaries
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
Payroll Taxes & Expenses:		247,668	
1301	OASDI	153,317	Calculated at 6.20% of annual salaries up to the annual IRS max
1302	FICA/MEDICARE	36,002	Calculated at 1.45% of annual salaries
1303	SUI	58,348	Calculate at the Company's rate of 6% up to \$7,000 of annual wages per employee
1304	Other (Specify)	-	
1305	Other (Specify)	-	
1306	Other (Specify)	-	

2000: CLIENT SUPPORT			
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
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: OPERATING EXPENSES			
		283,237	
3001	Telecommunications	39,741	for staff cell phone reimbursement The budget is done based on a reimbursement of \$100/mo. for the director and at \$60/ mo. for all other direct staff. Included is \$32,357 for landline, internet & phones which includes Wi-Fi for staff tablets.
3002	Printing/Postage	-	
3003	Office, Household & Program Supplies	46,272	based on \$22,907 for office supplies for 47.35 FTE's, County badges for 10 staff @12.39, other non perishable supplies and \$12,413 for Property Taxes, business licenses and Joint Commission fees.
3004	Advertising	-	
3005	Staff Development & Training	10,185	which comprise of the on-going program required education, training and materials for staff . Calculated at \$849 per month.
3006	Staff Mileage	11,903	this is estimated staff travel reimbursement for client visits (IRS mileage rate @ .58/miles) and for staff travel to training programs, which is based on our experience in administering similar programs and locations.
3007	Food	37,238	to be prepared by Cook for the clients based on historical cost sourced from US Foods, Inc.
3008	Clothing	8,912	Clothing: \$8,912, this cost will cover the clothing needs of the clients.
3009	Program Supplies - Medical	56,907	contracted with Omnicare Pharmacy and Medline Industries.
3010	Purchased Services	72,079	Purchased service: \$69,980 which includes document shredding, water and coffee service, postage meter rental, and storage facility. Also included is \$42,436 to cover laboratory and x-ray services for clients.
3011	Other (Specify)	-	
3012	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
4000: FACILITIES & EQUIPMENT		154,863	
4001	Building Maintenance	24,061	for janitorial services, repairs and maintenance, calculated at \$2,005 per month for 12 months.
4002	Rent/Lease Building	11,840	administration common area shared by all programs allocated using a relative value.
4003	Rent/Lease Equipment	21,961	for copier lease, toner and maintenance for 12 months.
4004	Rent/Lease Vehicles	-	
4005	Security	3,819	Security \$3,819 budgeted at \$318 per month.
4006	Utilities	59,707	Electricity, Water, Gas, \$4,976 per month for 12 months.
4007	Equipment purchases	33,475	for minor office equipment, furniture, IT equipment, software and support.
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	
5000: SPECIAL EXPENSES		998,965	
5001	Consultant (Network & Data Management)	-	
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services	-	
5004	Translation Services	5,560	for annual translation services.
5005	Professional Services	100,467	This category includes \$6,365 for ongoing recruitment. Includes contracted medical doctor (Dr. Grossman) budgeted at a fixed rate of \$6K monthly plus \$150 for each follow up visit, and it also includes registered Dietician - \$3,713 - providing consultant services to maintain healthy dietary requirements of clients.
5006	Laundry&Linen	14,385	which comprise of towels, sheets, blankets, laundry service based on historical cost.
5007	Medication Supports	878,553	includes Psychiatrists and Nurse Practitioner services. The psychiatrists are budgeted at 259 hours per month at \$218/hr and the Nurse Practitioner is budgeted at 156 hours per month at \$106/hr. Psychiatrists evaluate, diagnose, and collaborate with other team members to treat our youngsters for different mental health disorders. Since they are physicians they have the ability to prescribe medication and are responsible for medication management and consultation when a patient needs a medical or neurological evaluation. Included is a Medical Director (Dr. Brar) who provides services for the PHF program along with supporting management in the overall coordination and quality control of psychiatrist, primary care physician, and psychiatric nurse practitioner services, including services provided via telepsychiatry.
5008	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6000: ADMINISTRATIVE EXPENSES		993,146	
6001	Administrative Overhead	342,130	Will not exceed 15% of total costs. \$342,130 or 7% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$122,189 or 3% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding. This Category also includes \$237,261 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses
6002	Professional Liability Insurance	-	for general liability, property and professional liability based on \$473 per FTE.
6003	Accounting/Bookkeeping	110,758	this program will be supported and greatly benefit from the experienced and established local Starlight Community Services organization. There is a large cost advantage to the program in being supported by Starlight CS in the areas of operations, business office and billing functions. Without the support from an affiliated organization, the program would need to have dedicated staff for these functions. Additionally any costs shared with this program will result in savings to the county though lower costs for other Central Star County Programs. The cost of this support is budgeted at \$9,230 per month which is consistent with other programs.
6004	External Audit	8,912	for annual audit fees.
6005	Liability Insurance	20,497	
6006	Payroll Services	9,042	payroll processing fees based on \$15 per month for 47.35 employees.
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Centralized Fiscal Services	122,189	Will not exceed 15% of total costs. \$342,130 or 7% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$122,189 or 3% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding. This Category also includes \$237,261 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses
6009	Centralized Services Private Ins/Other County	237,262	This Category includes \$237,262 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6010	Centralized Services-program	142,357	is comprised of the SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide). There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted 3% of total expenses.
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS			
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)	-	

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

ADOLESCENT ACUTE INPATIENT PSYCHIATRIC HEALTH FACILITY (PHF) SERVICES
Central Star Behavioral Health, Inc. | Fresno County DBH Adolescent PHF
FY 2023 - 2024 | 07/01/2023 - 6/30/2024

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Clinical Director	1.00		\$ 115,725	\$ 115,725
1102	Director Nursing	1.00		118,178	118,178
1103	Coordinator, Program	1.00		58,526	58,526
1104	Therapist, Recreation	1.00		61,556	61,556
1105	Therapist, Rehabilitation I - III	1.00		51,433	51,433
1106	Case Manager	1.00		43,779	43,779
1107	Counselor, Youth IV	14.00		540,944	540,944
1108	Advocate Peer and Family	1.00		35,842	35,842
1109	Rehabilitation Aide I - II	2.00		77,278	77,278
1110	Social Worker	4.50		351,534	351,534
1111	Coordinator, Admissions	1.00		61,572	61,572
1112	Charge & Registered Nurse	2.50		198,876	198,876
1113	Licensed Vocational Nurse	6.80		407,717	407,717
1114	Clerk, Receptionist	2.00		65,550	65,550
1115	Housekeeper	1.00		34,016	34,016
1116	Lead, Cook	1.00		30,844	30,844
1117	Cook	1.00		33,945	33,945
1118	Discharge Coordinator	1.00		47,730	47,730
1119	TAY Peer Specialist	1.00		40,912	40,912
1120	Administrator	0.75	96,779		96,779
1121	QA Coordinator	0.25	14,046		14,046
1122	QA Manager	0.25	18,360		18,360
1123	QA Assistant	0.25	8,691		8,691
1124	Training Coordinator	0.25	10,441		10,441
1125	Training Manager	0.25	20,104		20,104
1126	HR Manager	0.25	14,046		14,046
1127	HR Assistant	0.25	13,461		13,461
1128			-	-	-
1129			-	-	-
1130			-	-	-
1131			-	-	-
Personnel Salaries Subtotal		47.30	\$ 195,928	\$ 2,375,957	\$ 2,571,885

Employee Benefits				
Acct #	Description	Admin	Direct	Total
1201	Retirement	\$ 4,554	\$ 52,987	\$ 57,540
1202	Worker's Compensation	6,072	69,551	75,623
1203	Health Insurance	24,286	282,597	306,882
1204	Other (Specify)	-	-	-
1205	Other (Specify)	-	-	-
1206	Other (Specify)	-	-	-
Employee Benefits Subtotal:		\$ 34,911	\$ 405,135	\$ 440,046
Payroll Taxes & Expenses:				
Acct #	Description	Admin	Direct	Total
1301	OASDI	\$ 12,548	\$ 145,369	\$ 157,917
1302	FICA/MEDICARE	2,935	34,147	37,082
1303	SUI	4,756	55,342	60,098
1304	Other (Specify)	-	-	-
1305	Other (Specify)	-	-	-
1306	Other (Specify)	-	-	-
Payroll Taxes & Expenses Subtotal:		\$ 20,239	\$ 234,858	\$ 255,097
EMPLOYEE SALARIES & BENEFITS TOTAL:		\$ 251,078	\$ 3,015,950	\$ 3,267,028

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	-
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
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)	-
DIRECT CLIENT CARE TOTAL		\$ -

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 40,934
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	47,660
3004	Advertising	-
3005	Staff Development & Training	10,490
3006	Staff Mileage	12,260
3007	Food	38,355
3008	Clothing	9,179
3009	Program Supplies - Medical	58,614
3010	Purchased Services	74,242
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 291,734

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 24,783
4002	Rent/Lease Building	12,195
4003	Rent/Lease Equipment	22,619
4004	Rent/Lease Vehicles	-
4005	Security	3,934
4006	Utilities	61,499
4007	Equipment purchases	34,479
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 159,509

5000: SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services	-
5004	Translation Services	5,727
5005	Laundry & Linen	14,817
5006	Professional Services	103,481
5007	Medication Supports	904,909
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 1,028,934

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 352,394
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	114,081
6004	External Audit	9,179
6005	Liability Insurance	21,111
6006	Payroll Services	9,313
6007	Depreciation <i>(Provider-Owned Equipment to be Used for Program Purposes)</i>	-
6008	Centralized Fiscal Services	125,855
6009	Centralized Services Private Ins/Other County	244,379
6010	Centralized Services-program	146,627
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 1,022,939

