

AGREEMENT

THIS AGREEMENT is made and entered into this 10th day of July, 2018, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "**COUNTY**", and each provider listed in Exhibit A "Provider List", attached hereto and by this reference incorporated herein and made part of this Agreement, and collectively referred to hereinafter as "**CONTRACTORS**". Reference in this Agreement to "party" or "parties" shall be understood to refer to COUNTY and each individual CONTRACTOR, unless otherwise specified.

WITNESSETH:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), is in need of a qualified agency, or agencies, to operate a Mental Health Services Act (MHSA) funded Children's Full Service Partnership (FSP) program for underserved or unserved high-risk children between the ages of 0-10 years with Serious Emotional Disturbance (SED) and their families;

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 Children's FSP program 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. CONTRACTORS shall perform all services and fulfill all responsibilities as set forth in Exhibit B "Summary of Services", attached hereto and by this reference incorporated herein and made part of this Agreement.

B. Each CONTRACTOR shall also perform all services and fulfill all responsibilities as specified in COUNTY's Request for Proposal (RFP) No. 18-037 dated March 19, 2018, and Addendum No. One (1) to COUNTY's RFP No. 18-037 dated April 10, 2018, collectively referred to herein as COUNTY's Revised RFP, and CONTRACTOR's response to said Revised RFP dated April 20, 2018 all incorporated herein by reference and made part of this Agreement. In the event of any inconsistency among these documents, the inconsistency shall be resolved by giving precedence in the following order

of priority: 1) to this Agreement, including all Exhibits; 2) to the Revised RFP; and 3) to CONTRACTORS' Response to the Revised RFP. A copy of COUNTY's Revised RFP No. 18-037 and CONTRACTORS' response thereto shall be retained and made available during the term of this Agreement by COUNTY's DBH Contracts Division.

C. CONTRACTORS shall perform all services defined in Exhibit B in accordance with Exhibit D "Guiding Principles of Care Delivery", attached hereto and by this reference incorporated herein and made part of this Agreement.

D. It is acknowledged by all parties hereto that COUNTY's DBH shall monitor the services provided by CONTRACTOR, in accordance with Section Fourteen (14) of this Agreement.

E. CONTRACTORS shall participate in periodic workgroup meetings consisting of staff from COUNTY's DBH to discuss service requirements, data reporting, outcomes measurement, training, policies and procedures, overall program operations, and any problems or foreseeable problems that may arise.

F. Changes to any CONTRACTOR'S corporate information as listed in Exhibit A, or service sites shall be made upon 30 days advance written notification to COUNTY's DBH Director and upon written approval from COUNTY's DBH Director or designee.

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

H. CONTRACTORS shall perform all FSP services as set forth in Exhibit B in accordance with the Full Service Partnership Service Delivery Model and in alignment with "Medi-Cal Organizational Provider Standards", as set forth in Exhibit F, attached hereto and by this reference incorporated herein and made part of this Agreement.

I. Each CONTRACTOR agrees that, prior to providing services under the terms and conditions of this Agreement, it shall have appropriate staff hired and in place for program services and operations, or COUNTY may, in addition to other remedies it may have, suspend referrals or terminate this Agreement as to Section Three (3) of this Agreement.

1 **2. TERM**

2 This Agreement shall become effective retroactive to the 1st day of July, 2018 and shall
3 terminate on the 30th day of June, 2021.

4 This Agreement may be extended for two (2) additional twelve (12) month periods upon the
5 written approval of both parties not later than sixty (60) days prior to the first day of the next twelve (12)
6 month extension period. The COUNTY's DBH Director or designee is authorized to execute such written
7 approval on behalf of COUNTY based on CONTRACTORS' satisfactory performance.

8 **3. TERMINATION**

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

13 B. Breach of Contract – COUNTY may immediately suspend or terminate this
14 Agreement in whole or in part, where in the determination of COUNTY there is:

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

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

27 C. Without Cause - Under circumstances other than those set forth above, this
28 Agreement may be terminated by COUNTY upon the giving of sixty (60) days advance written notice of

an intention to terminate to CONTRACTORS.

D. CONTRACTORS may terminate this Agreement. If terminated by CONTRACTORS, termination shall require sixty (60) days advance written notice of intent to terminate (with allowance for appropriate clinical transition of clients prior to termination of services), transmitted by CONTRACTORS to COUNTY by Certified or Registered U.S. Mail, Return Receipt Requested, addressed to the office of COUNTY as follows:

Director (or designee)
Department of Behavioral Health
3133 N. Millbrook
Fresno, CA 93703

4. COMPENSATION

COUNTY agrees to pay CONTRACTORS and CONTRACTORS agree to receive compensation in accordance with the budget set forth in Exhibit C "Budget", attached hereto and by this reference incorporated herein and made part of this Agreement.

A. Maximum Contract Amount

The maximum amount payable to CONTRACTORS for the period of July 1, 2018 through June 30, 2019 shall not exceed Five Million Five Hundred Eighteen Thousand Four Hundred Nineteen and No/100 Dollars (\$5,518,419.00). It is understood by CONTRACTORS and COUNTY that the cumulative total of Mental Health Services Act (MHSA) Community Services and Supports (CSS) funds payable under this Agreement to CONTRACTORS shall not exceed Two Million Ninety-Seven Three Hundred Fifty-Three and No/100 Dollars (\$2,097,353.00). It is also understood by CONTRACTORS and COUNTY that CONTRACTORS estimate to generate a cumulative total of Three Million Four Hundred Twenty-One Thousand Sixty-Six and No/100 Dollars (\$3,421,066.00) in Medi-Cal Federal Financial Participation (FFP) for SED services under this Agreement to offset CONTRACTORS' program costs as set forth in Exhibit C.

The maximum amount payable to CONTRACTORS for the period of July 1, 2019 through June 30, 2020 shall not exceed Five Million Six Hundred Fifty-Three Thousand One Hundred Twenty and No/100 Dollars (\$5,653,120.00). It is understood by CONTRACTORS and COUNTY that the cumulative total of MHSA CSS funds payable under this Agreement to CONTRACTORS shall not exceed

Two Million Ninety-Seven Three Hundred Fifty-Three and No/100 Dollars (\$2,097,353.00). It is also understood by CONTRACTORS and COUNTY that CONTRACTORS estimate to generate a cumulative total of Three Million Five Hundred Fifty-Five Thousand Seven Hundred Sixty-Seven and No/100 Dollars (\$3,555,767.00) in Medi-Cal Federal FFP for SED services under this Agreement to offset CONTRACTORS' program costs as set forth in Exhibit C.

The maximum amount payable to CONTRACTORS for the period of July 1, 2020 through June 30, 2021 shall not exceed Five Million Eight Hundred Thirty Thousand One Hundred Forty-Eight and No/100 Dollars (\$5,830,148.00). It is understood by CONTRACTORS and COUNTY that the cumulative total of MHSA CSS funds payable under this Agreement to CONTRACTORS shall not exceed Two Million Ninety-Seven Three Hundred Fifty-Three and No/100 Dollars (\$2,097,353.00). It is also understood by CONTRACTORS and COUNTY that CONTRACTORS estimate to generate a cumulative total of Three Million Seven Hundred Thirty-Two Thousand Seven Hundred Ninety-Five and No/100 Dollars (\$3,732,795.00) in Medi-Cal Federal FFP for SED services under this Agreement to offset CONTRACTORS' program costs as set forth in Exhibit C.

The maximum amount payable to CONTRACTORS for the period of July 1, 2021 through June 30, 2022 shall not exceed Five Million Nine Hundred Fifty-One Thousand Two Hundred Twenty-Two and No/100 Dollars (\$5,951,222.00). It is understood by CONTRACTORS and COUNTY that the cumulative total of MHSA CSS funds payable under this Agreement to CONTRACTORS shall not exceed Two Million Ninety-Seven Three Hundred Fifty-Three and No/100 Dollars (\$2,097,353.00). It is also understood by CONTRACTORS and COUNTY that CONTRACTORS estimate to generate a cumulative total of Three Million Eight Hundred Fifty-Three Thousand Eight Hundred Sixty-Nine and No/100 Dollars (\$3,853,869.00) in Medi-Cal Federal FFP for SED services under this Agreement to offset CONTRACTORS' program costs as set forth in Exhibit C.

The maximum amount payable to CONTRACTORS for the period of July 1, 2022 through June 30, 2023 shall not exceed Six Million Seventy-Three Thousand One Hundred and No/100 Dollars (\$6,073,100.00). It is understood by CONTRACTORS and COUNTY that the cumulative total of MHSA CSS funds payable under this Agreement to CONTRACTORS shall not exceed Two Million Ninety-Seven Three Hundred Fifty-Three and No/100 Dollars (\$2,097,353.00). It is also understood by

1 CONTRACTORS and COUNTY that CONTRACTORS estimate to generate a cumulative total of Three
2 Million Nine Hundred Seventy-Five Thousand Seven Hundred Forty-Seven and No/100 Dollars
3 (\$3,975,747.00) in Medi-Cal Federal FFP for SED services under this Agreement to offset
4 CONTRACTORS' program costs as set forth in Exhibit C.

5 In no event shall the maximum contract amount, for the full contract term of July 1,
6 2018 through June 30, 2023, for all the services provided by CONTRACTORS to COUNTY under the
7 terms and conditions of this Agreement be in excess of Twenty-Nine Million Twenty-Six Thousand Nine
8 and No/100 Dollars (\$29,026,009.00) during the total term of this Agreement. The maximum amount of
9 MHSA CSS funds payable to CONTRACTORS for all services provided under this Agreement shall not
10 exceed Ten Million Four Hundred Eighty-Six Thousand Seven Hundred Sixty-Five and No/100 Dollars
11 (\$10,486,765.00). The total revenue estimated to be generated by CONTRACTORS under this
12 Agreement is Eighteen Million Five Hundred Thirty-Nine Thousand Two Hundred Forty-Four and No/100
13 Dollars (\$18,539,244.00).

14 Payment shall be made upon certification or other proof satisfactory to COUNTY's
15 DBH that services have actually been performed by CONTRACTOR as specified in this Agreement.

16 B. If CONTRACTORS fail to generate the Medi-Cal revenue and/or client fee
17 reimbursement amounts set forth in Exhibit C, COUNTY shall not be obligated to pay the difference
18 between these estimated amounts and the actual amounts generated.

19 It is further understood by COUNTY and CONTRACTORS that any Medi-Cal
20 revenue and/or client fee reimbursements above the amounts stated herein will be used to directly offset
21 the COUNTY's contribution of COUNTY funds identified in Exhibit C. The offset of funds will also be
22 clearly identified in monthly invoices received from CONTRACTORS as further described in Section Five
23 (5) of this Agreement.

24 Travel shall be reimbursed based on actual expenditures and mileage
25 reimbursement shall be at CONTRACTORS' adopted rate per mile, not to exceed the Federal Internal
26 Revenue Services (IRS) published rate.

27 C. It is understood that all expenses incidental to CONTRACTORS' performance of
28 services under this Agreement shall be borne by CONTRACTORS. If CONTRACTORS fail to comply

1 with any provision of this Agreement, COUNTY shall be relieved of its obligation for further compensation.

2 D. Payments shall be made by COUNTY to CONTRACTORS in arrears for services
3 provided during the preceding month, within forty-five (45) days after the date of receipt and approval by
4 COUNTY of the monthly invoicing as described in Section Five (5) herein. Payments shall be made after
5 receipt and verification of actual expenditures incurred by CONTRACTORS for monthly program costs,
6 as identified in Exhibit C, in the performance of this Agreement and shall be documented to COUNTY on
7 a monthly basis by the twentieth (20th) of the month following the month of said expenditures. The
8 parties acknowledge that CONTRACTORS will be performing hiring, training, and credentialing of staff,
9 and COUNTY will be performing additional staff credentialing to ensure compliance with State and
10 Federal regulations.