7000: 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		\$ 5,770,144
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Phyciatric Health Facility Inpatient	5,869	985.85	5,785,792
Estimated Specialty Mental Health Services Billing Totals:		5,869		\$ 5,785,792
Estimated % of Clients who are Medi-Cal Beneficiaries				61%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				3,529,333
Federal Financial Participation (FFP) %			50%	1,764,667
MEDI-CAL FFP TOTAL				\$ 1,764,667

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	\$ 1,749,019
REALIGNMENT TOTAL		\$ 1,749,019

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	
8402	Client Insurance	
8403	Out-of-County Bed Rate=1007.78	1,272,874
8404	Private Insurance Bed Rate=1109.28	867,869
8405	Uninsured	115,716
OTHER REVENUE TOTAL		\$ 2,256,459

TOTAL PROGRAM FUNDING SOURCES: \$ 5,770,144

ADOLESCENT ACUTE INPATIENT PSYCHIATRIC HEALTH FACILITY (PHF) SERVICES
Central Star Behavioral Health, Inc. | Fresno County DBH Adolescent PHF
FY 2023 - 2024 | 07/01/2023 - 6/30/2024 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		3,267,028	
Employee Salaries		2,571,885	
1101	Clinical Director	115,725	1.0 FTE This position has primary responsibility for overseeing the provision of mental health services, case management services and support services to clients and their families. Has oversight of the Program and provides supervision to clinical staff. Works in close collaboration with Clinical Director to ensure each client receives the appropriate care and treatment consistent with the program's requirements. Responsible for the implementation and management of all regulatory requirements
1102	Director Nursing	118,178	1.0 FTE The Director of Nursing ensures that each PHF client receives the nursing care, treatment, medications and diet, which have been ordered by the attending physician, ensuring the overall quality of licensed nursing care for the PHF Unit. S/he participates in budget development for the Nursing Department and is responsible for its implementation and management. S/he selects, hires and supervises all staff in the Nursing Department.
1103	Coordinator, Program	58,526	1.0 FTE The Coordinator assists the Director of Nursing in directing the activities of assigned licensed and non-licensed personnel who provide health care services to clients of the Central Star Youth Psychiatric Health Facility on a 24-hour 7 day a week basis.
1104	Therapist, Recreation	61,556	1.0 FTE is the treatment team member who is responsible for providing recreational services to adolescent clients within the Rehabilitation Program. These services are provided through individualized and/or group activities to restore, establish and maintain optimum level of social, vocational and physical functioning which include social activities involving group participation, indoor and outdoor recreational activities and exercises.
1105	Therapist, Rehabilitation I - III	51,433	1.0 FTE is the treatment team member who is responsible for providing direct and indirect rehabilitation services to adolescent clients. These services are provided through individualized and/or group activities for clients. The Rehab Therapist may also provide work direction to Rehab Aides.
1106	Case Manager	43,779	1.0 FTE This position has primary responsibility for organizing discharge information and facilitating the discharge of patients at the Central Star Youth PHF; a process that begins from initial assessment and unfolds throughout the course of acute inpatient treatment. The case manager participates in interdisciplinary meetings, collaboration and communication with outside partners and resources, and with preparing patients for facility release.
1107	Counselor, Youth IV	540,944	14.0 FTE is the treatment team member who is responsible for providing direct care to meet the physical and psychosocial needs of the adolescents. This care is provided through direct and indirect physical and verbal interactions with clients, modeling appropriate behaviors for clients, and monitoring daily client activities. (1.0 FTE Youth Counselor serves as a designated Safety Specialist.)
1108	Advocate Peer and Family	35,842	1.0 FTE provide outreach, advocacy, training and support for client's family members throughout all stages of the treatment, transition, and aftercare.
1109	Rehabilitation Aide I - II	77,278	2.0 FTE assists the Rehabilitation Therapist in providing direct and indirect rehabilitation services to adolescent clients through individualized and/or group activities.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1110	Social Worker	351,534	4.5 FTE is the leader of each client's treatment team, and is responsible for preparing a comprehensive treatment plan for each client. This position manages the client's journey from intake, evaluation and assessment, the provision of case management and other therapeutic services, through discharge planning and final placement. This position coordinates with other agencies such as Child Protective Services, Juvenile Probation Department, and County Department of Mental Health.
1111	Coordinator, Admissions	61,572	1.0 FTE is responsible for interviewing all prospective admissions, conducts the initial assessment and collects all documentation, ensuring appropriate admission at Central Star Psychiatric Health Facility. This person maintains liaison with parents and other legal guardians, county agencies, insurance companies and other payors, hospitals and health care facilities, augments existing social services by providing discharge-planning services, provides direct services to clients, offers consultation and supervision to staff, and acts as liaison to outside agencies.
1112	Charge & Registered Nurse	198,876	2.5 FTE is the treatment team member who is responsible for performing all nursing duties and related nursing activities for clients. The Charge Nurse is also responsible for the supervision of the Youth Counselor staff assigned to their respective shift.
1113	Licensed Vocational Nurse	407,717	6.8 FTE provides direct client care including medications, and supervises nursing activities performed by professional and para-professional nursing personnel on the unit.
1114	Clerk, Receptionist	65,550	2.0 FTE provides reception, clerical and administrative support.
1115	Housekeeper	34,016	1.0 FTE This position performs a variety of tasks to ensure that the facility is in a clean, orderly, sanitary and attractive condition
1116	Lead, Cook	30,844	1.0 FTE This position has primary responsibility for preparing food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures and under the direction of the Administrator to assure that quality food service is provided at all times. Lead Cook coordinates the daily activities of the dietary department, including scheduling and monitoring work completed
1117	Cook	33,945	1.0 FTE This position prepares food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures and under the direction of the Administrator to assure that quality food service is provided at all times.
1118	Discharge Coordinator	47,730	1.0 FTE will provide a large variety of data management and clerical tasks related to admissions and discharges for the Psychiatric Health Facility. This position monitors timeliness of documentation, admission/discharge tasks and other time-sensitive activities. Includes collaboration with other departments and outside agencies to process client referrals and assist in completing the admission or discharge process.
1119	TAY Peer Specialist	40,912	1.0 FTE is part of a team that provides services to youth. The Peer Partner is responsible for educating, coaching, and acting as a role model and advocate for clients. The Peer specialist collaborates with other team members and providers to ensure proper, client-centered services are provided.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1120	Administrator	96,779	0.75 FTE manages the overall day-to-day operation of the adolescent Psychiatric Health Facility (PHF) and Community Services programs. Assures compliance with Federal, State, County and local laws and regulations. He/she oversees and assures that there is a comprehensive quality treatment program and supervision for all PHF and Community Services patients and reviews and approves all policies and procedures of the agency. Manages all employee relations. The Administrator represents the CSBH agency and its programs to governmental agencies and the community.
1121	QA Coordinator	14,046	.25 FTE, is responsible for utilization review and assisting in medical record management by gathering and analyzing agency data and assisting in the agency's quality control, quality assurance, and quality improvement efforts.
1122	QA Manager	18,360	.25 FTE, manages all Quality Assurance tasks for the program, which includes records management, documentation and service audits for compliance to Medi-Cal and internal requirements.
1123	QA Assistant	8,691	.25 FTE Performs a wide variety of administrative and clerical tasks in support of the Quality Assurance/Total Quality Management (QA/TQM) System functions. Assists in the agency's quality control, quality assurance and quality improvement efforts.
1124	Training Coordinator	10,441	.25 FTE, assists in the development, coordination, delivery and administration of agency training programs.
1125	Training Manager	20,104	.25 FTE This position has primary responsibility for development, coordination, and supervision of training programs for Central Star PHF program. The Training Manager regularly provides trainings. The position develops and maintains systems to track in-service attendance. The position develops opportunities to host trainings for other professionals or participate with other organizations in providing such trainings.
1126	HR Manager	14,046	.25 FTE, manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.
1127	HR Assistant	13,461	.25 FTE manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
Employee Benefits		440,046	
1201	Retirement	57,540	Annual ESOP Pension and 401k employer match, calculated at 2.7% of annual salaries
1202	Worker's Compensation	75,623	Worker Compensation calculated at 3% of annual salaries
1203	Health Insurance	306,882	Health Insurance is calculated at 12% of annual salaries
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
Payroll Taxes & Expenses:		255,097	
1301	OASDI	157,917	Calculated at 6.20% of annual salaries up to the annual IRS max
1302	FICA/MEDICARE	37,082	Calculated at 1.45% of annual salaries
1303	SUI	60,098	Calculate at the Company's rate of 6% up to \$7,000 of annual wages per employee
1304	Other (Specify)	-	
1305	Other (Specify)	-	
1306	Other (Specify)	-	

2000: CLIENT SUPPORT			
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
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: OPERATING EXPENSES		291,734	
3001	Telecommunications	40,934	staff cell phone reimbursement The budget is done based on a reimbursement of \$100/mo. for the director and at \$60/ mo. for all other direct staff. Included is \$33,328 for landline, internet & phones which includes Wi-Fi for staff tablets.
3002	Printing/Postage	-	
3003	Office, Household & Program Supplies	47,660	based on \$23,594 for office supplies for 47.35 FTE's, County badges for 10 staff @12.39, other non perishable supplies and \$12,785 for Property Taxes, business licenses and Joint Commission fees.
3004	Advertising	-	
3005	Staff Development & Training	10,490	which comprise of the on-going program required education, training and materials for staff . Calculated at \$874 per month.
3006	Staff Mileage	12,260	this is estimated staff travel reimbursement for client visits (IRS mileage rate @ .58/miles) and for staff travel to training programs, which is based on our experience in administering similar programs and locations.
3007	Food	38,355	to be prepared by Cook for the clients based on historical cost sourced from US Foods, Inc.
3008	Clothing	9,179	this cost will cover the clothing needs of the clients.
3009	Program Supplies - Medical	58,614	contracted with Omnicare Pharmacy and Medline Industries.
3010	Purchased Services	74,242	Purchased service: \$74,242 which includes document shredding, water and coffee service, postage meter rental, and storage facility. Also included is \$43,709 to cover laboratory and x-ray services for clients.
3011	Other (Specify)	-	
3012	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
4000: FACILITIES & EQUIPMENT		159,509	
4001	Building Maintenance	24,783	for janitorial services, repairs and maintenance, calculated at \$2,005 per month for 12 months.
4002	Rent/Lease Building	12,195	administration common area shared by all programs allocated using a relative value.
4003	Rent/Lease Equipment	22,619	for copier lease, toner and maintenance for 12 months.
4004	Rent/Lease Vehicles	-	
4005	Security	3,934	budgeted at \$328 per month.
4006	Utilities	61,499	Electricity, Water, Gas, \$5,125 per month for 12 months.
4007	Equipment purchases	34,479	for minor office equipment, furniture, IT equipment, software and support.
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	
5000: SPECIAL EXPENSES		1,028,934	
5001	Consultant (Network & Data Management)	-	
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services	-	
5004	Translation Services	5,727	for annual translation services.
5005	Laundry & Linen	14,817	which comprise of towels, sheets, blankets, laundry service based on historical cost.
5006	Professional Services	103,481	This category includes \$6,556 for ongoing recruitment. Includes contracted medical doctor (Dr. Grossman) budgeted at a fixed rate of \$6K monthly plus \$150 for each follow up visit, and it also includes registered Dietician - \$3,825 - providing consultant services to maintain healthy dietary requirements of clients.
5007	Medication Supports	904,909	includes Psychiatrists and Nurse Practitioner services. The psychiatrists are budgeted at 259 hours per month at \$225/hour and the Nurse Practitioner is budgeted at 156 hours per month at \$109/hr. Psychiatrists evaluate, diagnose, and collaborate with other team members to treat our youngsters for different mental health disorders. Since they are physicians they have the ability to prescribe medication and are responsible for medication management and consultation when a patient needs a medical or neurological evaluation. Included is a Medical Director (Dr. Brar) who provides services for the PHF program along with supporting management in the overall coordination and quality control of psychiatrist, primary care physician, and psychiatric nurse practitioner services, including services provided via telepsychiatry.
5008	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6000: ADMINISTRATIVE EXPENSES		1,022,939	
6001	Administrative Overhead	352,394	Will not exceed 15% of total costs. \$352,394 or 7% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$125,855 or 3% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding. This Category also includes \$244,379 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses
6002	Professional Liability Insurance	-	for general liability, property and professional liability based on \$473 per FTE.
6003	Accounting/Bookkeeping	114,081	this program will be supported and greatly benefit from the experienced and established local Starlight Community Services organization. There is a large cost advantage to the program in being supported by Starlight CS in the areas of operations, business office and billing functions. Without the support from an affiliated organization, the program would need to have dedicated staff for these functions. Additionally any costs shared with this program will result in savings to the county though lower costs for other Central Star County Programs. The cost of this support is budgeted at \$9,507 per month which is consistent with other programs.
6004	External Audit	9,179	for annual audit fees.
6005	Liability Insurance	21,111	
6006	Payroll Services	9,313	for payroll processing fees based on \$15 per month for 47.35 employees.
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Centralized Fiscal Services	125,855	Will not exceed 15% of total costs. \$352,394 or 7% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$125,855 or 3% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding. This Category also includes \$244,379 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6009	Centralized Services Private Ins/Other County	244,379	This Category includes \$244,379 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses
6010	Centralized Services-program	146,627	Centralized Program Services: \$146,627 is comprised of the SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide). There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted 3% of total expenses.
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: 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 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)	-	

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

ADOLESCENT ACUTE INPATIENT PSYCHIATRIC HEALTH FACILITY (PHF) SERVICES
Central Star Behavioral Health, Inc. | Fresno County DBH Adolescent PHF
FY 2024 - 2025 | 07/01/2024 - 6/30/2025

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Clinical Director	1.00		\$ 119,197	\$ 119,197
1102	Director Nursing	1.00		121,724	121,724
1103	Coordinator, Program	1.00		60,282	60,282
1104	Therapist, Recreation	1.00		63,403	63,403
1105	Therapist, Rehabilitation I - III	1.00		52,976	52,976
1106	Case Manager	1.00		45,091	45,091
1107	Counselor, Youth IV	14.00		557,171	557,171
1108	Advocate Peer and Family	1.00		36,917	36,917
1109	Rehabilitation Aide I - II	2.00		79,596	79,596
1110	Social Worker	4.50		362,080	362,080
1111	Coordinator, Admissions	1.00		63,419	63,419
1112	Charge & Registered Nurse	2.50		204,843	204,843
1113	Licensed Vocational Nurse	6.80		419,949	419,949
1114	Clerk, Receptionist	2.00		67,517	67,517
1115	Housekeeper	1.00		35,036	35,036
1116	Lead, Cook	1.00		31,769	31,769
1117	Cook	1.00		34,964	34,964
1118	Discharge Coordinator	1.00		49,162	49,162
1119	TAY Peer Specialist	1.00		42,138	42,138
1120	Administrator	0.75	99,682		99,682
1121	QA Coordinator	0.25	14,468		14,468
1122	QA Manager	0.25	18,911		18,911
1123	QA Assistant	0.25	8,952		8,952
1124	Training Coordinator	0.25	10,754		10,754
1125	Training Manager	0.25	20,707		20,707
1126	HR Manager	0.25	14,468		14,468
1127	HR Assistant	0.25	13,865		13,865
1128			-	-	-
1129			-	-	-
1130			-	-	-
1131			-	-	-
Personnel Salaries Subtotal		47.30	\$ 201,807	\$ 2,447,234	\$ 2,649,041

Employee Benefits				
Acct #	Description	Admin	Direct	Total
1201	Retirement	\$ 4,690	\$ 53,446	\$ 58,136
1202	Worker's Compensation	6,254	72,768	79,022
1203	Health Insurance	25,014	291,075	316,089
1204	Other (Specify)	-	-	-
1205	Other (Specify)	-	-	-
1206	Other (Specify)	-	-	-
Employee Benefits Subtotal:		\$ 35,958	\$ 417,289	\$ 453,247
Payroll Taxes & Expenses:				
Acct #	Description	Admin	Direct	Total
1301	OASDI	\$ 12,924	\$ 149,730	\$ 162,654
1302	FICA/MEDICARE	3,023	35,172	38,195
1303	SUI	4,899	57,002	61,901
1304	Other (Specify)	-	-	-
1305	Other (Specify)	-	-	-
1306	Other (Specify)	-	-	-
Payroll Taxes & Expenses Subtotal:		\$ 20,846	\$ 241,904	\$ 262,750
EMPLOYEE SALARIES & BENEFITS TOTAL:		\$ 258,611	\$ 3,106,427	\$ 3,365,038

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	-
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
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)	-
DIRECT CLIENT CARE TOTAL		\$ -

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 42,162
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	49,090
3004	Advertising	-
3005	Staff Development & Training	10,805
3006	Staff Mileage	12,628
3007	Food	39,505
3008	Clothing	9,454
3009	Program Supplies - Medical	60,372
3010	Purchased Services	76,469
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 300,485

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 25,527
4002	Rent/Lease Building	12,561
4003	Rent/Lease Equipment	23,298
4004	Rent/Lease Vehicles	-
4005	Security	4,052
4006	Utilities	63,344
4007	Equipment Purchase	35,514
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 164,295

5000: SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services	-
5004	Translation Services	5,899
5005	Laundry & Linen	15,262
5006	Professional Services	106,586
5007	Medication Supports	932,056
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 1,059,803

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 362,966
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	117,503
6004	External Audit	9,454
6005	Liability Insurance	21,745
6006	Payroll Services	9,593
6007	Depreciation <i>(Provider-Owned Equipment to be Used for Program Purposes)</i>	-
6008	Centralized Fiscal Services	129,631
6009	Centralized Services Private Ins/Other County	251,710
6010	Centralized Services-program	151,026
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 1,053,628

7000: 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		\$ 5,943,249
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Phyciatric Health Facility Inpatient	5,869	1,015.42	5,959,367
Estimated Specialty Mental Health Services Billing Totals:		5,869	-	\$ 5,959,367
Estimated % of Clients who are Medi-Cal Beneficiaries				61%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				3,635,214
Federal Financial Participation (FFP) %			50%	1,817,607
MEDI-CAL FFP TOTAL				\$ 1,817,607

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	\$ 1,801,489
REALIGNMENT TOTAL		\$ 1,801,489

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	\$ -
8402	Client Insurance	-
8403	Out-of-County Bed Rate=1038.01	1,311,061
8404	Private Insurance Bed Rate=1142.56	893,905
8405	Uninsured	119,187
OTHER REVENUE TOTAL		\$ 2,324,153