11 E. COUNTY shall not be obligated to make any payments under this Agreement if the
12 request for payment is received by COUNTY more than sixty (60) days after this Agreement has
13 terminated or expired.

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

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

25 G. CONTRACTORS shall be held financially liable for any and all future
26 disallowances/audit exceptions due to CONTRACTORS' deficiency discovered through the State audit
27 process and COUNTY utilization review during the course of this Agreement. At COUNTY's election, the
28 disallowed amount will be remitted within forty-five (45) days to COUNTY upon notification or shall be

withheld from subsequent payments to CONTRACTORS. CONTRACTORS shall not receive reimbursement for any units of services rendered that are disallowed or denied by the Fresno County Mental Health Plan (Mental Health Plan) utilization review process or through the State Department of Health Care Services (DHCS) cost report audit settlement process for Medi-Cal eligible clients. Notwithstanding the above, COUNTY must notify CONTRACTORS prior to any State audit process and/or COUNTY utilization review. To the extent allowable by law, CONTRACTORS shall have the right to be present during each phase of any State audit process and/or COUNTY utilization review and shall be provided all documentation related to each phase of any State audit process and/or COUNTY utilization review. Additionally, prior to any disallowances/audit exceptions becoming final, CONTRACTORS shall be given at least 10 business days to respond to such proposed disallowances/audit exceptions.

H. It is understood by CONTRACTORS and COUNTY that this Agreement is funded with mental health funds to serve children/youth with Seriously Emotionally Disturbed (SED) disorders, many of whom have co-occurring substance use disorders. It is further understood by CONTRACTORS and COUNTY that funds shall be used to support appropriately integrated and documented treatment services for co-occurring mental health and substance use disorders.

5. INVOICING

A. CONTRACTORS shall invoice COUNTY in arrears by the twentieth (20th) day of each month for the prior month's actual services rendered to DBH-Invoices@co.fresno.ca.us. After CONTRACTOR renders service to referred clients, CONTRACTOR will invoice COUNTY for payment, certify the expenditure, and submit electronic claiming data into COUNTY's electronic information system for all clients, including those eligible for Medi-Cal as well as those that are not eligible for Medi-Cal, including contracted cost per unit and actual cost per unit. COUNTY must pay CONTRACTOR before submitting a claim to DHCS for Federal reimbursement for Medi-Cal eligible clients.

B. At the discretion of COUNTY's DBH Director or designee, if an invoice is incorrect or is otherwise not in proper form or substance, COUNTY's DBH Director or designee, shall have the right to withhold payment as to only that portion of the invoice that is incorrect or improper after five (5) days prior notice to CONTRACTOR. Each CONTRACTOR agrees to continue to provide services for a period

1 of ninety (90) days after notification of an incorrect or improper invoice. If after the ninety (90) day period,
2 the invoice(s) is still not corrected to COUNTY DBH's satisfaction, COUNTY's DBH Director or designee,
3 may elect to terminate this Agreement as to that CONTRACTOR, pursuant to the termination provisions
4 stated in Section Three (3) of this Agreement. In addition, for invoices received ninety (90) days after the
5 expiration of each term of this Agreement or termination of this Agreement, at the discretion of COUNTY's
6 DBH Director or designee, COUNTY's DBH shall have the right to deny payment of any additional
7 invoices received.

8 C. Monthly invoices shall include a client roster, identifying volume reported by payer
9 group clients served (including third party payer of services) by month and year-to-date, including
10 percentages.

11 D. CONTRACTORS shall submit to the COUNTY by the twentieth (20th) of each
12 month a detailed general ledger (GL), itemizing costs incurred in the previous month. Failure to submit
13 GL reports and supporting documentation shall be deemed sufficient cause for COUNTY to withhold
14 payments until there is compliance, as further described in Section Five (5) herein.

15 E. CONTRACTOR will remit annually within ninety (90) days from June 30, a schedule
16 to provide the required information on published charges for all authorized direct specialty mental health
17 services. The published charge listing will serve as a source document to determine the
18 CONTRACTOR's usual and customary charge prevalent in the public mental health sector that is used to
19 bill the general public, insurers or other non-Medi-Cal third party payers during the course of business
20 operations.

21 F. CONTRACTOR shall submit monthly staffing reports that identify all direct service
22 and support staff, applicable licensure/certifications, and full time hours worked to be used as a tracking
23 tool to determine if CONTRACTOR'S program is staffed according to the services provided under this
24 Agreement.

25 G. CONTRACTORS must maintain financial records for a period of ten (10) years or
26 until any dispute, audit or inspection is resolved, whichever is later. CONTRACTORS will be responsible
27 for any disallowances related to inadequate documentation.

28 H. Each CONTRACTOR is responsible for collection and managing of data in a

1 manner to be determined by DHCS and COUNTY's Mental Health Plan in accordance with applicable
2 rules and regulations. COUNTY's electronic information system is a critical source of information for
3 purposes of monitoring service volume and obtaining reimbursement.

4 I. CONTRACTORS shall submit service data into COUNTY's electronic information
5 system, in accordance with COUNTY's DBH documentation standards, to allow COUNTY to bill Medi-
6 Cal, and any other third-party source, for services and meet State and Federal reporting requirements.

7 J. CONTRACTORS must comply with all laws and regulations governing the Federal
8 Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C. section
9 1395 et seq; and 2) the regulations and rules promulgated by the Federal Centers for Medicare and
10 Medicaid Services as they relate to participation, coverage and claiming reimbursement.

11 CONTRACTORS will be responsible for compliance as of the effective date of each Federal, State or
12 local law or regulation specified.

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

28 L. Data entry shall be the responsibility of CONTRACTORS. COUNTY shall monitor

1 the volume of services and cost of services entered into COUNTY's electronic information system. Any
2 and all audit exceptions resulting from the provision and reporting of specialty mental health services by
3 CONTRACTORS shall be the sole responsibility of CONTRACTORS. CONTRACTORS will comply with
4 all applicable policies, procedures, directives and guidelines regarding the use of COUNTY's electronic
5 information system.

6 M. Medi-Cal Certification and Mental Health Plan Compliance

7 CONTRACTORS shall comply with any and all requests and directives associated
8 with COUNTY maintaining State Medi-Cal site certification. CONTRACTORS shall provide specialty
9 mental health services in accordance with COUNTY's Mental Health Plan. CONTRACTORS must
10 comply with the "Fresno County Mental Health Plan Compliance Program and Code of Conduct" set forth
11 in Exhibit G, attached hereto and incorporated herein by reference and made part of this Agreement.
12 CONTRACTORS shall comply with any and all requests associated with any State and/or Federal
13 reviews or audits.

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

22 **6. INDEPENDENT CONTRACTOR**

23 In performance of the work, duties, and obligations assumed by CONTRACTORS under
24 this Agreement, it is mutually understood and agreed that each CONTRACTOR, including any and all of
25 CONTRACTORS' officers, agents, and employees will at all times be acting and performing as an
26 independent contractor, and shall act in an independent capacity and not as an officer, agent, servant,
27 employee, joint venturer, partner, or associate of COUNTY. Furthermore, COUNTY shall have no right to
28 control or supervise or direct the manner or method by which CONTRACTORS shall perform its work and

function. However, COUNTY shall retain the right to administer this Agreement so as to verify that CONTRACTORS are performing their obligations in accordance with the terms and conditions thereof. CONTRACTORS and COUNTY shall comply with all applicable provisions of law and the rules and regulations, if any, of governmental authorities having jurisdiction over matters, which are directly or indirectly the subject of this Agreement.

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

7. MODIFICATION

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

Notwithstanding the above, changes to services, staffing, and responsibilities of CONTRACTORS, as needed, to accommodate changes in the laws relating to mental health treatment, as set forth in Exhibit C, may be made with the signed written approval of COUNTY's DBH Director or designee and each CONTRACTOR through an amendment approved by COUNTY's County Counsel and the COUNTY's Auditor-Controller's Office.

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

Modifications shall not result in any change to the annual maximum compensation amount payable to CONTRACTORS, as stated in this Agreement.

8. NON-ASSIGNMENT

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

9. HOLD-HARMLESS

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

CONTRACTORS agree to indemnify COUNTY for Federal and/or State of California audit exceptions resulting from noncompliance herein on the part of CONTRACTORS.

10. INSURANCE

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

A. Commercial General Liability

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

B. Automobile Liability

Insurance Services Office Form Number CA 0001 covering, Code 1 (any auto), or if Consultant has no owned autos, Code 8 (hired) and 9 (non-owned).with

limits of not less than One Million Dollars (\$1,000,000) per accident for bodily injury and property damage.

C. Real and Property Insurance

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

D. All Risk Property Insurance

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

E. Professional Liability

Professional Liability Insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence, Three Million Dollars (\$3,000,000) annual aggregate. CONTRACTOR agrees that it shall maintain, at its sole expense, in full force and effect for a period of three (3) years following the termination of this Agreement, one or more policies of professional liability insurance with limits of coverage as specified herein.

F. Child Abuse/Molestation and Social Services Coverage

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

G. Worker's Compensation

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

H. Cyber Liability

Cyber Liability Insurance, with limits not less than \$2,000,000 per occurrence or claim, \$2,000,000 aggregate. Coverage shall be sufficiently broad to respond to duties and obligations undertaken by CONTRACTORS in this agreement and shall include, but not be limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade

dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations.

I. Waiver of Subrogation

CONTRACTORS hereby grant to COUNTY a waiver of any right to subrogation which any insurer of said CONTRACTORS may acquire against COUNTY by virtue of the payment of any loss under insurance. CONTRACTORS agree to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not COUNTY has received a waiver of subrogation endorsement from the insurer.

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

Within thirty (30) days from the date CONTRACTORS sign this Agreement, CONTRACTORS shall provide certificates of insurance and endorsements as stated above for all of the foregoing policies, as required herein, to the County of Fresno, Department of Behavioral Health, 3133 N. Millbrook Ave, Fresno, California, 93703, Attention: Contracts Division, stating that such insurance coverages have been obtained and are in full force; that the County of Fresno, its officers, agents, and employees will not be responsible for any premiums on the policies; that such Commercial General Liability insurance names 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; that 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 CONTRACTORS' policies herein; and that this insurance shall not be cancelled or changed without a minimum of thirty (30) days advance, written notice given to

COUNTY.

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

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

11. LICENSES/CERTIFICATES

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

12. RECORDS

CONTRACTORS shall maintain records in accordance with Exhibit H, "Documentation Standards for Client Records", attached hereto and by this reference incorporated herein and made part of this Agreement. COUNTY shall be allowed to review all records of services provided, including the goals and objectives of the treatment plan, and how the therapy provided is achieving the goals and objectives.

13. REPORTS

A. Outcome Reports

CONTRACTORS shall submit to COUNTY's DBH service outcome reports as reasonably requested by COUNTY's DBH. Outcome reports and outcome requirements are subject to change at COUNTY's DBH discretion.

///

1 B. Additional Reports

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

9 C. Cost Report

10 CONTRACTORS shall provide financial data to identify all direct and indirect costs
11 incurred by CONTRACTORS for all services delivered under this Agreement. All Cost Reports must be
12 prepared in accordance with Generally Accepted Accounting Principles (GAAP) and Welfare and
13 Institutions Code §§ 5651(a)(4), 5664(a), 5705(b)(3) and 5718(c). Unallowable costs such as lobbying or
14 political donations must be deducted on the cost report and monthly invoice reimbursements.

15 D. Settlements with State Department of Health Care Services (DHCS)

16 During the term of this Agreement and thereafter, COUNTY and CONTRACTORS
17 agree to settle dollar amounts disallowed or settled in accordance with DHCS audit settlement findings
18 related to the reimbursement provided under this Agreement. CONTRACTORS will participate in the
19 several phases of settlements between COUNTY/CONTRACTORS and DHCS. The phases of initial
20 cost reporting for settlement according to State reconciliation of records for paid Medi-Cal services and
21 audit settlement are: State DHCS audit 1) initial cost reporting – after an internal review by COUNTY, the
22 COUNTY files the cost report with State DHCS on behalf of CONTRACTORS' legal entity for the fiscal
23 year; 2) Settlement – State reconciliation of records for paid Medi-Cal services, approximately 18 to 36
24 months following the State close of the fiscal year, DHCS will send notice for any settlement under this
25 provision to COUNTY; and 3) Audit Settlement-State DHCS audit. After final reconciliation and
26 settlement DHCS may conduct a review of medical records, cost report along with support documents
27 submitted to COUNTY in initial submission to determine accuracy and may disallow costs and/or units of
28 services. COUNTY may choose to appeal and therefore reserves the right to defer payback settlement

1 with CONTRACTORS until resolution of the appeal. DHCS Audits will follow Federal Medicaid
2 procedures for managing overpayments. If at the end of the Audit Settlement, COUNTY determines that
3 it overpaid CONTRACTORS, it will require CONTRACTORS to repay the Medi-Cal related overpayment
4 back to COUNTY.

5 Funds owed to COUNTY will be due within forty-five (45) days of notification by
6 COUNTY, or COUNTY shall withhold future payments until all excess funds have been recouped by
7 means of an offset against any payments then or thereafter owing to COUNTY under this or any other
8 Agreement between the COUNTY and CONTRACTORS.

9 **14. MONITORING**

10 CONTRACTORS agree to extend to COUNTY's staff, COUNTY's DBH Director, and the
11 State Department of Health Care Services or their designees, the right to review and monitor records,
12 services, or procedures, at any time, in regard to clients, as well as the overall operation of
13 CONTRACTORS' performance, in order to ensure compliance with the terms and conditions of this
14 Agreement.

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

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

19 **16. COMPLIANCE WITH STATE REQUIREMENTS**

20 CONTRACTORS recognize that COUNTY operates its mental health programs under an
21 agreement with the State of California Department Health Care Services, and that under said agreement
22 the State imposes certain requirements on COUNTY and its subcontractors. CONTRACTORS shall
23 adhere to all State requirements, including those identified in Exhibit I, "State Mental Health
24 Requirements", attached hereto and by this reference incorporated herein and made part of this
25 Agreement. CONTRACTORS shall also file an incident report for all incidents involving clients, following
26 the Protocol and using the Worksheet identified in Exhibit H, "Incident Reporting", attached hereto and by
27 this reference incorporated herein and made part of this Agreement, or a protocol and worksheet
28 presented by CONTRACTORS that is accepted by COUNTY's DBH Director or designee.

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

2 CONTRACTOR shall inform every client of their rights under the COUNTY's Mental Health
3 Plan as described in Exhibit K, "Mental Health Plan – Grievance and Appeals", attached hereto and by
4 this reference incorporated herein and made part of this Agreement.

5 **18. CONFIDENTIALITY**

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

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

10 COUNTY and CONTRACTORS each consider and represent themselves as covered
11 entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law
12 104-191 (HIPAA) and agree to use and disclose Protected Health Information (PHI) as required by law.
13 COUNTY and CONTRACTORS acknowledge that the exchange of PHI between them is only for
14 treatment, payment, and health care operations.

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

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

24 **20. DATA SECURITY**

25 For the purpose of preventing the potential loss, misappropriation or inadvertent access,
26 viewing, use or disclosure of COUNTY data including sensitive or personal client information; abuse of
27 COUNTY resources; and/or disruption to COUNTY operations, individuals and/or agencies that enter into
28 a contractual relationship with COUNTY for the purpose of providing services under this Agreement must

1 employ adequate data security measures to protect the confidential information provided to
2 CONTRACTORS by COUNTY, including but not limited to the following:

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

4 CONTRACTORS may not connect to COUNTY networks via personally-owned
5 mobile, wireless or handheld devices, unless the following conditions are met:

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

11 B. CONTRACTOR-Owned Computers or Computer Peripherals

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

18 C. COUNTY-Owned Computer Equipment

19 CONTRACTORS may not use COUNTY computers or computer peripherals on
20 non-County premises without prior authorization from COUNTY's Chief Information Officer and/or
21 designee(s).

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

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

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

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

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

21. PROPERTY OF COUNTY

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

For COUNTY purposes, fixed assets must fulfill three qualifications:

1. Have life span of over one year;
2. Is not a repair part; and
3. Must be valued at or greater than the capitalization thresholds for the asset type.

<u>Asset Type</u>	<u>Threshold</u>
• Land	\$0
• Buildings and improvements	\$100,000
• Infrastructure	\$100,000
• Tangible	\$5,000
o Equipment	
o Vehicles	
• Intangible	\$100,000

- o Internally generated software
 - o Purchased software
 - o Easements
 - o Patents
- Capital lease \$5,000

Qualified fixed asset equipment is to be reported and approved by COUNTY. If it is approved and identified as an asset it will be tagged with a COUNTY program number. A Fixed Asset Log will be maintained by COUNTY's Asset Management System and annually inventoried until the asset is fully depreciated. During the terms of this Agreement, CONTRACTORS' fixed assets may be inventoried in comparison to COUNTY's DBH Asset Inventory System.

B. Certain purchases less than Five Thousand and No/100 Dollars (\$5,000.00) but more than \$1,000, with over one year life span, and are mobile and high risk of theft or loss are sensitive assets. Such sensitive items are not limited to computers, copiers, televisions, cameras and other sensitive items as determined by COUNTY's DBH Director or designee. CONTRACTORS will maintain a tracking system on the items and are not required to be capitalize or depreciated. The items are subject to annual inventory for compliance.

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

CONTRACTORS further agree to the following:

1. Maintain all items of equipment in good working order and condition, normal wear and tear is expected;
2. Label all items of equipment with COUNTY assigned program number, perform periodic inventories as required by COUNTY, and maintain an inventory list showing where and how the equipment is being used, in accordance with procedures developed by COUNTY. All such lists

shall be submitted to COUNTY within ten (10) days of any request therefore; and

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

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

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

22. NON-DISCRIMINATION

During the performance of this Agreement, CONTRACTORS shall not unlawfully discriminate against any employee or applicant for employment, or recipient of services because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or gender, pursuant to all applicable State and Federal statutes and regulations.

23. CULTURAL COMPETENCY

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

A. Title 6 of the Civil Rights Act of 1964 (42 U.S.C. section 2000d, and 45 C.F.R. Part

80) and Executive Order 12250 of 1979, which prohibits recipients of federal financial assistance from discriminating against persons based on race, color, national origin, sex, disability, or religion. This is interpreted to mean that a limited English proficient (LEP) individual is entitled to equal access and participation in federally funded programs through the provision of comprehensive and quality bilingual services.

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

C. CONTRACTORS shall not use minors as interpreters.

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

E. In compliance with the State mandated Culturally and Linguistically Appropriate standards as published by the Office of Minority Health, CONTRACTORS must submit to COUNTY for approval, within sixty (60) days from date of contract execution, CONTRACTORS' plan to address all fifteen (15) national cultural competency standards as set forth in Exhibit E "National Standards on Culturally and Linguistically Appropriate Services (CLAS)", attached hereto and incorporated herein by

reference and made part of this Agreement. COUNTY's annual on-site review of CONTRACTORS shall include collection of documentation to ensure all national standards are implemented. As the national competency standards are updated, CONTRACTORS' plan must be updated accordingly. Cultural competency training for CONTRACTORS' staff should be substantively integrated into health professions education and training at all levels, both academic and functional, including core curriculum, professional licensure, and continuing professional development programs. CONTRACTORS, on a monthly basis, shall provide COUNTY's DBH a monthly monitoring tool/report that shows all CONTRACTORS' staff cultural competency trainings completed.

24. AMERICANS WITH DISABILITIES ACT

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

25. TAX EQUITY AND FISCAL RESPONSIBILITY ACT

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

1 Agreement shall contain a clause to the effect that until the expiration of four (4) years after the furnishing
2 of such services pursuant to such subcontract, the related organizations shall make available, upon
3 written request to the Secretary of the United States Department of Health and Human Services, or upon
4 request to the Comptroller General of the United States General Accounting Office, or any of their duly
5 authorized representatives, a copy of such subcontract and such books, documents, and records of such
6 organization as are necessary to verify the nature and extent of such costs.

7 **26. SINGLE AUDIT CLAUSE**

8 A. If CONTRACTORS expend Seven Hundred Fifty Thousand Dollars (\$750,000.00)
9 or more in Federal and Federal flow-through monies, CONTRACTORS agree to conduct an annual audit
10 in accordance with the requirements of the Single Audit Standards as set forth in Office of Management
11 and Budget (OMB) Circular A-133. CONTRACTORS shall submit said audit and management letter to
12 COUNTY. The audit must include a statement of findings or a statement that there were no findings. If
13 there were negative findings, CONTRACTORS must include a corrective action plan signed by an
14 authorized individual. CONTRACTORS agree to take action to correct any material non-compliance or
15 weakness found as a result of such audit. Such audit shall be delivered to COUNTY's DBH Business
16 Office for review within nine (9) months of the end of any fiscal year in which funds were expended and/or
17 received for the program. Failure to perform the requisite audit functions as required by this Agreement
18 may result in COUNTY performing the necessary audit tasks, or at COUNTY's option, contracting with a
19 public accountant to perform said audit, or may result in the inability of COUNTY to enter into future
20 agreements with CONTRACTORS. All audit costs related to this Agreement are the sole responsibility of
21 CONTRACTORS.

22 B. A single audit report is not applicable if CONTRACTORS' Federal contracts do not
23 exceed the Seven Hundred Fifty Thousand Dollars (\$750,000.00) requirement or CONTRACTORS' only
24 funding is through Drug related Medi-Cal. If a single audit is not applicable, a program audit must be
25 performed and a program audit report with management letter shall be submitted by CONTRACTORS to
26 COUNTY as a minimum requirement to attest to CONTRACTORS' solvency. Said audit report shall be
27 delivered to COUNTY's DBH Business Office for review no later than nine (9) months after the close of
28 the fiscal year in which the funds supplied through this Agreement are expended. Failure to comply with

1 this Act may result in COUNTY performing the necessary audit tasks or contracting with a qualified
2 accountant to perform said audit. All audit costs related to this Agreement are the sole responsibility of
3 CONTRACTORS who agree to take corrective action to eliminate any material noncompliance or
4 weakness found as a result of such audit. Audit work performed by COUNTY under this paragraph shall
5 be billed to CONTRACTORS at COUNTY cost, as determined by COUNTY's Auditor-
6 Controller/Treasurer-Tax Collector.

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

12 **27. COMPLIANCE**

13 CONTRACTORS agree to comply with COUNTY's Contractor Code of Conduct and Ethics
14 and the COUNTY's Compliance Program in accordance with Exhibit G, attached hereto and incorporated
15 herein by reference and made part of this Agreement. Within thirty (30) days of entering into this
16 Agreement with COUNTY, CONTRACTORS shall have all of CONTRACTORS' employees, agents, and
17 subcontractors providing services under this Agreement certify in writing, that he or she has received,
18 read, understood, and shall abide by the Contractor Code of Conduct and Ethics. CONTRACTORS shall
19 ensure that within thirty (30) days of hire, all new employees, agents, and subcontractors providing
20 services under this Agreement shall certify in writing that he or she has received, read, understood, and
21 shall abide by the Contractor Code of Conduct and Ethics. CONTRACTORS understand that the
22 promotion of and adherence to the Contractor Code of Conduct is an element in evaluating the
23 performance of CONTRACTORS and their employees, agents and subcontractors.