TOTAL PROGRAM FUNDING SOURCES: \$ 5,943,249

ADOLESCENT ACUTE INPATIENT PSYCHIATRIC HEALTH FACILITY (PHF) SERVICES
Central Star Behavioral Health, Inc. | Fresno County DBH Adolescent PHF
FY 2024 - 2025 | 07/01/2024 - 6/30/2025 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		3,365,038	
Employee Salaries		2,649,041	
1101	Clinical Director	119,197	1.0 FTE This position has primary responsibility for overseeing the provision of mental health services, case management services and support services to clients and their families. Has oversight of the Program and provides supervision to clinical staff. Works in close collaboration with Clinical Director to ensure each client receives the appropriate care and treatment consistent with the program's requirements. Responsible for the implementation and management of all regulatory requirements
1102	Director Nursing	121,724	1.0 FTE The Director of Nursing ensures that each PHF client receives the nursing care, treatment, medications and diet, which have been ordered by the attending physician, ensuring the overall quality of licensed nursing care for the PHF Unit. S/he participates in budget development for the Nursing Department and is responsible for its implementation and management. S/he selects, hires and supervises all staff in the Nursing Department.
1103	Coordinator, Program	60,282	1.0 FTE The Coordinator assists the Director of Nursing in directing the activities of assigned licensed and non-licensed personnel who provide health care services to clients of the Central Star Youth Psychiatric Health Facility on a 24-hour 7 day a week basis.
1104	Therapist, Recreation	63,403	1.0 FTE is the treatment team member who is responsible for providing recreational services to adolescent clients within the Rehabilitation Program. These services are provided through individualized and/or group activities to restore, establish and maintain optimum level of social, vocational and physical functioning which include social activities involving group participation, indoor and outdoor recreational activities and exercises.
1105	Therapist, Rehabilitation I - III	52,976	1.0 FTE is the treatment team member who is responsible for providing direct and indirect rehabilitation services to adolescent clients. These services are provided through individualized and/or group activities for clients. The Rehab Therapist may also provide work direction to Rehab Aides.
1106	Case Manager	45,091	1.0 FTE This position has primary responsibility for organizing discharge information and facilitating the discharge of patients at the Central Star Youth PHF; a process that begins from initial assessment and unfolds throughout the course of acute inpatient treatment. The case manager participates in interdisciplinary meetings, collaboration and communication with outside partners and resources, and with preparing patients for facility release.
1107	Counselor, Youth IV	557,171	14.0 FTE is the treatment team member who is responsible for providing direct care to meet the physical and psychosocial needs of the adolescents. This care is provided through direct and indirect physical and verbal interactions with clients, modeling appropriate behaviors for clients, and monitoring daily client activities. (1.0 FTE Youth Counselor serves as a designated Safety Specialist.)
1108	Advocate Peer and Family	36,917	1.0 FTE provide outreach, advocacy, training and support for client's family members throughout all stages of the treatment, transition, and aftercare.
1109	Rehabilitation Aide I - II	79,596	2.0 FTE assists the Rehabilitation Therapist in providing direct and indirect rehabilitation services to adolescent clients through individualized and/or group activities.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1110	Social Worker	362,080	4.5 FTE is the leader of each client's treatment team, and is responsible for preparing a comprehensive treatment plan for each client. This position manages the client's journey from intake, evaluation and assessment, the provision of case management and other therapeutic services, through discharge planning and final placement. This position coordinates with other agencies such as Child Protective Services, Juvenile Probation Department, and County Department of Mental Health.
1111	Coordinator, Admissions	63,419	1.0 FTE is responsible for interviewing all prospective admissions, conducts the initial assessment and collects all documentation, ensuring appropriate admission at Central Star Psychiatric Health Facility. This person maintains liaison with parents and other legal guardians, county agencies, insurance companies and other payors, hospitals and health care facilities, augments existing social services by providing discharge-planning services, provides direct services to clients, offers consultation and supervision to staff, and acts as liaison to outside agencies.
1112	Charge & Registered Nurse	204,843	2.5 FTE is the treatment team member who is responsible for performing all nursing duties and related nursing activities for clients. The Charge Nurse is also responsible for the supervision of the Youth Counselor staff assigned to their respective shift.
1113	Licensed Vocational Nurse	419,949	6.8 FTE provides direct client care including medications, and supervises nursing activities performed by professional and para-professional nursing personnel on the unit.
1114	Clerk, Receptionist	67,517	2.0 FTE provides reception, clerical and administrative support.
1115	Housekeeper	35,036	1.0 FTE This position performs a variety of tasks to ensure that the facility is in a clean, orderly, sanitary and attractive condition
1116	Lead, Cook	31,769	1.0 FTE This position has primary responsibility for preparing food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures and under the direction of the Administrator to assure that quality food service is provided at all times. Lead Cook coordinates the daily activities of the dietary department, including scheduling and monitoring work completed
1117	Cook	34,964	1.0 FTE This position prepares food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures and under the direction of the Administrator to assure that quality food service is provided at all times.
1118	Discharge Coordinator	49,162	1.0 FTE will provide a large variety of data management and clerical tasks related to admissions and discharges for the Psychiatric Health Facility. This position monitors timeliness of documentation, admission/discharge tasks and other time-sensitive activities. Includes collaboration with other departments and outside agencies to process client referrals and assist in completing the admission or discharge process.
1119	TAY Peer Specialist	42,138	1.0 FTE is part of a team that provides services to youth. The Peer Partner is responsible for educating, coaching, and acting as a role model and advocate for clients. The Peer specialist collaborates with other team members and providers to ensure proper, client-centered services are provided.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1120	Administrator	99,682	0.75 FTE manages the overall day-to-day operation of the adolescent Psychiatric Health Facility (PHF) and Community Services programs. Assures compliance with Federal, State, County and local laws and regulations. He/she oversees and assures that there is a comprehensive quality treatment program and supervision for all PHF and Community Services patients and reviews and approves all policies and procedures of the agency. Manages all employee relations. The Administrator represents the CSBH agency and its programs to governmental agencies and the community.
1121	QA Coordinator	14,468	.25 FTE, is responsible for utilization review and assisting in medical record management by gathering and analyzing agency data and assisting in the agency's quality control, quality assurance, and quality improvement efforts.
1122	QA Manager	18,911	.25 FTE, manages all Quality Assurance tasks for the program, which includes records management, documentation and service audits for compliance to Medi-Cal and internal requirements.
1123	QA Assistant	8,952	.25 FTE Performs a wide variety of administrative and clerical tasks in support of the Quality Assurance/Total Quality Management (QA/TQM) System functions. Assists in the agency's quality control, quality assurance and quality improvement efforts.
1124	Training Coordinator	10,754	.25 FTE, assists in the development, coordination, delivery and administration of agency training programs.
1125	Training Manager	20,707	.25 FTE This position has primary responsibility for development, coordination, and supervision of training programs for Central Star PHF program. The Training Manager regularly provides trainings. The position develops and maintains systems to track in-service attendance. The position develops opportunities to host trainings for other professionals or participate with other organizations in providing such trainings.
1126	HR Manager	14,468	.25 FTE, manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.
1127	HR Assistant	13,865	.25 FTE manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
Employee Benefits		453,247	
1201	Retirement	58,136	Annual ESOP Pension and 401k employer match, calculated at 2.7% of annual salaries
1202	Worker's Compensation	79,022	Worker Compensation calculated at 3% of annual salaries
1203	Health Insurance	316,089	Health Insurance is calculated at 12% of annual salaries
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
Payroll Taxes & Expenses:		262,750	
1301	OASDI	162,654	Calculated at 6.20% of annual salaries up to the annual IRS max
1302	FICA/MEDICARE	38,195	Calculated at 1.45% of annual salaries
1303	SUI	61,901	Calculate at the Company's rate of 6% up to \$7,000 of annual wages per employee
1304	Other (Specify)	-	
1305	Other (Specify)	-	
1306	Other (Specify)	-	
Client Support		-	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
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)	-	
Operating Expenses		300,485	
3001	Telecommunications	42,162	for staff cell phone reimbursement The budget is done based on a reimbursement of \$100/mo. for the director and at \$60/ mo. for all other direct staff. Included is \$34,328 for landline, internet & phones which includes Wi-Fi for staff tablets.
3002	Printing/Postage	-	
3003	Office, Household & Program Supplies	49,090	based on \$24,302 for office supplies for 47.35 FTE's, County badges for 10 staff @12.39, other non perishable supplies and \$13,168 for Property Taxes, business licenses and Joint Commission fees.
3004	Advertising	-	
3005	Staff Development & Training	10,805	which comprise of the on-going program required education, training and materials for staff . Calculated at \$874 per month.
3006	Staff Mileage	12,628	this is estimated staff travel reimbursement for client visits (IRS mileage rate @ .58/miles) and for staff travel to training programs, which is based on our experience in administering similar programs and locations.
3007	Food	39,505	to be prepared by Cook for the clients based on historical cost sourced from US Foods, Inc.
3008	Clothing	9,454	this cost will cover the clothing needs of the clients.
3009	Program Supplies - Medical	60,372	contracted with Omnicare Pharmacy and Medline Industries.
3010	Purchased Services	76,469	Purchased service: \$76,469 which includes document shredding, water and coffee service, postage meter rental, and storage facility. Also included is \$45,020 to cover laboratory and x-ray services for clients.
3011	Other (Specify)	-	
3012	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
Facilities & Equipment		164,295	
4001	Building Maintenance	25,527	for janitorial services, repairs and maintenance, calculated at \$2,127 per month for 12 months.
4002	Rent/Lease Building	12,561	administration common area shared by all programs allocated using a relative value.
4003	Rent/Lease Equipment	23,298	for copier lease, toner and maintenance for 12 months.
4004	Rent/Lease Vehicles	-	
4005	Security	4,052	budgeted at \$338 per month.
4006	Utilities	63,344	Electricity, Water, Gas, \$5,125 per month for 12 months.
4007	Equipment Purchase	35,514	for minor office equipment, furniture, IT equipment, software and support.
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	
Special Expenses		1,059,803	
5001	Consultant (Network & Data Management)	-	
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services	-	
5004	Translation Services	5,899	for annual translation services.
5005	Laundry & Linen	15,262	which comprise of towels, sheets, blankets, laundry service based on historical cost.
5006	Professional Services	106,586	This category includes \$6,753 for ongoing recruitment. Includes contracted medical doctor (Dr. Grossman) budgeted at a fixed rate of \$6K monthly plus \$150 for each follow up visit, a
5007	Medication Supports	932,056	includes Psychiatrists and Nurse Practitioner services. The psychiatrists are budgeted at 259 hours per month at \$232/hr and the Nurse Practitioner is budgeted at 156 hours per month at \$112/hr. Psychiatrists evaluate, diagnose, and collaborate with other team members to treat our youngsters for different mental health disorders. Since they are physicians they have the ability to prescribe medication and are responsible for medication management and consultation when a patient needs a medical or neurological evaluation. Included is a Medical Director (Dr. Brar) who provides services for the PHF program along with supporting management in the overall coordination and quality control of psychiatrist, primary care physician, and psychiatric nurse practitioner services, including services provided via telepsychiatry.
5008	Other (Specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
Administrative Expenses		1,053,628	
6001	Administrative Overhead	362,966	Will not exceed 15% of total costs. \$362,966 or 7% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$129,630 or 3% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding. This Category also includes \$251,710 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses
6002	Professional Liability Insurance	-	for general liability, property and professional liability based on \$473 per FTE
6003	Accounting/Bookkeeping	117,503	\$117,503, this program will be supported and greatly benefit from the experienced and established local Starlight Community Services organization. There is a large cost advantage to the program in being supported by Starlight CS in the areas of operations, business office and billing functions. Without the support from an affiliated organization, the program would need to have dedicated staff for these functions. Additionally any costs shared with this program will result in savings to the county though lower costs for other Central Star County Programs. The cost of this support is budgeted at \$9,792 per month which is consistent with other programs.
6004	External Audit	9,454	for annual audit fees.
6005	Liability Insurance	21,745	
6006	Payroll Services	9,593	for payroll processing fees based on \$15 per month for 47.35 employees.
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Centralized Fiscal Services	129,631	Will not exceed 15% of total costs. \$362,966 or 7% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$129,630 or 3% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding. This Category also includes \$251,710 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6009	Centralized Services Private Ins/Other County	251,710	This Category includes \$251,710 centralized fiscal service allowed profit from private insurance and other counties. Calculated at 10% of the total expenses
6010	Centralized Services-program	151,026	Other: Centralized Program Services: \$151,026 is comprised of the SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide). There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted 3% of total expenses.
6011	Other (Specify)	-	
6012	Other (Specify)	-	

Fixed Assets			
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)	-	

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

ELECTRONIC HEALTH RECORD SOFTWARE CHARGES

CONTRACTOR(S) understand that COUNTY utilizes NetSmart's Avatar for its Electronic Health Records Management. CONTRACTOR(S) agree to reimburse COUNTY for all user license fees for accessing NetSmart's Avatar, as set forth below.

Description	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
General Users					
Avatar Named User Hosting (per active user per month; every Avatar "active" log on ID is a named user)	\$37.00	\$37.00	\$37.00	\$37.00	\$37.00
Avatar Named User Maintenance* (per active user per month)	\$14.00	\$14.42	\$14.85	\$15.30	\$15.76
Cloud Hosting- Perceptive Disaster Recovery (per active user per month)	\$4.66	\$4.66	\$4.66	\$4.66	\$4.66
eRx Users					
Full Suite Prescriber (per active user per month; applicable to an active Prescriber user)	\$104.00	\$104.00	\$104.00	\$104.00	\$104.00
ePrescribing Controlled Substances Tokens (per active user per month; applicable to an active Prescriber user of Controlled Substances)	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00
Non-Prescribing User (per active user per month; applicable to an active Non-Prescriber user)	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00
Reaching Recovery Users					
Reaching Recovery (per adult client/person served per year; applicable to adult treatment programs except contracted triage/CI, CSU or PHF)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
ProviderConnect Users					
Individual Subscription¹ (per user per month; applicable to provider-user whose claims are reviewed and posted by Managed Care)	\$41.25	\$41.25	\$41.25	\$41.25	\$41.25

Should CONTRACTOR(S) choose not to utilize NetSmart's Avatar for its Electronic Health Records management, CONTRACTOR(S) will be responsible for obtaining its own system for Electronic Health Records management.

¹Annual Maintenance increases by 3% each FY on July 1st and may be subject to change pending the COUNTY's agreement terms with NetSmart.



Department of Behavioral Health

Policy and Procedure Guide

PPG 1.3.4 V#: 3

Section: Administration

Effective Date: 08/01/2004

Revised Date: 11/28/2018

Policy Title: Code of Conduct

Approved by: Dawan Utecht (Director of Behavioral Health), Elizabeth Vasquez (Compliance Officer)

POLICY: Fresno County is firmly committed to full compliance with all applicable laws, regulations, rules, and guidelines that apply to its behavioral health operations and services. At the core of this commitment are Fresno County's employees, contractors (including contractor's employees/subcontractors), volunteers and students, also referred to as "Covered Persons", and the manner in which they conduct themselves. To assure that Fresno County's commitment is shared by all Covered Persons, this Code of Conduct (the "Code") has been established. All Covered Persons will be required to acknowledge and certify their compliance with this Code.

PURPOSE: To provide specific conduct standards prescribed by the Fresno County Mental Health Plan/Drug Medi-Cal Organized Delivery System (DMC-ODS) Compliance Program designed to detect and prevent fraud, waste, and abuse. This Code of Conduct is maintained in addition to the County's Code of Ethics already in effect.

REFERENCE: Fresno County Department of Behavioral Health Compliance Plan; 42 CFR 438.608.

DEFINITIONS: Covered Persons – All employees, contractors (including contractor's employees and subcontractors), volunteers, interns, and students working in behavioral health programs.

Excluded/Ineligible Person – Any Covered Person who is or may become suspended, excluded, or ineligible from participation in any Federal healthcare program.

PROCEDURE:

- I. A copy of the Code of Conduct (Attachment I) will be provided to all Covered Persons at the time of their initial compliance training which must be provided within 30 business days of hire or contract effective date. This Code will also be provided during the annual General Compliance training or within 30 business days after any revision is finalized.
- II. Upon initial receipt and review of the Code, Covered Persons shall certify their intention to abide with it by signing the Acknowledgement and Agreement form,

MISSION STATEMENT

DBH, in partnership with our diverse community, is dedicated to providing quality, culturally responsive behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

Template Review Date 11/29/18



Department of Behavioral Health

Policy and Procedure Guide

Section: Administration

Revised Date: 11/28/2018

PPG 1.3.4 V#: 3

Policy Title: Code of Conduct

which is provided by the Compliance Office at the time of training. The Compliance Office will retain these signed forms. Covered Persons shall certify within 30 business days after distribution of a revised Code.

- III. The Compliance Office will track these certifications and regularly report to the Compliance Committee and the Director of the Department of Behavioral Health regarding progress towards 100% certification by all Covered Persons.
- IV. The Code will be prominently posted in all Fresno County facilities and Behavioral Health Contractor sites.
- V. This Code is not intended to be an exhaustive list of all standards by which Covered Persons are to be governed. Rather, it is intended to convey the County's commitment to the high standards set forth by the County.

Fresno County Mental Health Plan - (Attachment I) Compliance Program

CODE OF CONDUCT:

All Fresno County Behavioral/Mental Health Employees, Contractors (including Contractor's Employees/Subcontractors), Volunteers and Students will:

1. Read, acknowledge, and abide by this Code of Conduct.
2. Be responsible for reviewing and understanding Compliance Program policies and procedures including the possible consequences for failure to comply or failure to report such non-compliance.
3. NOT engage in any activity in violation of the County's Compliance Program, nor engage in any other conduct which violates any applicable law, regulation, rule, or guideline. Conduct yourself honestly, fairly, courteously, and with a high degree of integrity in your professional dealings related to their employment/contract with the County and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of the County and the services it provides.
4. Practice good faith in transactions occurring during the course of business and never use or exploit professional relationships or confidential information for personal purposes.
5. Promptly report any activity or suspected violation of this Code of Conduct, the policies and procedures of the County, the Compliance Program, or any other applicable law, regulation, rule or guideline. All reports may be made anonymously. Fresno County prohibits retaliation against any person making a report. Any person engaging in any form of retaliation will be subject to disciplinary or other appropriate action by the County.
6. Comply with not only the letter of Compliance Program and mental health policies and procedures, but also with the spirit of those policies and procedures as well as other rules or guidelines adopted by the County. Consult with your supervisor or the Compliance Office regarding any Compliance Program standard or other applicable law, regulation, rule or guideline.
7. Comply with all laws governing the confidentiality and privacy of information. Protect and retain records and documents as required by County contract/standards, professional standards, governmental regulations, or organizational policies.
8. Comply with all applicable laws, regulations, rules, guidelines, and County policies and procedures when providing and billing mental health services. Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided. Ensure that no false, fraudulent, inaccurate, or fictitious claims for payment or reimbursement of any kind are prepared or submitted. Ensure that claims are prepared and submitted accurately and timely and are consistent with all applicable laws, regulations, rules and guidelines. Act promptly to investigate and correct problems if errors in claims or billings are discovered.
9. Immediately notify your supervisor, Department Head, Administrator, or the Compliance Office if you become or may become an Ineligible/Excluded Person and therefore excluded from participation in the Federal health care programs.

Documentation Standards for Client Records

The documentation standards are described below under key topics related to client care. All standards must be addressed in the client record; however, there is no requirement that the record have a specific document or section addressing these topics. All medical records shall be maintained for a minimum of 10 years from the date of the end of the Agreement.