24 Within thirty (30) days of entering into this Agreement, and annually thereafter, all
25 employees, agents, and subcontractors providing services under this Agreement shall complete general
26 compliance training and appropriate employees, agents, and subcontractors shall complete
27 documentation and billing or billing/reimbursement training. All new employees, agents, and
28 subcontractors shall attend the appropriate training within thirty (30) days of hire. Each individual who is

1 required to attend training shall certify in writing that he or she has received the required training. The
2 certification shall specify the type of training received and the date received. The certification shall be
3 provided to COUNTY's Compliance Officer at 3133 N. Millbrook, Fresno, California 93703.

4 CONTRACTORS agree to reimburse COUNTY for the entire cost of any penalty imposed upon COUNTY
5 by the Federal Government as a result of CONTRACTORS' violation of the terms of this Agreement.

6 **28. ASSURANCES**

7 In entering into this Agreement, CONTRACTORS certify that neither they, nor any of their
8 officers, are currently excluded, suspended, debarred, or otherwise ineligible to participate in the Federal
9 Health Care Programs; that neither they, nor any of their officers, have been convicted of a criminal
10 offense related to the provision of health care items or services; nor have they, nor any of their officers,
11 been reinstated to participate in the Federal Health Care Programs after a period of exclusion,
12 suspension, debarment, or ineligibility. If COUNTY learns, subsequent to entering into a contract, that
13 CONTRACTORS are ineligible on these grounds, COUNTY will remove CONTRACTORS from
14 responsibility for, or involvement with, COUNTY's business operations related to the Federal Health Care
15 Programs and shall remove such CONTRACTORS from any position in which CONTRACTORS'
16 compensation, or the items or services rendered, ordered or prescribed by CONTRACTORS may be paid
17 in whole or part, directly or indirectly, by Federal Health Care Programs or otherwise with Federal Funds
18 at least until such time as CONTRACTORS are reinstated into participation in the Federal Health Care
19 Programs.

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

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

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

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

10 2. Notwithstanding the above, COUNTY, at its discretion, may terminate this
11 Agreement in accordance with Section Three (3) of this Agreement, or require adequate assurance (as
12 defined by COUNTY) that no excluded, suspended, or otherwise ineligible employee or subcontractor of
13 CONTRACTORS will perform work, either directly or indirectly, relating to services provided to COUNTY.
14 Such demand for adequate assurance shall be effective upon a time frame to be determined by COUNTY
15 to protect the interests of COUNTY consumers.

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

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

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

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

D. CONTRACTORS agree to cooperate fully with any reasonable requests for information from COUNTY which may be necessary to complete any internal or external audits relating to CONTRACTORS' compliance with the provisions of this Section.

E. CONTRACTORS agree to reimburse COUNTY for the entire cost of any penalty imposed upon COUNTY by the Federal Government as a result of CONTRACTORS' violation of CONTRACTORS' obligations as described in this Section.

29. PUBLICITY PROHIBITION

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

30. COMPLAINTS

CONTRACTORS shall log complaints and the disposition of all complaints from a client or a client's family. CONTRACTORS shall provide a copy of the detailed complaint log entries concerning COUNTY-sponsored clients to COUNTY at monthly intervals by the tenth (10th) day of the following

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

Within ten (10) days after each incident or complaint affecting COUNTY clients, CONTRACTORS shall provide COUNTY with information relevant to the complaint, investigative details of the complaint, the complaint and CONTRACTORS' disposition of, or corrective action taken to resolve the complaint. In addition, CONTRACTORS shall inform every client of their rights as set forth in Exhibit K. CONTRACTORS shall file an incident report for all incidents involving clients, following the protocol and using the worksheet identified in Exhibit J "Incident Reporting", attached hereto and by this reference incorporated herein and made part of this Agreement.

31. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST INFORMATION

This provision is only applicable if CONTRACTORS are disclosing entities, fiscal agents, or managed care entities, as defined in Code of Federal Regulations (C.F.R.), Title 42 § 455.101 455.104, and 455.106(a)(1),(2).

In accordance with C.F.R., Title 42 §§ 455.101, 455.104, 455.105 and 455.106(a)(1),(2), the following information must be disclosed by CONTRACTORS by completing Exhibit L, "Disclosure of Ownership and Control Interest Statement", attached hereto and by this reference incorporated herein and made part of this Agreement. CONTRACTORS shall submit this form to the COUNTY's DBH within thirty (30) days of the effective date of this Agreement. Additionally, CONTRACTORS shall report any changes to this information within thirty-five (35) days of occurrence by completing Exhibit L.

Submissions shall be scanned pdf copies and are to be sent via email to

DBHAdministration@co.fresno.ca.us attention: Contracts Administration.

32. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS

CONTRACTORS are required to disclose if any of the following conditions apply to them, their owners, officers, corporate managers, and partners (hereinafter collectively referred to in this Section as "CONTRACTOR"):

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

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

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

11 Disclosure of the above information will not automatically eliminate
12 CONTRACTORS from further business consideration. The information will be considered as part of the
13 determination of whether to continue and/or renew this Agreement and any additional information or
14 explanation that CONTRACTOR elect to submit with the disclosed information will be considered. If it is
15 later determined that CONTRACTOR failed to disclose required information, any contract awarded to
16 such CONTRACTOR may be immediately voided and terminated for material failure to comply with the
17 terms and conditions of the award.

18 CONTRACTOR must sign a "Certification Regarding Debarment, Suspension, and
19 Other Responsibility Matters- Primary Covered Transactions" in the form set forth in Exhibit M, attached
20 hereto and by this reference incorporated herein and made part of this Agreement. Additionally,
21 CONTRACTOR must immediately advise COUNTY's DBH in writing if, during the term of this Agreement:
22 (1) CONTRACTOR becomes suspended, debarred, excluded, or ineligible for participation in Federal or
23 State funded programs or from receiving federal funds as listed in the excluded parties' list system
24 (<http://www.epls.gov>); or (2) any of the above listed conditions become applicable to CONTRACTOR.
25 CONTRACTOR shall indemnify, defend, and hold COUNTY harmless for any loss or damage resulting
26 from a conviction, debarment, exclusion, ineligibility, or other matter listed in the signed Certification
27 Regarding Debarment, Suspension, and Other Responsibility Matters.

28 ///

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

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

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

13 **34. AUDITS AND INSPECTIONS**

14 CONTRACTORS shall, at any time during business hours and as often as COUNTY may
15 deem necessary, make available to COUNTY for examination all of its records and data with respect to
16 the matters covered by this Agreement. CONTRACTORS shall, upon request by COUNTY, permit
17 COUNTY to audit and inspect all such records and data necessary to ensure CONTRACTORS'
18 compliance with the terms of this Agreement.

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

22 **35. NOTICES**

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

25 COUNTY

26 Director, Fresno County
27 Department of Behavioral Health
28 3133 N. Millbrook Ave
 Fresno, CA 93702

CONTRACTOR

 SEE EXHIBIT A

All notices between COUNTY and CONTRACTORS provided for or permitted under this Agreement must be in writing and delivered either by personal service, by first-class United States mail, by an overnight commercial courier service, or by telephonic facsimile transmission. A 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 States mail, postage prepaid, addressed to the recipient. A notice delivered by an overnight commercial courier service is effective one (1) COUNTY business day after deposit with the overnight commercial courier service, delivery fees prepaid, with delivery instructions given for next day delivery, addressed to the recipient. A notice delivered by telephonic facsimile is effective when transmission to the recipient is completed (but, if such transmission is completed outside of COUNTY business hours, then such delivery shall be deemed to be effective at the next beginning of a COUNTY business day), provided that the sender maintains a machine record of the completed transmission. For all claims arising out of or related to this Agreement, nothing in this section establishes, waives, or modifies any claims presentation requirements or procedures provided by law, including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code, beginning with section 810).

36. GOVERNING LAW

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

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

37. ENTIRE AGREEMENT

This Agreement, including all Exhibits, constitutes the entire agreement between CONTRACTORS and COUNTY with respect to the subject matter hereof and supersedes all previous agreement negotiations, proposals, commitments, writings, advertisements, publications, and understandings of any nature whatsoever unless expressly included in this Agreement.

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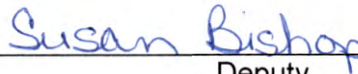
1 IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day
2 and year first hereinabove written.
3
4

5 Please see attached signatures

COUNTY OF FRESNO

6
7 
8 Sal Quintero,
9 Chairperson of the Board of Supervisors
10 of the County of Fresno
11

12
13 **ATTEST:**
14 Bernice E. Seidel
15 Clerk of the Board of Supervisors
16 County of Fresno, State of California

17 By: 
18 Deputy

19 FOR ACCOUNTING USE ONLY:

20 ORG No.: 56304320
21 Account No.: 7295/0
22 Requisition No.: 0001/10000
23
24
25
26
27
28

1 UPLIFT FAMILY SERVICES

2
3 
4 (Authorized Signature)

5 Darrell Evora, CEO
6 Print Name & Title

7 251 Llewellyn Avenue

8 Campbell CA 95008
9

10 Mailing Address
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1 **EXCEPTIONAL PARENTS UNLIMITED, INC.**

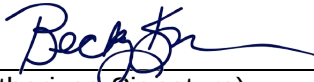
2 *Suzanne Ellis*
3 (Authorized Signature)

4 SUZANNE ELLIS, CFO
5 Print Name & Title

6 4440 N. First St.

7 FRESNO, CA 93726
8 Mailing Address

**COMPREHENSIVE YOUTH SERVICES OF
FRESNO, INC.**



(Authorized Signature)

Becky Kramer, Executive Director

Print Name & Title

4545 N. West Ave.

Fresno, CA 93705
Mailing Address

**Mental Health Services Act
Bright Beginnings for Families
Full Service Partnership Services for Children Ages 0–10 Years**

PROVIDER LIST

Uplift Family Services

251 Llewellyn Avenue

Campbell, CA 95008

Phone: (408) 379-3790

(559) 446-3054

Contact: Marilyn Bamford, Executive Director, Central Region

Comprehensive Youth Services of Fresno, Inc.

4545 N. West Avenue

Fresno, CA 93705

Phone: (559) 229-3561

Contact: Becky Kramer, Executive Director

Exceptional Parents Unlimited, Inc.

4440 N. First Street

Fresno, CA 93726

Phone: (559) 229-2000

Contact: Lowell Ens, Executive Director

**Mental Health Services Act
Bright Beginnings for Families
Full Service Partnership Services for Children Ages 0–10 Years**

SUMMARY OF SERVICES

PROVIDERS: Uplift Family Services
 1630 E. Shaw Avenue, Suite 130
 Fresno, CA 93710

Exceptional Parents Unlimited, Inc.
 4440 N. First Street
 Fresno, CA 93726

Comprehensive Youth Services of Fresno, Inc.
 4545 N. West Avenue
 Fresno, CA 93705

CONTRACT TERM: 3-year base term, with two optional 12-month periods
 July 1, 2018 – June 30, 2019
 July 1, 2019 – June 30, 2020
 July 1, 2020 – June 30, 2021
 July 1, 2021 – June 30, 2022
 July 1, 2022 – June 30, 2023

I. SCHEDULE OF SERVICES:

Services for the Bright Beginnings for Families (BBFF) program, a Full Service Partnership (FSP) program, under this Agreement, will be available to clients and their families 24 hours a day, seven days a week. The standard hours of operation will be Monday through Friday from 8:00AM until 5:00PM; additional services will be provided after 5:00PM and on weekends as needed to address client concerns and/or provide services for clients who are unavailable for services during standard business hours.

II. TARGET POPULATION:

The target population is children, ages 0-10 years, identified as Seriously Emotionally Disturbed (SED) who meet the criteria set forth in Welfare and Institutions Code section 5600.3(a), and their families. Services under this Agreement shall be provided to children and their families who are unable to maintain their school settings, families affected by substance abuse issues, children who are exhibiting extreme behaviors at school, and at-risk children discharged from the County's Crisis Stabilization Unit. Children and their families that are racially and ethnically diverse; typically unserved, underserved, or hard to reach; and underinsured or uninsured that meet entry and participation criteria shall be treated under this Agreement.