A. Assessments

1. The following areas will be included as appropriate as a part of a comprehensive client record.
 - Relevant physical health conditions reported by the client will be prominently identified and updated as appropriate.
 - Presenting problems and relevant conditions affecting the client's physical health and mental health status will be documented, for example: living situation, daily activities, and social support.
 - Documentation will describe client's strengths in achieving client plan goals.
 - Special status situations that present a risk to clients or others will be prominently documented and updated as appropriate.
 - Documentations will include medications that have been described by mental health plan physicians, dosage of each medication, dates of initial prescriptions and refills, and documentations of informed consent for medications.
 - Client self-report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.
 - A mental health history will be documented, including: previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and relevant results of relevant lab tests and consultations reports.
 - For children and adolescents, pre-natal and perinatal events and complete developmental history will be documented.
 - Documentations will include past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over-the-counter drugs.
 - A relevant mental status examination will be documented.
 - A DSM-5 diagnosis, or a diagnosis from the most current ICD, will be documented, consistent with the presenting problems, history mental status evaluation and/or other assessment data.

2. Timeliness/Frequency Standard for Assessment

- An assessment will be completed at intake and updated as needed to document changes in the client's condition.
- Client conditions will be assessed at least annually and, in most cases, at more frequent intervals.

B. Client Plans

1. Client plans will:

- have specific observable and/or specific quantifiable goals
- identify the proposed type(s) of intervention
- have a proposed duration of intervention(s)
- be signed (or electronic equivalent) by:
 - the person providing the service(s), or
 - a person representing a team or program providing services, or
 - a person representing the MHP providing services
 - when the client plan is used to establish that the services are provided under the direction of an approved category of staff, and if the below staff are not the approved category,
 - a physician
 - a licensed/ "waivered" psychologist
 - a licensed/ "associate" social worker
 - a licensed/ registered/marriage and family therapist or
 - a registered nurse
- In addition,
 - client plans will be consistent with the diagnosis, and the focus of intervention will be consistent with the client plan goals, and there will be documentation of the client's participation in and agreement with the plan. Examples of the documentation include, but are not limited to, reference to the client's participation and agreement in the body of the plan, client signature on the plan, or a description of the client's participation and agreement in progress notes.
 - client signature on the plan will be used as the means by which the CONTRACTOR(S) documents the participation of the client

- when the client's signature is required on the client plan and the client refuses or is unavailable for signature, the client plan will include a written explanation of the refusal or unavailability.
- The CONTRACTOR(S) will give a copy of the client plan to the client on request.

2. Timeliness/Frequency of Client Plan:

- Will be updated at least annually
- The CONTRACTOR(S) will establish standards for timeliness and frequency for the individual elements of the client plan described in item 1.

C. Progress Notes

1. Items that must be contained in the client record related to the client's progress in treatment include:

- The client record will provide timely documentation of relevant aspects of client care
- Mental health staff/practitioners will use client records to document client encounters, including relevant clinical decisions and interventions
- All entries in the client record will include the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number, if applicable
- All entries will include the date services were provided
- The record will be legible
- The client record will document follow-up care, or as appropriate, a discharge summary

2. Timeliness/Frequency of Progress Notes:

Progress notes shall be documented at the frequency by type of service indicated below:

A. Every Service Contact

- Mental Health Services
- Medication Support Services
- Crisis Intervention

QUARTERLY REPORT ON INVOLUNTARY DETENTIONS

County Name:
County Code:

Quarter 1	<input type="checkbox"/>	July 1 to Sept. 30	_____
Quarter 2	<input type="checkbox"/>	Oct. 1 to Dec. 31	_____
Quarter 3	<input type="checkbox"/>	Jan. 1 to March 31	_____
Quarter 4	<input type="checkbox"/>	April 1 to June 30	_____

SUMMARY OF INVOLUNTARY DETENTIONS IN COUNTY DESIGNATED FACILITIES (excluding State Hospitals)							
Provider Code	Facility Name	72-Hr. Eval & Treatment		14-Day Intensive Treatment	Additional 14-Day Intens. Treat (Suicidal)	30-Day Intensive Treatment	180-Day Post Certification
		Child/Adol (0-17 Yrs)	Adult (18 & Up)				

The above information is required by the California Welfare and Institutions Code (WIC) Section 5402(a).

The information provided in this quarterly report will be incorporated into an annual report as required by WIC Section 5402(d). **Please see the next page or reverse side for Reporting Instructions. This quarterly report should be submitted by the 30th of the month following the end of each quarter via email, fax, or U.S. Mail.** If you need assistance preparing this report, please send an email to one of the persons below.

Fax Number: (916) 440-7621

Email Address: MHSDATA@dhcs.ca.gov

Mailing Address: DEPARTMENT OF HEALTH CARE SERVICES
Mental Health Analytics Section, MS2704
P.O. BOX 997413
SACRAMENTO, CA 95899-7413

DATE	CONTACT PERSON	PHONE NUMBER

REPORTING INSTRUCTIONS:

SPECIAL INSTRUCTIONS: This reporting applies to all instances of involuntary treatment regardless of funding source. That is, persons who are treated involuntarily in private psychiatric facilities or whose treatment is funded by private resources must be reported along with persons whose treatment is funded through Medi-Cal or the county mental health program. **Do not count persons who are referred to another county for services. It is the responsibility of the county in which a treatment facility is located to include all of the information about the facility in its report.**

If there are no designated facilities, public or private, within your county in which at least one person was admitted involuntarily for evaluation and treatment, you must still submit this report on a quarterly basis with zero counts in each of the boxes provided. For example: In the "Facility Name" box enter "NO FACILITY", and zero fill each of the six treatment categories.

For each private or public facility reported, completely fill out each category of Involuntary Detention. Do not leave any section blank. If there are no counts for a specific category, please enter a zero count. Please include a telephone number of the county contact for data verification purposes.

Please use one form to report each quarter.

PROVIDER CODE: Enter the provider code for the facility assigned for the Cost Reporting System. If the facility is not a Short-Doyle provider, then leave blank.

FACILITY NAME: Enter the names of all facilities, public or private, designated by the county to which at least one person was admitted involuntarily for 72-hour evaluation and treatment, 14-day intensive treatment, Additional 14-day intensive treatment (Suicidal), 30-day intensive treatment, or 180-day post certification during the reporting period. **Exclude State Hospitals for the Mentally Disabled from the list of designated facilities.** These are being reported by the State Hospitals.

Note: A person who initially is admitted to a unit within a facility and is subsequently transferred to another unit within the same facility or to another facility for the same treatment episode while being held under the same Welfare & Institutions (WIC) section is to be counted only once. This person is to be counted in the unit or facility where each specific detention was initiated. This is to eliminate duplicate reporting.

72-HOUR EVALUATION AND TREATMENT: Enter the total count of persons admitted to the county-designated facility for 72-hour treatment and evaluation under WIC Section 5150, 5170, 5200, 5225, and 5585.55 during the report quarter. If the same person was admitted more than once during the quarter for 72-hour evaluation and treatment, count each admission. The number of persons reported should be separated into two groups, children and adolescents (0-17 years old) in one and adults (18 years & over) in the other as indicated.

14-DAY INTENSIVE TREATMENT: Enter the total count of persons certified during the report quarter for 14 day intensive treatment under WIC Section 5250.

ADDITIONAL 14-DAY INTENSIVE TREATMENT (SUICIDAL): Enter the total count of persons certified during the report quarter for an additional 14-days intensive treatment due to suicidal tendencies under WIC Section 5260. If the same person is involuntarily detained for a 14-day certification more than once during the quarter, count each certification.

30-DAY INTENSIVE TREATMENT: Enter the total count of persons certified during the report quarter for an additional period of intensive treatment of not more than 30 days under WIC Section 5270.15 for gravely disabled mentally disordered individuals who are unable to sufficiently stabilize within the 14-day period of intensive treatment.

180-DAY POST-CERTIFICATION: Enter the total count of persons certified during the report quarter for 180 days additional treatment under WIC Section 5303 and 5304.

PROGRAM OUTCOMES

Quarterly Progress Report

The following items listed below represent program goals to be achieved by contractor in addition to contractor-developed outcomes. The program's success will be based on the number of goals it can achieve, resulting from performance outcomes. The selected contractor will utilize a computerized tracking system with which outcome measures and other relevant client data, such as demographics, will be maintained.

1. The time between client referral and admission to the PHF.
2. Effectiveness of discharge planning as demonstrated by the referral and linkage to other Department of Behavioral Health programs, community providers and other community resources.
3. Collaborative approach and treatment strategies to reduce readmission of clients with frequent readmissions to the facility.
4. Denial rate for PHF that do not meet Medi-Cal medical necessity criteria as determined by the utilization review performed by the Fresno County Mental Health Plan.

Reporting Documents:

Annual, Quarterly, and monthly reports requested by the County, and utilized by the Contractor to measure program goals/success are to be developed by the Contractor and approved by the Department of Behavioral Health (DBH) Director and/or designee.

Additional program outcomes developed by Contractor will be established and approved by DBH prior to commencement of program operation. Some additional outcomes Contractor may develop and seek approval are:

- Reduce incidence of involuntary hospitalization and incarcerations (Post Discharge)
- Reduce frequency and severity of crisis in the community (Post Discharge)
- Increased acquisition of community living, coping and communication skills
- Reduction in high risk behavior (e.g. substance abuse, high risk sexual activity)
- Increased linkage to and utilization of community resources and natural supports to foster ongoing wellness and recovery – as defined by participant
- Discharge to a stable living situation
- Return to or linkage to outpatient mental health services
- Establishing a permanent relationship with one or more caring support person

STATE MENTAL HEALTH REQUIREMENTS

1. CONTROL REQUIREMENTS

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

2. PROFESSIONAL LICENSURE

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

3. CONFIDENTIALITY

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

4. NON-DISCRIMINATION

A. Eligibility for Services

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

B. Employment Opportunity

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

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

5. PATIENTS' RIGHTS

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

STATE CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the non-discrimination program requirements. (Gov. Code § 12990 (a-f) and CCR, Title 2, Section 111 02) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
- b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
- c. Every employee who works on the proposed Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

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

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

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

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

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

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

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California

Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

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

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

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

DOING BUSINESS WITH THE STATE OF CALIFORNIA

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

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

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

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

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

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

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

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

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

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

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

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

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

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

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

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

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

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

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

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

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

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

Federal database checks

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

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

COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS

The selected bidder(s) shall be required to maintain organizational provider certification by the host county. A copy of this renewal certificate must be furnished to County within thirty (30) days of receipt of certificate from host county. The selected bidder(s) must meet Medi-Cal organization provider standards as stated below. It is acknowledged that all references to Organizational Provider and/or Provider below shall refer to the selected bidder(s).