The Program will serve a minimum of 400 unduplicated identified minor clients within each 12-month period of this Agreement. Throughout each 12-month period, UFS will serve 184, EPU will serve 116, and CYS will serve 100 unduplicated identified minor clients. At any one time, UFS will serve 150, EPU will serve 50, and CYS will serve 50 identified minor clients.

III. PROJECT DESCRIPTION:

Uplift Family Services (UFS), in collaboration with Exceptional Parents Unlimited, Inc. (EPU) and Comprehensive Youth Services, Inc. (CYS) will provide services to the target population under the Mental Health Services Act (MHSA) FSP framework. Services to children referred to this program will be provided within the parameters mentioned below. Parents/caregivers and other members of the family may be assessed for treatment needs, and provided services as needed, or may be linked to other treatment programs or community resources to meet the individual's needs. Services may be provided in the client's home, community, or school; other community settings; or the service provider's facilities.

Entry Criteria

The child must meet at least one of the following criteria:

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

Intake and Initial Assessment

Children may be referred to this program through various sources including, but not limited to, COUNTY's DBH, schools, individuals, or other agencies. CONTRACTORS will contact the family of the referred child within 24 hours of receipt of the referral to determine if it is appropriate for the child and family to receive FSP services under this Agreement. If services are appropriate, the child and family is linked to the appropriate agency under this Agreement. A face-to-face meeting will be scheduled within three business days to complete an assessment; an initial mental health assessment will be completed within seven business days following the first face-to-face appointment.

Termination and Discharge

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

Client discharge is determined on a case-by-case basis, with regard to the child's progress toward individualized treatment goals. Reasons for discharge include the child or caregiver refuses or terminates services; the child is transferred to another program mutually agreed upon by the child, parent/caregiver, and BBFF; mutual agreement that the treatment goals have been met; and/or the child is 10 years old.

Evidence-Based Practices

Evidence-based practices (EBP) utilized in BBFF include Incredible Years, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Dialectic Behavioral Therapy, Managing and Adapting Practices, Positive Parenting Program, Trauma Focused Cognitive Behavioral Therapy, and Attachment Vitamins. Although some EBPs are appropriate for all ages served under this contract, many are more effective and intended for specific age sub-groups of the target population. The table below clarifies the EBP, description, target client sub-group, and agency to provide the service.

Evidence Based Treatment	Description	Target Age	UFS	EPU	CYS
Incredible Years (IY)	Utilized to prevent, reduce, and treat conduct problems; increase social competence; and improve school readiness.	0-8 years	×	×	×
Parent-Child Interaction Therapy (PCIT)	Live therapist-coached sessions with parent/caregiver and child to build safe, positive, and nurturing relationships between parents and their children. Decreases behavior problems, improves parenting skills, and enhances the quality of the relationship.	2-8 years		×	×
Child Parent Psychotherapy (CPP)	Treatment for children with at least one traumatic event and are experiencing behavior, attachment, and/or mental health problems, including PTSD. Supports and strengthens the relationship between a child and caregiver; restores a child's sense of safety and attachment; and improves cognitive, behavioral, and social functioning.	0-5 years	×	×	×
Dialectic Behavioral Therapy (DBT)	A cognitive behavioral treatment that has been shown to be effective in treating a wide range of disorders such as depression, eating disorders, PTSD, and substance dependence. Estimated service start date of July 1, 2020.	Parents of children 0-18 years	×	×	×
Managing and Adapting Practices (MAP)	Coordinates and supplements the use of evidence-based programs for children's mental health. The system is not a single treatment program; rather, it involves several decision and practice support tools to assist in the selection, review, adaptation, or construction of empirically derived common treatment elements to match particular child characteristics. The three main features of the MAP system are: • The PracticeWise Evidence-Based Services Database • The Clinical Dashboard • The Practitioner Guides	0-18 years	×		
Positive Parenting Program (Triple P)	Provides education, prevention, and early intervention strategies for parents. The five core principles of Triple P are: • Ensuring a safe and engaging environment; • Creating a positive learning environment; • Using assertive discipline; • Having realistic expectations; and • Taking care of oneself as a parent	0-10 years	×		

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	Treats posttraumatic stress and related emotional and behavior problems. TF-CBT has been adapted for use with children who have a wide array of traumatic experiences including child sexual abuse, domestic violence, traumatic loss, and multiple psychological traumas	4-18 years	×		×
Attachment Vitamins	Provides parents/caregivers with knowledge about childhood development and the effects of toxic stress and trauma in order to help them attune to their child's needs, set parenting goals, strengthen the parent-child relationship, and understand and respond to challenging behaviors.	0-5 years	×	×	×

IV. **CONTRACTORS RESPONSIBILITIES:**

CONTRACTORS shall:

- A. Provide seamless FSP and intensive case management services for seriously emotionally disturbed (SED) children and their families.
- B. Develop, monitor, and adhere to FSP plan components and treatment goals; and assess and monitor child, family, and community safety.
- C. Develop, coordinate, and provide formal and informal supports and services for the client and family, as well as develop or expand parent advocacy and support network.
- D. Institute mental health treatment models other than those listed above, as needed, to meet the mental health treatment needs of the children and families engaged in services offered through this Agreement.
- E. Provide Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) when medically necessary.
- F. Provide services in alignment with the Fresno County Department of Behavioral Health Guiding Principles of Care Delivery, as defined in Exhibit D.
- G. Provide services in accordance with national standards for Culturally and Linguistically Appropriate Services (CLAS), as defined in Exhibit E.
- H. Ensure that written policies and procedures guides (PPG), as they relate to this Agreement, are up to date, and available to be shared with COUNTY, upon request.
- I. Measure and report client and system outcomes consistent with the COUNTY's MHSA Plan requirements. UFS will serve as the lead agency and manager of outcome data.
- J. Gather, report, and enter data in the State's Data Collection and Reporting (DCR) System in accordance with MHSA FSP requirements and DCR system guidelines.

- K. Maintain appropriate client to staff ratios with job classifications, responsibilities, and licensure/certification, as recommended or required by MHSA FSP standards.
- L. Provide the following staffing components, at minimum:
 - 1. Licensed or license-eligible therapists: Provide evidenced-based clinical treatment. At least one of the therapist positions will be occupied by a former client or family member with comparable experience to the child and family receiving services. At least one of the therapist positions shall be occupied by a licensed clinician with advanced training in infant mental health in order to provide adequate oversight. These positions shall be recruited based on linguistic and cultural needs of the targeted population (e.g., Latino, Southeast Asian, African American, Native American, and/or SED).
 - 2. Licensed or license-eligible therapists: Provide linkages and therapeutic services to enrolled children and their caregivers as identified in the individual services and supports plan.
 - 3. Family Partners (or equivalent): Occupied by a former client or family member with comparable experience to the child and family receiving services.
 - 4. Personal Service Coordinators (PSC): At least one of the PSC positions shall be occupied by a former client or family member with comparable experience to the child and family receiving services. These positions shall be recruited based on linguistic and cultural needs of the targeted population (e.g., Latino, Southeast Asian, African American, Native American, and/or SED). A Bachelors degree level is preferred for the requirements of the PSC positions; however, 12 college units (psychology, counseling, etc.) with mental health experience can act as a substitute for the Bachelors degree requirement. Each PSC will maintain a caseload of 12-14 clients.
- M. Ensure the following is provided in regard to PSC:
 - a. Assign a primary PSC to each identified client. The primary PSC will work with each client, and family member when appropriate, to develop the client's ISSP. The ISSP is used to identify the client's goals and describe the array of services and supports necessary to advance these goals based on the client's needs and preferences and, when appropriate, the needs and preferences of the client's family. ISSPs are reviewed by COUNTY's DBH during client chart audits.
 - b. The PSC will act as a single point of responsibility and contact for the delivery of personal service coordination for each client. Personal service coordination is the assistance provided to the child, and the child's family when appropriate, to access medical, educational, social, vocational, rehabilitative, crisis intervention, or other community services, when needed.
 - c. Ensure all children and families that receive personal service coordination services also receive mental health treatment services when a determination is made by qualified staff using clinically proven assessment tools that a child and/or family would benefit from mental health treatment. CONTRACTORS shall institute mental health treatment models to meet the mental health treatment needs of the children/families engaged in services offered in this Agreement.
- N. Facilitate extensive community resource development and outreach to increase access to and awareness of program services through participation in community resource fairs, public presentations, distribution of informational materials, one-on-one communications with community partners, visits to local schools and daycare centers.

- O. Provide outreach and education to referring agencies to assist those agencies as they determine appropriate resources for clients in need of services.
- P. Utilize targeted outreach strategies to reach harder to engage communities, such as the Native American population and rural communities.

V. COUNTY RESPONSIBILITIES:

COUNTY shall:

- A. Provide oversight, through its MHSA Coordinator or designee, and collaborate with CONTACTOR and other COUNTY Departments and community agencies to help achieve State program goals and outcomes. Oversight includes, but is not limited to, contract monitoring and coordination with the State Department of Health Care Services in regard to program administration and outcomes.
- B. Assist CONTRACTORS in making linkages with the total mental health system of care. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
- C. Participate in evaluating overall program progress and efficiency, and be available to CONTRACTORS for ongoing consultation.
- D. Gather outcome information from target client groups and CONTRACTORS throughout each term of this Agreement. COUNTY shall notify CONTRACTORS when its 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.
- E. Assist CONTRACTORS' efforts toward cultural and linguistic competency by providing the following to CONTRACTORS:
 - 1. Technical assistance and training regarding cultural competency requirements at no cost to CONTRACTORS.
 - 2. Mandatory cultural competency training for CONTRACTORS' personnel, on an annual basis, at minimum.
 - 3. Technical assistance for translating information into COUNTY's threshold languages (Spanish and Hmong). Translation services and costs associated will be the responsibility of CONTRACTORS.

VI. PERFORMANCE MEASUREMENT:

CONTRACTORS shall meet or exceed the outcome goals stated in the tables below:

OUTCOMES BY CARF STANDARDS		
EFFECTIVENESS		
Source Tool	Description	Goal
CANS – Total	Percent of children with improved clinical condition(s) and quality of life.	80%

CANS - CBEN Domain	Percent of children with reduced emotional and behavioral problems.	80%
CEDE 2.0	Percent of children that will maintain in-home or improve to an in-home placement. <i>(UFS only)</i>	80%
CANS - CRB Domain	Percent of children with reduced risk behaviors.	80%
CANS - LDF School Behavior	Percent of children that will maintain or improve school behaviors.	80%
CANS - LDF School Achievement	Percent of children that will maintain or improve school achievement.	80%
CANS - LDF School Attendance	Percent of children that will maintain or improve school attendance.	80%
PSC-35	Percent of children that will have improved psychosocial impairment functioning.	80%
CEDE 2.0	Percent of children that will maintain non-involvement with the juvenile justice system. <i>(UFS only)</i>	80%
EFFICIENCY		
Source Tool	Description	Goal
Contractor Finance Department	Percent of productivity for Medi-Cal billing.	70%
ACCESS		
Source Tool	Description	Goal
EHR	Percent of admitted children that are seen for a face-to-face appointment within 7 business days from receipt of service referral.	80%
YSS – F	Percent of caregivers that are satisfied with their access to services. <i>(UFS only)</i>	80%
SATISFACTION		
Source Tool	Description	Goal
YSS – F	Percent of caregivers that will be satisfied with services. <i>(Total Satisfaction mean score of 4 or higher – UFS only)</i>	80%
YSS	Percent of children that will increase his/her relationships/connections.	60%
YSS	Percent of children that will form sustainable relationships.	60%
YSS	Percent of children with an overall plan of permanency at Time 1, will connect and live with connection identified in FSE services.	60%
YSS	Percent of children participating in FSE services that will improve stability of significant relationships in his/her life.	80%

OUTCOMES BY EVIDENCE-BASED PRACTICE			
EBP	Source Tool	Description	Goal
CPP	PSI Short Form	Percent of caregivers that will reduce their stress.	80%
IY	PSI Short Form	Percent of caregivers that will reduce their stress.	80%
PCIT	ECBI	Percent of children that will reduce disruptive and conduct behaviors.	80%
	PSI Short Form	Percent of caregivers that will reduce their stress.	
Triple P	PSI Short Form	Percent of caregivers that will reduce their stress.	80%
TF-CFT	UCLA PTSD DSM-5	Percent of children that will reduce PTSD symptoms.	80%
	PSI Short Form	Percent of caregivers that will reduce their stress.	80%
Attachment Vitamins	PSC-35	Percent of children that will improve psychosocial impairment functioning.	80%
DBT	N/A	Outcomes will be mutually developed prior to estimated service start in July 2020.	

VII. REPORTS:

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

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
UPLIFT FAMILY SERVICES
FY 2018-2019**

Budget Categories - Line Item Description (Must be itemized)		FTE %	Total Proposed Budget		
			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Clinician I	5.00		\$270,392	\$270,392
0002	Clinician II	1.00		\$62,307	\$62,307
0003	Facilitator I	10.00		\$517,606	\$517,606
0004	Facilitator II	1.00		\$58,171	\$58,171
0005	Family Partner I	2.00		\$64,929	\$64,929
0006	Family Specialist I	2.00		\$65,635	\$65,635
0007	Clinical Program Manager	3.33		\$237,178	\$237,178
0008	Client Service Coordinator	0.50		\$23,807	\$23,807
0009	Associate Director	0.33		\$27,932	\$27,932
0010	Program Support Staff	4.49		\$280,360	\$280,360
SALARY TOTAL		29.64	\$0	\$1,608,317	\$1,608,317
PAYROLL TAXES:					
0030	OASDI			\$99,716	\$99,716
0031	FICA/MEDICARE			\$23,321	\$23,321
0032	SUI			\$16,083	\$16,083
PAYROLL TAX TOTAL				\$139,120	\$139,120
EMPLOYEE BENEFITS:					
0040	Retirement			\$56,291	\$56,291
0041	Workers Compensation			\$37,795	\$37,795
0042	Health Insurance (medical, vision, life, dental)			\$375,822	\$375,822
EMPLOYEE BENEFITS TOTAL				\$469,908	\$469,908
SALARY & BENEFITS GRAND TOTAL					\$2,217,345
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$105,203
1011	Rent/Lease Equipment				\$17,050
1012	Utilities				\$0
1013	Building Maintenance				\$4,500
1014	Equipment purchase				\$13,256
FACILITY/EQUIPMENT TOTAL					\$140,009
OPERATING EXPENSES:					
1060	Telephone				\$37,870
1061	Answering Service				\$0
1062	Postage				\$0
1063	Printing/Reproduction				\$0
1064	Publications				\$0
1065	Legal Notices/Advertising				\$0
1066	General Office Expenditures				\$10,438

1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/Vehicle Maintenance	\$50,533
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$17,836
1075	Lodging	\$0
1076	Depreciation	\$5,550
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$122,227

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$2,330
1082	Insurance	\$30,622
1083	Indirect Expenses	\$451,830
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$484,782

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$0
1092	Contract Psychiatrist	\$37,601
SPECIAL EXPENSES TOTAL		\$37,601

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$778.00
2001	Client Housing Operating Expenditures (SFC 71)	\$1,155
2002.1	Clothing, Food & Hygiene (SFC 72)	\$4,530
2002.2	Client Transportation & Support (SFC 72)	\$1,252
2002.3	Education Support (SFC 72)	\$192
2002.4	Employment Support (SFC 72)	\$0
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$1,156
2002.7	Utility Vouchers (SFC 72)	\$578
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$9,641
TOTAL PROGRAM EXPENSES		\$3,011,605

MEDI-CAL REVENUE:		Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	395,077	\$2.84	\$1,122,019
3100	Case Management	290,001	\$2.21	\$640,902
3200	Crisis Services	9,667	\$4.17	\$40,311
3300	Medication Support	19,333	\$5.18	\$100,145
3400	Collateral	38,860	\$2.84	\$110,362
3500	Plan Development	6,477	\$2.84	\$18,395
3600	Assessment	45,337	\$2.84	\$128,757
3700	Rehabilitation	161,917	\$2.84	\$459,844
Estimated Specialty Mental Health Services Billing Totals		966,669		\$2,620,736
Estimated % of Clients that are Medi-Cal Beneficiaries				80%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$2,096,589
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$1,048,294
State M/Cal Share of Cost % (BH Realignment/EPSTD)			50.00%	\$1,048,294
MEDI-CAL REVENUE TOTAL				\$2,096,589
OTHER REVENUE:				
4000	Other - (Identify)			\$0
4100	Other - (Identify)			\$0
4200	Other - (Identify)			\$0
4300	Other - (Identify)			\$0
OTHER REVENUE TOTAL				\$0
MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:				
5000	Prevention & Early Intervention (PEI) Funds			\$0
5100	Community Services & Supports (CSS) Funds			\$915,016
5200	Innovation (INN) Funds			\$0
5300	Workforce Education & Training (WET) Funds			\$0
MHSA FUNDS TOTAL				\$915,016
TOTAL PROGRAM REVENUE				\$3,011,605

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
UPLIFT FAMILY SERVICES
FY 2019-2020**

Budget Categories - Line Item Description (Must be itemized)		FTE %	Total Proposed Budget		
			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Clinician I	5.00		\$278,504	\$278,504
0002	Clinician II	1.00		\$64,176	\$64,176
0003	Facilitator I	10.00		\$533,134	\$533,134
0004	Facilitator II	1.00		\$59,916	\$59,916
0005	Family Partner I	2.00		\$66,877	\$66,877
0006	Family Specialist I	2.00		\$67,604	\$67,604
0007	Clinical Program Manager	3.33		\$244,293	\$244,293
0008	Client Service Coordinator	0.50		\$24,521	\$24,521
0009	Associate Director	0.33		\$28,770	\$28,770
0010	Program Support Staff	4.49		\$288,771	\$288,771
SALARY TOTAL		29.64	0.00	\$1,656,566	\$1,656,566
PAYROLL TAXES:					
0030	OASDI			\$102,707	\$102,707
0031	FICA/MEDICARE			\$24,020	\$24,020
0032	SUI			\$16,566	\$16,566
PAYROLL TAX TOTAL				\$143,293	\$143,293
EMPLOYEE BENEFITS:					
0040	Retirement			\$57,980	\$57,980
0041	Workers Compensation			\$38,929	\$38,929
0042	Health Insurance (medical, vision, life, dental)			\$387,097	\$387,097
EMPLOYEE BENEFITS TOTAL				\$484,006	\$484,006
SALARY & BENEFITS GRAND TOTAL					\$2,283,865
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$110,462
1011	Rent/Lease Equipment				\$17,050
1012	Utilities				\$0
1013	Building Maintenance				\$4,500
1014	Equipment purchase				\$13,256
FACILITY/EQUIPMENT TOTAL					\$145,268

OPERATING EXPENSES:

1060	Telephone	\$37,870
1061	Answering Service	\$0
1062	Postage	\$0
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	General Office Expenditures	\$10,438
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/Vehicle Maintenance	\$50,533
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$17,836
1075	Lodging	\$0
1076	Depreciation	\$5,550
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$122,227

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$2,330
1082	Insurance	\$31,541
1083	Indirect Expenses	\$464,661
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$498,532

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$0
1092	Contract Psychiatrist	\$37,601
SPECIAL EXPENSES TOTAL		\$37,601

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$778
2001	Client Housing Operating Expenditures (SFC 71)	\$1,155
2002.1	Clothing, Food & Hygiene (SFC 72)	\$4,530
2002.2	Client Transportation & Support (SFC 72)	\$1,252
2002.3	Education Support (SFC 72)	\$192
2002.4	Employment Support (SFC 72)	\$0
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$1,156
2002.7	Utility Vouchers (SFC 72)	\$578
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$9,641
TOTAL PROGRAM EXPENSES		\$3,097,134

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	411,195	\$2.84	\$1,167,794
3100	Case Management	301,832	\$2.21	\$667,049
3200	Crisis Services	10,061	\$4.17	\$41,954
3300	Medication Support	20,122	\$5.18	\$104,232
3400	Collateral	40,445	\$2.84	\$114,864
3500	Plan Development	6,741	\$2.84	\$19,144
3600	Assessment	47,186	\$2.84	\$134,008
3700	Rehabilitation	168,522	\$2.84	\$478,602
Estimated Specialty Mental Health Services Billing Totals		1,006,104		\$2,727,648
Estimated % of Clients that are Medi-Cal Beneficiaries				80%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$2,182,118
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$1,091,059
State M/Cal Share of Cost % (BH Realignment/EPSTD)			50.00%	\$1,091,059
MEDI-CAL REVENUE TOTAL				\$2,182,118

OTHER REVENUE:

4000	Other - (Identify)	\$0
4100	Other - (Identify)	\$0
4300	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$0
5100	Community Services & Supports (CSS) Funds	\$915,016
5200	Innovation (INN) Funds	\$0
5300	Workforce Education & Training (WET) Funds	\$0
MHSA FUNDS TOTAL		\$915,016
TOTAL PROGRAM REVENUE		\$3,097,134

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
UPLIFT FAMILY SERVICES
FY 2020-2021**

Budget Categories - Line Item Description (Must be itemized)		FTE %	Total Proposed Budget		
			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Clinician I	5.00		\$286,859	\$286,859
0002	Clinician II	1.00		\$66,101	\$66,101
0003	Facilitator I	10.00		\$549,128	\$549,128
0004	Facilitator II	1.00		\$61,713	\$61,713
0005	Family Partner I	2.00		\$68,883	\$68,883
0006	Family Specialist I	2.00		\$69,632	\$69,632
0007	Clinical Program Manager	3.33		\$251,622	\$251,622
0008	Client Service Coordinator	0.50		\$25,257	\$25,257
0009	Associate Director	0.33		\$29,633	\$29,633
0010	Program Support Staff	4.49		\$297,434	\$297,434
SALARY TOTAL		29.64	\$0	\$1,706,262	\$1,706,262
PAYROLL TAXES:					
0030	OASDI			\$105,787	\$105,787
0031	FICA/MEDICARE			\$24,741	\$24,741
0032	SUI			\$17,062	\$17,062
PAYROLL TAX TOTAL				\$147,590	\$147,590
EMPLOYEE BENEFITS:					
0040	Retirement			\$59,719	\$59,719
0041	Workers Compensation			\$40,097	\$40,097
0042	Health Insurance (medical, vision, life, dental)			\$398,710	\$398,710
EMPLOYEE BENEFITS TOTAL				\$498,526	\$498,526
SALARY & BENEFITS GRAND TOTAL					\$2,352,378
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$115,985
1011	Rent/Lease Equipment				\$17,050
1012	Utilities				\$0
1013	Building Maintenance				\$4,500
1014	Equipment purchase				\$13,256
FACILITY/EQUIPMENT TOTAL					\$150,791

OPERATING EXPENSES:

1060	Telephone	\$37,870
1061	Answering Service	\$0
1062	Postage	\$0
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	General Office Expenditures	\$10,438
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/Vehicle Maintenance	\$50,533
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$17,836
1075	Lodging	\$0
1076	Depreciation	\$5,550
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$122,227

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$2,330
1082	Insurance	\$32,487
1083	Indirect Expenses	\$477,896
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$512,713

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$0
1092	Contract Psychiatrist	\$37,601
SPECIAL EXPENSES TOTAL		\$37,601

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$778
2001	Client Housing Operating Expenditures (SFC 71)	\$1,155
2002.1	Clothing, Food & Hygiene (SFC 72)	\$4,530
2002.2	Client Transportation & Support (SFC 72)	\$1,252
2002.3	Education Support (SFC 72)	\$192
2002.4	Employment Support (SFC 72)	\$0
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$1,156
2002.7	Utility Vouchers (SFC 72)	\$578
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$9,641
TOTAL PROGRAM EXPENSES		\$3,185,351