Medi-Cal Organizational Provider Standards

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.
2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.
3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.
4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well-being of beneficiaries and staff.
5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
6. The organizational provider maintains client records in a manner that meets applicable state and federal standards.
7. The organization provider has staffing adequate to allow the County to claim federal financial participation for the services the Provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.
8. The organizational provider has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
9. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:
 - A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
 - B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.

- C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.
 - D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
 - E. Drugs are not retained after the expiration date. IM multi-dose vials are dated and initialed when opened.
 - F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.
 - G. Policies and procedures are in place for dispensing, administering and storing medications.
10. The County may accept the host county's site certification and reserves the right to conduct an on-site certification review at least every three years. The County may also conduct additional certification reviews when:
- The provider makes major staffing changes.
 - The provider makes organizational and/or corporate structure changes (example: conversion from a non-profit status).
 - The provider adds day treatment or medication support services when medications shall be administered or dispensed from the provider site.
 - There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
 - There is change of ownership or location.
 - There are complaints against the provider.
 - There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

Fresno County Mental Health Plan

Grievances

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

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

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

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

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

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

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

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

Provider Problem Resolution and Appeals Process

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

Informal provider problem resolution process – the provider may first speak to a Provider Relations Specialist (PRS) regarding his or her complaint or concern. The PRS will attempt to settle the complaint or concern with the provider. If the attempt is unsuccessful and the provider chooses to forego the informal grievance process, the provider will be advised to file a written complaint to the MHP address (listed above).

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

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

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

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

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

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



Department of Behavioral Health

Policy and Procedure Guide

PPG 1.2.4

Section: Administration, DBH Policies & Procedures

Effective Date: 11/01/2010

Revised Date: 12/03/2018

Policy Title: Incident Reporting and Intensive Analysis

Approved by: Dawan Utecht (Director of Behavioral Health), Elizabeth Vasquez (Compliance Officer), Kannika Toonnachat (Division Manager - Technology and Quality Management)

POLICY:

The Fresno County Department of Behavioral Health (DBH) requires all of its county-operated and contracted providers (through the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services) to complete a written report of any incidents compromising the health and safety of clients, employees, or community members. The incident report must include a thorough description of: the incident itself, client information, type of event, location, people directly involved, action taken, and outcome (if known). The written report must be signed and submitted to the Department of Behavioral Health Incident Reporting email address DBHIncidentReporting@co.fresno.ca.us within **24 hours** of the incident or knowledge of the incident. An amendment to the original incident report may be submitted if all the required information is not readily available within the 24 hour reporting requirement. The Intensive Analysis Committee (IAC) will review selected incidents. Incidents that occur within the six months following discharge must also be reported.

PURPOSE:

To ensure employees identify, document and report incidents consistently and promptly. To review incidents and recommend system, policy, and protocol changes. To increase best practice and safety in the provision of behavioral health care and substance use disorder services.

REFERENCE:

California Evidence Code 1157, 1157.5, 1157.6 and 1157.7., Welfare and Institutions Code on Privileged Information**, [DMH Letter 1995-04, page 7-12](#), Fresno County Management Directive, Chapter 1700, Subject 1750, Mental Health Plan, Policy No. RSK 100.0. MHP Contract boilerplate, Exhibit H. [Fresno County DBH Incident Report](#), [MHRC 24-Hour Unusual Occurrence Report-DHCS form](#), [PSD-RM 301 Report](#), [PHF 24-Hour Unusual Occurrence Report-DHCS form](#), [Unusual Occurrence Report](#).

****Note: California Evidence Code 1157 does not guarantee that all committee discussions, reports and records are protected from discovery and disclosure in all cases.**

MISSION STATEMENT

DBH, in partnership with our diverse community, is dedicated to providing quality, culturally responsive, behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

Template Review Date 3/28/16



Department of Behavioral Health Policy and Procedure Guide

Section: Administration, DBH Policies & Procedures

Effective

PPG 1.2.4

Policy Title: Reporting Incidents and Unusual Occurrences

DEFINITIONS:

24 Hours – 24 clock hours

Department of Behavioral Health Incident Reporting email address (DBH Incident Reporting)-
DBHIncidentReporting@co.fresno.ca.us

Department of Health Care Services- DHCS

Fresno County Department of Behavioral Health- DBH

Intensive Analysis Committee – IAC

Mental Health Plan- MHP

Mental Health Rehabilitation Center- MHRC

Psychiatric Health Facility- PHF

Quality Improvement Committee- QIC

Substance Use Disorder - SUD

Unusual Occurrence Report- UOR

An Incident is any event which jeopardizes the health and/or safety of clients, employees, or members of the community.

Incidents include, but are not limited to:

- All client deaths
- Attempted suicide (resulting in serious injury)
- Homicide or attempts at homicide
- Injury connected to services or at a service site (self-inflicted or by accident)
- Medical Emergency connected to services or at a service site
- Other (i.e. Clients escaping from a locked facility, medication errors)
- Violence, Abuse or Assault connected to services or at a service site (toward client, others or property; resulting in serious injury)

The Fresno County DBH Incident Report, MHRC/PHF 24-hour Unusual Occurrence Report, PSD-RM 301 and/or Unusual Occurrence Report are all confidential reports and are not to be part of the client's medical record.

- *DO NOT file a copy of or transcribe the Fresno County DBH Incident Report, MHRC/PHF 24-hour Unusual Occurrence Report, PSD-RM 301 and/or Unusual Occurrence Report in to the client's medical record.*
- *DO NOT document in the medical record that a Fresno County DBH Incident Report, MHRC/PHF 24-hour Unusual Occurrence Report, PSD-RM 301 and/or Unusual Occurrence Report was filed.*
- *Details of the incident that are relevant to clinical treatment may be documented in the client's medical record by the appropriate practitioner.*



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Policy Title: Reporting Incidents and Unusual Occurrences

PROCEDURE:

- I. Employees having knowledge of an incident will follow the appropriate process listed in sections II or III below:
- II. DBH County Operated Programs
 - A. Employees involved in or first aware of an incident shall complete and submit encrypted Form PSD-RM 301-Incident Report: Non-Employee to a supervisor and/or Division Manager.
 1. Supervisor and/or Division Manager shall review the report for completeness and gather any further information needed. Supervisor, Division Manager, or designee sends the encrypted report to the DBH Incident Reporting email address, Division Manager and DBH Human Resources email address within 24 hours of an incident or knowledge of an incident.
 2. Intensive Analysis Chair or designated committee member will review the PSD-RM 301-Incident Report and request further information if needed.
- III. Contracted Providers
 - A. All contracted providers shall complete the Fresno County DBH Incident Report.
 1. The report shall be completed and signed by the employee involved in or first aware of an incident, reviewed and signed by a supervisor and/or Program Director and the encrypted Incident Report will be sent to the DBH Incident Reporting email address and designated Contract Staff Analyst within 24 hours of an incident or knowledge of an incident.
 2. Intensive Analysis Chair or designated committee member will review the DBH Incident Report. If further information is needed, designated Contract Staff Analyst shall assist in gathering requested information and provide the information to Intensive Analysis Chair or designated committee member.
 - B. In addition to completing the Fresno County DBH Incident Report under item III-A, Mental Health Rehabilitation Centers (MHRC) and Psychiatric Health Facilities (PHF) must also complete the respective below report.
 1. MHRC shall complete the DHCS MHRC 24-Hour Unusual Occurrence Report.
 - a. Report shall be completed and signed by staff involved in or first aware of an incident, reviewed and signed by a supervisor and/or



Department of Behavioral Health

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Policy Title: Reporting Incidents and Unusual Occurrences

Program Director and submitted to DHCS via fax: (916) 440-5600 or encrypted email to the DHCS designated reporting contact (per form instructions), Contract Staff Analyst and the DBH Incident Reporting email address within 24 hours of an incident or knowledge of an incident.

2. PHF shall complete the DHCS PHF 24-Hour Unusual Occurrence Report.
 - a. Report shall be completed and signed by staff involved in or first aware of an incident, reviewed and signed by a supervisor and/or Program Director and submitted to DHCS via fax: (916) 440-5600 or encrypted email to the DHCS designated reporting contact (per form instructions), Contract Staff Analyst and the DBH Incident Reporting email address within 24 hours of an incident or knowledge of an incident.

IV. Unusual Occurrence Reporting to DHCS

- A. Unusual Occurrences may include but are not limited to physical injury and death. The MHP will report Unusual Occurrences to DHCS as determined necessary. The Unusual Occurrence Report (UOR) shall include:
 1. A written description of the incident and outcome of the incident
 2. List of persons directly involved/having direct knowledge of the incident
 3. Report of providers investigation and conclusion.
- B. If a reported incident is determined to be an Unusual Occurrence, the UOR shall be completed and signed by a Division Manager or a designated IAC member. Contracted Providers (not licensed directly by the state) who have determined an incident to be an Unusual Occurrence may elect to submit their own UORs in lieu of a DBH Division Manager or IAC member. The UOR shall be emailed encrypted to the DHCS designated reporting contact (per DHCS instructions), Contract Staff Analyst (if applicable) and the DBH Incident Reporting email address within five (5) calendar days of an incident or knowledge of an incident. MHRC's and PHF's will continue to follow reporting guidelines detailed above in Section III, B1 and B2.
- C. UORs sent to DHCS may be subject to further investigation and/or information requested by DHCS, such as: Site Reviews and Plan(s) of Correction. All correspondence between contracted provider and DHCS regarding UORs shall also be sent to the Contract Staff Analyst and the DBH Incident Reporting email address for informational purposes.
- D. Site visits by DBH may be conducted as needed.



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Policy Title: Reporting Incidents and Unusual Occurrences

- E. DBH may request contracted providers attest that an Intensive Analysis or similar (i.e. incident review, possible cause) has occurred. DBH may request additional analysis or information when necessary.
- V. The IAC will review incidents and recommend system, policy, and protocol changes, as needed, based on its findings. The IAC can conduct a case review with the employees involved to determine possible cause. The IAC shall track and trend incidents and report to the Quality Improvement Committee (QIC). The DBH Incident Reporting email address shall be monitored by the Intensive Analysis Chair, with supportive monitoring by the Quality Improvement Coordinator, Division Managers and Compliance Officer.
- A. The IAC will be comprised of the following:
1. Intensive Analysis Chair – Chair shall be a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Psychologist, or Psychiatrist
 2. Deputy Director
 3. Quality Improvement Coordinator
 4. Division Manager from Clinical Operations
 5. Compliance Officer
 6. Quality Improvement Licensed Mental Health Clinician(s)
 7. Medical Director
 8. Other subject matter experts as deemed necessary
 9. +Case specific staff
- B. The IAC shall review incidents and identify those that require further review to determine possible cause.
- C. The IAC shall meet at least quarterly unless there are no incidents during the quarter. The IAC may meet more frequently as needed.
- D. The IAC shall make recommendations for changes in policy, procedure and practice.
- E. When necessary, the IAC may report personnel concerns to the appropriate HR department; the IAC does not make or take disciplinary actions but may be obligated to share employee concerns.
- F. Copies of Incident Reporting forms received and committee notes related to action items will be maintained by the IAC for 10 years.
- G. The IAC will report aggregate data and system recommendations at QIC.

Incident Reporting (Attachment A)

Fresno County Department of Behavioral Health-Incident Report

Send completed forms to dbhincidentreporting@co.fresno.ca.us and designated contract analyst within 24 hours of an incident or knowledge of an incident. **DO NOT COPY OR REPRODUCE/NOT** part of the medical record.

Client Information

Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text. Middle Initial: Click or tap here to enter text.
 Date of Birth: Click or tap here to enter text. Client ID#: Click or tap here to enter text. Gender: Male Female
 County of Origin: Click or tap here to enter text.
 Client Address: Click or tap here to enter text. Client phone number: Click or tap here to enter text.
 Name of Reporting Party: Click or tap here to enter text. Name of Facility: Click or tap here to enter text.
 Facility Address: Click or tap here to enter text. Facility Phone Number: Click or tap here to enter text.

Incident (check all that apply)

Homicide/Homicide Attempt Attempted Suicide(resulting in serious injury) Death of Client Medical Emergency
 Injury (self-inflicted or by accident) Violence/Abuse/Attempts to Assault (toward others, client and/or property)
 Other- Specify (i.e. medication errors, client escaping from locked facility, fire, poisoning, epidemic outbreaks, other catastrophes/events that jeopardize the welfare and safety of clients, staff and /or members of the community): Click or tap here to enter text.

Date of Incident: Click or tap here to enter text. Time of Incident: Click or tap here to enter text. am pm
 Location of Incident: Click or tap here to enter text.

Description of the Incident (Attach additional sheet if needed): Click or tap here to enter text.
 Key People Directly Involved in Incident (witnesses, staff): Click or tap here to enter text.

Action Taken (check all that apply)

Consulted with Physician Called 911/EMS First Aid/CPR Administered Law Enforcement Contacted
 Client removed from building Parent/Legal Guardian Contacted Other (Specify): Click or tap here to enter text.

Description of Action Taken: Click or tap here to enter text.

Outcome of Incident (If Known): Click or tap here to enter text.

Form Completed by: _____
Printed Name Signature Date

Reviewed by Supervisor/Program Manager: _____
Printed Name Signature Date

For Internal Use only:

Report to Administration Report to Intensive Analysis Committee for additional review Request Additional Information
 No Action Unusual Occurrence Other: Click or tap here to enter text.

Revised 12 /2017

FRESNO COUNTY MENTAL HEALTH PLAN
INCIDENT REPORTING
(Attachment B)

**ADDITIONAL PROTOCOL FOR COMPLETION OF
INCIDENT REPORT**

- The Incident Report must be completed for all incidents involving clients. The staff person who becomes aware of the incident completes this form, and the supervisor co-signs it.
- When more than one client is involved in an incident, a separate form must be completed for each client.

Where the forms should be sent - within 24 hours from the time of the incident or first knowledge of the incident:

- Incident Report should be sent to:

DBHincidentreporting@fresnocountyca.gov and designated Contract Analyst

DBH is currently working on rolling out an electronic Incident Reporting Portal for all Fresno County MHP providers which will be updated in the Incident Reporting and Analysis PPG above. Once the Incident Reporting Portal is fully implemented all providers will be transitioned to electronic Incident Reporting.

Vendor:		Contract#		Contact Person		Contact#						
Fixed Asset and Sensitive Item Tracking												
Item	Make/Brand	Model	Serial #	Fixed Asset	Sensitive Item	Date Requested (If Fixed Asset)	Date Approved (If Fixed Asset)	Purchase Date	Location	Condition	Fresno County Inventory Number	Cost
Copier	Canon	27CRT	9YHJY65R	x		3/27/2008	4/1/2008	4/10/2008	Heritage	New		\$6,500.00
DVD Player	Sony	DV2230	PXC4356A		x	n/a	n/a	4/1/2008	Heritage	New		\$450.00
Date Prepared: _____												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
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16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
Date Received: _____												

Example Example

Date Received: _____

FIXED ASSET AND SENSITIVE ITEM TRACKING

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

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

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

Principal Standard:

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

Governance, Leadership, and Workforce:

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

Communication and Language Assistance:

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

Engagement, Continuous Improvement, and Accountability:

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

The Case for the Enhanced National CLAS Standards

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

— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Bibliography:

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- Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: http://www.commonwealthfund.org/usr_doc/Goode_evidencebasecultlinguisticcomp_962.pdf
- LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Retrieved from the Joint Center for Political and Economic Studies website: <http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf>
- National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?vl=1&vlid=33&ID=286>
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- World Health Organization. (2012). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/

CULTURAL COMPETENCE FORM

Agency Name: _____

Program Category: _____

Identify the Agency's ability to apply language, gender, and culturally specific competencies to the services provided by checking all that apply and/or provide the name of Agency that you have an arrangement with to respond to these referrals.

A	B		C
Language, Gender, and/or Cultural Competence	1	2	Name of Agency that you have an arrangement with to respond to these referrals
	Included in staffing work plan	Not included in staffing work plan. Explain below	
Spanish (Language)			
Vietnamese (Language)			
Other Language:			
LGBT Staff			
African American Staff			
Latino Staff			
Native American Staff			
Asian American Staff			
Pacific Islander Staff			
Others:			

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

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

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

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

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

NAME	ADDRESS	EIN

- B. Type of entity: Sole proprietorship Partnership Corporation
 Unincorporated Associations Other (specify) _____

C. If the disclosing entity is a corporation, list names, addresses of the directors, and EINs for corporations under "Remarks."

- D. Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example: sole proprietor, partnership, or members of Board of Directors) If yes, list names, addresses of individuals, and provider numbers.

NAME	ADDRESS	PROVIDER NUMBER

YES NO

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

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

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

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

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

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

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

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

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

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

Name of authorized representative (typed)	Title
Signature	Date

Remarks

**Certification Regarding Debarment, Suspension, and Other
Responsibility Matters - Primary Covered Transactions**

INSTRUCTIONS FOR CERTIFICATION

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

CERTIFICATION

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature: _____

Date: _____

(Printed Name & Title)

(Name of Agency or Company)

SELF-DEALING TRANSACTION DISCLOSURE FORM

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

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

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

INSTRUCTIONS

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

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

NOTICE OF CHILD ABUSE REPORTING LAW

The undersigned hereby acknowledges that Penal Code section 11166 and the contractual obligations between County of Fresno (COUNTY) and CONTRACTOR related to the provision of **Adult Full-Service Partnership Program Services**, require that the undersigned report all known or suspected child abuse or neglect to one or more of the agencies set forth in Penal Code (PC) section (§) 11165.9.

For purposes of the undersigned’s child abuse reporting requirements, “child abuse or neglect” includes physical injury inflicted by other than accidental means upon a child by another person, sexual abuse as defined in PC §11165.1, neglect as defined in PC §11165.2, willful cruelty or unjustifiable punishment as defined in PC §11165.3, and unlawful corporal punishment or injury as defined in PC §11165.4.

A child abuse report shall be made whenever the undersigned, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the undersigned knows or reasonably suspects has been the victim of child abuse or neglect. (PC §11166.) The child abuse report shall be made to any police department or sheriff’s department (not including a school district police or security department), or to any county welfare department, including Fresno County Department of Social Services’ 24 Hour CARELINE. (See PC §11165.9.)

For purposes of child abuse reporting, a “reasonable suspicion” means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. The pregnancy of a child does not, in and of itself, constitute a basis for reasonable suspicion of sexual abuse. (PC §11166(a)(1).)

Substantial penalties may be imposed for failure to comply with these child abuse reporting requirements.

Further information and a copy of the law may be obtained from the department head or designee.

I have read and understand the above statement and agree to comply with the child abuse reporting requirements.

SIGNATURE _____ DATE _____