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	427,815	\$2.84	\$1,214,995
3100	Case Management	314,037	\$2.21	\$694,022
3200	Crisis Services	10,468	\$4.17	\$43,652
3300	Medication Support	20,936	\$5.18	\$108,448
3400	Collateral	42,080	\$2.84	\$119,507
3500	Plan Development	7,013	\$2.84	\$19,917
3600	Assessment	49,094	\$2.84	\$139,427
3700	Rehabilitation	175,335	\$2.84	\$497,951
Estimated Specialty Mental Health Services Billing Totals		1,046,778		\$2,837,919
Estimated % of Clients that are Medi-Cal Beneficiaries				80%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$2,270,335
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$1,135,168
State M/Cal Share of Cost % (BH Realignment/EPSTD)			50.00%	\$1,135,168
MEDI-CAL REVENUE TOTAL				\$2,270,335

OTHER REVENUE:

4000	Other - (Identify)	\$0
4100	Other - (Identify)	\$0
4300	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$0
5100	Community Services & Supports (CSS) Funds	\$915,016
5200	Innovation (INN) Funds	\$0
5300	Workforce Education & Training (WET) Funds	\$0
MHSA FUNDS TOTAL		\$915,016
TOTAL PROGRAM REVENUE		\$3,185,351

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
UPLIFT FAMILY SERVICES
FY 2021-2022**

Budget Categories - Line Item Description (Must be itemized)		FTE %	Total Proposed Budget		
			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Clinician I	5.00		\$295,465	\$295,465
0002	Clinician II	1.00		\$68,084	\$68,084
0003	Facilitator I	10.00		\$565,602	\$565,602
0004	Facilitator II	1.00		\$63,564	\$63,564
0005	Family Partner I	2.00		\$70,949	\$70,949
0006	Family Specialist I	2.00		\$71,721	\$71,721
0007	Clinical Program Manager	3.33		\$259,171	\$259,171
0008	Client Service Coordinator	0.50		\$26,015	\$26,015
0009	Associate Director	0.33		\$30,522	\$30,522
0010	Program Support Staff	4.49		\$306,357	\$306,357
SALARY TOTAL		29.64	\$0	\$1,757,450	\$1,757,450
PAYROLL TAXES:					
0030	OASDI			\$108,963	\$108,963
0031	FICA/MEDICARE			\$25,484	\$25,484
0032	SUI			\$17,574	\$17,574
PAYROLL TAX TOTAL				\$152,021	\$152,021
EMPLOYEE BENEFITS:					
0040	Retirement			\$61,511	\$61,511
0041	Workers Compensation			\$41,300	\$41,300
0042	Health Insurance (medical, vision, life, dental)			\$410,671	\$410,671
EMPLOYEE BENEFITS TOTAL				\$513,482	\$513,482
SALARY & BENEFITS GRAND TOTAL					\$2,422,953
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$121,784
1011	Rent/Lease Equipment				\$17,050
1012	Utilities				\$0
1013	Building Maintenance				\$4,500
1014	Equipment purchase				\$13,256
FACILITY/EQUIPMENT TOTAL					\$156,590

OPERATING EXPENSES:

1060	Telephone	\$37,870
1061	Answering Service	\$0
1062	Postage	\$0
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	General Office Expenditures	\$10,438
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/Vehicle Maintenance	\$50,533
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$17,836
1075	Lodging	\$0
1076	Depreciation	\$5,550
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$122,227

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$2,330
1082	Insurance	\$33,461
1083	Indirect Expenses	\$491,547
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$527,338

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$0
1092	Contract Psychiatrist	\$37,601
SPECIAL EXPENSES TOTAL		\$37,601

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$778
2001	Client Housing Operating Expenditures (SFC 71)	\$1,155
2002.1	Clothing, Food & Hygiene (SFC 72)	\$4,530
2002.2	Client Transportation & Support (SFC 72)	\$1,252
2002.3	Education Support (SFC 72)	\$192
2002.4	Employment Support (SFC 72)	\$0
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$1,156
2002.7	Utility Vouchers (SFC 72)	\$578
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$9,641
TOTAL PROGRAM EXPENSES		\$3,276,350

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	444,965	\$2.84	\$1,263,701
3100	Case Management	326,620	\$2.21	\$721,830
3200	Crisis Services	10,887	\$4.17	\$45,399
3300	Medication Support	21,775	\$5.18	\$112,795
3400	Collateral	43,767	\$2.84	\$124,298
3500	Plan Development	7,295	\$2.84	\$20,718
3600	Assessment	51,062	\$2.84	\$145,016
3700	Rehabilitation	182,363	\$2.84	\$517,911
Estimated Specialty Mental Health Services Billing Totals		1,088,734		\$2,951,667
Estimated % of Clients that are Medi-Cal Beneficiaries				80%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$2,361,334
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$1,180,667
State M/Cal Share of Cost % (BH Realignment/EPSTDT)			50.00%	\$1,180,667
MEDI-CAL REVENUE TOTAL				\$2,361,334

OTHER REVENUE:

4000	Other - (Identify)	\$0
4100	Other - (Identify)	\$0
4300	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$0
5100	Community Services & Supports (CSS) Funds	\$915,016
5200	Innovation (INN) Funds	\$0
5300	Workforce Education & Training (WET) Funds	\$0
MHSA FUNDS TOTAL		\$915,016
TOTAL PROGRAM REVENUE		\$3,276,350

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
UPLIFT FAMILY SERVICES
FY 2022-2023**

Budget Categories - Line Item Description (Must be itemized)		FTE %	Total Proposed Budget		
			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Clinician I	5.00		\$304,329	\$304,329
0002	Clinician II	1.00		\$70,127	\$70,127
0003	Facilitator I	10.00		\$582,570	\$582,570
0004	Facilitator II	1.00		\$65,471	\$65,471
0005	Family Partner I	2.00		\$73,077	\$73,077
0006	Family Specialist I	2.00		\$73,873	\$73,873
0007	Clinical Program Manager	3.33		\$266,946	\$266,946
0008	Client Service Coordinator	0.50		\$26,795	\$26,795
0009	Associate Director	0.33		\$31,438	\$31,438
0010	Program Support Staff	4.49		\$315,548	\$315,548
SALARY TOTAL		29.64	\$0	\$1,810,174	\$1,810,174
PAYROLL TAXES:					
0030	OASDI			\$112,230	\$112,230
0031	FICA/MEDICARE			\$26,248	\$26,248
0032	SUI			\$18,102	\$18,102
PAYROLL TAX TOTAL				\$156,580	\$156,580
EMPLOYEE BENEFITS:					
0040	Retirement			\$63,356	\$63,356
0041	Workers Compensation			\$42,539	\$42,539
0042	Health Insurance (medical, vision, life, dental)			\$422,991	\$422,991
EMPLOYEE BENEFITS TOTAL				\$528,886	\$528,886
SALARY & BENEFITS GRAND TOTAL					\$2,495,640
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$127,873
1011	Rent/Lease Equipment				\$17,050
1012	Utilities				\$0
1013	Building Maintenance				\$4,500
1014	Equipment purchase				\$13,256
FACILITY/EQUIPMENT TOTAL					\$162,679

OPERATING EXPENSES:

1060	Telephone	\$37,870
1061	Answering Service	\$0
1062	Postage	\$0
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	General Office Expenditures	\$10,438
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/Vehicle Maintenance	\$50,533
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$17,836
1075	Lodging	\$0
1076	Depreciation	\$5,550
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$122,227

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$2,330
1082	Insurance	\$34,465
1083	Indirect Expenses	\$505,629
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$542,424

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$0
1092	Contract Psychiatrist	\$37,601
SPECIAL EXPENSES TOTAL		\$37,601

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$778
2001	Client Housing Operating Expenditures (SFC 71)	\$1,155
2002.1	Clothing, Food & Hygiene (SFC 72)	\$4,530
2002.2	Client Transportation & Support (SFC 72)	\$1,252
2002.3	Education Support (SFC 72)	\$192
2002.4	Employment Support (SFC 72)	\$0
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$1,156
2002.7	Utility Vouchers (SFC 72)	\$578
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$9,641
TOTAL PROGRAM EXPENSES		\$3,370,212

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	462,655	\$2.84	\$1,313,940
3100	Case Management	339,602	\$2.21	\$750,520
3200	Crisis Services	11,320	\$4.17	\$47,204
3300	Medication Support	22,640	\$5.18	\$117,275
3400	Collateral	45,507	\$2.84	\$129,240
3500	Plan Development	7,584	\$2.84	\$21,539
3600	Assessment	53,091	\$2.84	\$150,778
3700	Rehabilitation	189,612	\$2.84	\$538,498
Estimated Specialty Mental Health Services Billing Totals		1,132,011		\$3,068,995
Estimated % of Clients that are Medi-Cal Beneficiaries				80%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$2,455,196
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$1,227,598
State M/Cal Share of Cost % (BH Realignment/EPSTDT)			50.00%	\$1,227,598
MEDI-CAL REVENUE TOTAL				\$2,455,196

OTHER REVENUE:

4000	Other - (Identify)	\$0
4100	Other - (Identify)	\$0
4300	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$0
5100	Community Services & Supports (CSS) Funds	\$915,016
5200	Innovation (INN) Funds	\$0
5300	Workforce Education & Training (WET) Funds	\$0
MHSA FUNDS TOTAL		\$915,016
TOTAL PROGRAM REVENUE		\$3,370,212

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
EXCEPTIONAL PARENTS UNLIMITED, INC
FY 2018-2019**

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:				
0001 Senior Mental Health Clinician	1.80		\$167,400	\$167,400
0002 Licensed Mental Health Clinician	1.00		\$70,000	\$70,000
0003 Mental Health Clinician	2.00		\$110,560	\$110,560
0004 Children's Services Coordinator II	5.00		\$192,587	\$192,587
0005 Children's Services Coordinator III	2.00		\$94,057	\$94,057
0006 Suport Services Supervisor	0.30		\$13,308	\$13,308
0007 Children's Services Assistant	1.70		\$46,053	\$46,053
0008 Administrative Assistant	0.70	\$23,285		\$23,285
0009 Billing Specialist	0.45	\$17,225		\$17,225
0010 Billing Assistant	1.00	\$30,012		\$30,012
0011 Data Management Assistant	1.00	\$30,710		\$30,710
0012 Facilities Manager	0.05	\$2,424		\$2,424
0013 Program & Operations Manager-ACC	0.50	\$44,000		\$44,000
SALARY TOTAL	17.50	\$147,656	\$693,965	\$841,621
PAYROLL TAXES:				
0030 OASDI		\$9,155	\$43,026	\$52,181
0031 FICA/MEDICARE		\$2,141	\$10,062	\$12,203
0032 SUI		\$623	\$2,322	\$2,945
PAYROLL TAX TOTAL		\$11,919	\$55,410	\$67,329
EMPLOYEE BENEFITS:				
0040 Retirement		\$5,906	\$27,759	\$33,665
0041 Workers Compensation		\$2,067	\$9,716	\$11,783
0042 Health Insurance (medical, vision, life, dental)		\$15,652	\$73,560	\$89,212
EMPLOYEE BENEFITS TOTAL		\$23,625	\$111,035	\$134,660
SALARY & BENEFITS GRAND TOTAL				\$1,043,610
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$67,190
1011 Rent/Lease Equipment				\$16,800
1012 Utilities				\$9,000
1013 Building Maintenance				\$11,880
1014 Equipment purchase				\$3,000
FACILITY/EQUIPMENT TOTAL				\$107,870

OPERATING EXPENSES:

1060	Telephone	\$7,500
1061	Answering Service	\$0
1062	Postage	\$1,800
1063	Printing/Reproduction	\$1,500
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$14,400
1067	Household Supplies	\$0
1068	Food	\$500
1069	Program Supplies - Therapeutic	\$5,500
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/Vehicle Maintenance	\$5,500
1073	Staff Travel (Out of County)	\$2,150
1074	Staff Training/Registration	\$18,000
1075	Lodging	\$0
1076	Other - (Identify)	\$0
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$56,850

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$3,600
1082	Liability Insurance	\$8,400
1083	Administrative Overhead	\$181,687
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$193,687

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$9,135
1091	Translation Services	\$900
1092	Billing System Support	\$2,400
1092	Contract Psychologist	\$60,000
SPECIAL EXPENSES TOTAL		\$72,435

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$900
2001	Client Housing Operating Expenditures (SFC 71)	\$0
2002.1	Clothing, Food & Hygiene (SFC 72)	\$700
2002.2	Client Transportation & Support (SFC 72)	\$700
2002.3	Education Support (SFC 72)	\$700
2002.4	Employment Support (SFC 72)	\$500
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$750
2002.7	Utility Vouchers (SFC 72)	\$750
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$5,000
TOTAL PROGRAM EXPENSES		\$1,479,452

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	49,900	\$2.84	\$141,716
3100	Case Management	20,376	\$2.21	\$45,031
3200	Crisis Services	1,000	\$4.17	\$4,170
3300	Medication Support	0	\$0.00	\$0
3400	Collateral	72,672	\$2.84	\$206,388
3500	Plan Development	6,525	\$2.84	\$18,531
3600	Assessment	32,467	\$2.84	\$92,206
3700	Rehabilitation	60,112	\$2.84	\$170,718
Estimated Specialty Mental Health Services Billing Totals		243,052		\$678,761
Estimated % of Clients that are Medi-Cal Beneficiaries				100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$678,761
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			0.00%	\$0
State M/Cal Share of Cost % (BH Realignment/EPSTDT)			0.00%	\$0
MEDI-CAL REVENUE TOTAL				\$678,761

OTHER REVENUE:

4100	Other - (Identify)	\$0
4200	Other - (Identify)	\$0
4300	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$0
5100	Community Services & Supports (CSS) Funds	\$800,691
5200	Innovation (INN) Funds	\$0
5300	Workforce Education & Training (WET) Funds	\$0
MHSA FUNDS TOTAL		\$800,691
TOTAL PROGRAM REVENUE		\$1,479,452

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
EXCEPTIONAL PARENTS UNLIMITED, INC
FY 2019-2020**

Budget Categories -			Total Proposed Budget		
Line Item Description (Must be itemized)		FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Senior Mental Health Clinician	1.80		\$169,911	\$169,911
0002	Licensed Mental Health Clinician	3.00		\$186,610	\$186,610
0003	Children's Services Coordinator II	5.00		\$195,476	\$195,476
0004	Children's Services Coordinator III	2.00		\$95,469	\$95,469
0005	Support Services Supervisor	0.30		\$13,508	\$13,508
0006	Children's Services Assistant	1.70		\$46,744	\$46,744
0007	Administrative Assistant	0.70	\$23,634		\$23,634
0008	Billing Specialist	0.45	\$17,481		\$17,481
0009	Billing Assistant	1.00	\$30,462		\$30,462
0010	Data Management Assistant	1.00	\$30,970		\$30,970
0011	Facilities Manager	0.05	\$2,462		\$2,462
0012	Program & Operations Manager-ACC	0.50	\$44,000		\$44,000
SALARY TOTAL		17.50	\$149,009	\$707,718	\$856,727
PAYROLL TAXES:					
0030	OASDI		\$9,239	\$43,879	\$53,117
0031	FICA/MEDICARE		\$2,161	\$10,262	\$12,423
0032	SUI		\$634	\$2,364	\$2,998
PAYROLL TAX TOTAL			\$12,033	\$56,504	\$68,538
EMPLOYEE BENEFITS:					
0040	Retirement		\$5,960	\$28,309	\$34,269
0041	Workers Compensation		\$2,086	\$9,908	\$11,994
0042	Health Insurance (medical, vision, life, dental)		\$15,795	\$75,018	\$90,813
EMPLOYEE BENEFITS TOTAL			\$23,841	\$113,235	\$137,076
SALARY & BENEFITS GRAND TOTAL					\$1,062,341
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$67,190
1011	Rent/Lease Equipment				\$16,800
1012	Utilities				\$9,000
1013	Building Maintenance				\$11,880
1014	Equipment purchase				\$1,000
FACILITY/EQUIPMENT TOTAL					\$105,870

OPERATING EXPENSES:

1060	Telephone	\$7,500
1061	Answering Service	\$0
1062	Postage	\$1,800
1063	Printing/Reproduction	\$1,500
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$14,400
1067	Household Supplies	\$0
1068	Food	\$400
1069	Program Supplies - Therapeutic	\$5,600
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/Vehicle Maintenance	\$5,500
1073	Staff Travel (Out of County)	\$1,540
1074	Staff Training/Registration	\$6,000
1075	Lodging	\$0
1076	Other - (Identify)	\$0
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$44,240

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$3,600
1082	Liability Insurance	\$8,400
1083	Administrative Overhead	\$182,267
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$194,267

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$9,160
1091	Translation Services	\$900
1092	Billing System Support	\$2,400
1092	Contract Psychologist	\$60,000
SPECIAL EXPENSES TOTAL		\$72,460

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$900
2001	Client Housing Operating Expenditures (SFC 71)	\$0
2002.1	Clothing, Food & Hygiene (SFC 72)	\$700
2002.2	Client Transportation & Support (SFC 72)	\$700
2002.3	Education Support (SFC 72)	\$700
2002.4	Employment Support (SFC 72)	\$500
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$750
2002.7	Utility Vouchers (SFC 72)	\$750
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$5,000
TOTAL PROGRAM EXPENSES		\$1,484,178

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	50,250	\$2.84	\$142,710
3100	Case Management	20,492	\$2.21	\$45,287
3200	Crisis Services	1,000	\$4.17	\$4,170
3300	Medication Support	0	\$0.00	\$0
3400	Collateral	73,187	\$2.84	\$207,851
3500	Plan Development	6,568	\$2.84	\$18,653
3600	Assessment	32,700	\$2.84	\$92,868
3700	Rehabilitation	60,545	\$2.84	\$171,948
Estimated Specialty Mental Health Services Billing Totals		244,742		\$683,487
Estimated % of Clients that are Medi-Cal Beneficiaries				100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$683,487
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			0.00%	\$0
State M/Cal Share of Cost % (BH Realignment/EPSTD)			0.00%	\$0
MEDI-CAL REVENUE TOTAL				\$683,487

OTHER REVENUE:

4100	Other - (Identify)	\$0
4200	Other - (Identify)	\$0
4300	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$0
5100	Community Services & Supports (CSS) Funds	\$800,691
5200	Innovation (INN) Funds	\$0
5300	Workforce Education & Training (WET) Funds	\$0
MHSA FUNDS TOTAL		\$800,691
TOTAL PROGRAM REVENUE		\$1,484,178

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
EXCEPTIONAL PARENTS UNLIMITED, INC
FY 2020-2021**

Budget Categories -			Total Proposed Budget			
Line Item Description (Must be itemized)			FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:						
0001	Senior Mental Health Clinician	1.80			\$172,460	\$172,460
0002	Licensed Mental Health Clinician	3.00			\$189,410	\$189,410
0003	Children's Services Coordinator II	5.00			\$198,408	\$198,408
0004	Children's Services Coordinator III	2.00			\$96,900	\$96,900
0005	Support Services Supervisor	0.30			\$13,710	\$13,710
0006	Children's Services Assistant	1.70			\$47,446	\$47,446
0007	Administrative Assistant	0.70		\$23,989		\$23,989
0008	Billing Specialist	0.45		\$17,743		\$17,743
0009	Billing Assistant	1.00		\$30,910		\$30,910
0010	Data Management Assistant	1.00		\$31,435		\$31,435
0011	Facilities Manager	0.05		\$2,498		\$2,498
0012	Program & Operations Manager-ACC	0.50		\$44,660		\$44,660
SALARY TOTAL			17.50	\$151,235	\$718,334	\$869,569
PAYROLL TAXES:						
0030	OASDI			\$9,376	\$44,537	\$53,913
0031	FICA/MEDICARE			\$2,193	\$10,416	\$12,609
0032	SUI			\$643	\$2,400	\$3,043
PAYROLL TAX TOTAL				\$12,212	\$57,353	\$69,565
EMPLOYEE BENEFITS:						
0040	Retirement			\$6,049	\$28,733	\$34,782
0041	Workers Compensation			\$2,117	\$10,057	\$12,174
0042	Health Insurance (medical, vision, life, dental)			\$17,543	\$83,327	\$100,870
EMPLOYEE BENEFITS TOTAL				\$25,709	\$122,117	\$147,826
SALARY & BENEFITS GRAND TOTAL						\$1,086,960
FACILITIES/EQUIPMENT EXPENSES:						
1010	Rent/Lease Building					\$67,190
1011	Rent/Lease Equipment					\$16,800
1012	Utilities					\$9,000
1013	Building Maintenance					\$11,880
1014	Equipment purchase					\$3,000
FACILITY/EQUIPMENT TOTAL						\$107,870

OPERATING EXPENSES:

1060	Telephone	\$7,500
1061	Answering Service	\$0
1062	Postage	\$1,800
1063	Printing/Reproduction	\$1,500
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$14,400
1067	Household Supplies	\$0
1068	Food	\$500
1069	Program Supplies - Therapeutic	\$7,000
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/Vehicle Maintenance	\$5,500
1073	Staff Travel (Out of County)	\$4,000
1074	Staff Training/Registration	\$20,900
1075	Lodging	\$0
1076	Other - (Identify)	\$0
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$63,100

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$3,600
1082	Liability Insurance	\$8,400
1083	Administrative Overhead	\$189,074
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$201,074

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$9,300
1091	Translation Services	\$900
1092	Billing System Support	\$2,400
1093	Contract Psychologist	\$60,000
SPECIAL EXPENSES TOTAL		\$72,600

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$1,800
2001	Client Housing Operating Expenditures (SFC 71)	\$0
2002.1	Clothing, Food & Hygiene (SFC 72)	\$1,000
2002.2	Client Transportation & Support (SFC 72)	\$1,000
2002.3	Education Support (SFC 72)	\$900
2002.4	Employment Support (SFC 72)	\$900
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$1,200
2002.7	Utility Vouchers (SFC 72)	\$1,200
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$8,000
TOTAL PROGRAM EXPENSES		\$1,539,604

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	52,130	\$2.84	\$148,049
3100	Case Management	24,124	\$2.21	\$53,314
3200	Crisis Services	2,400	\$4.17	\$10,008
3300	Medication Support	0	\$0.00	\$0
3400	Collateral	78,841	\$2.84	\$223,908
3500	Plan Development	7,000	\$2.84	\$19,880
3600	Assessment	35,498	\$2.84	\$100,814
3700	Rehabilitation	64,415	\$2.84	\$182,939
Estimated Specialty Mental Health Services Billing Totals		264,408		\$738,913
Estimated % of Clients that are Medi-Cal Beneficiaries				100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$738,913
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			0.00%	\$0
State M/Cal Share of Cost % (BH Realignment/EPSTDT)			0.00%	\$0
MEDI-CAL REVENUE TOTAL				\$738,913

OTHER REVENUE:

4100	Other - (Identify)	\$0
4200	Other - (Identify)	\$0
4300	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$0
5100	Community Services & Supports (CSS) Funds	\$800,691
5200	Innovation (INN) Funds	\$0
5300	Workforce Education & Training (WET) Funds	\$0
MHSA FUNDS TOTAL		\$800,691
TOTAL PROGRAM REVENUE		\$1,539,604

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
EXCEPTIONAL PARENTS UNLIMITED, INC
FY 2021-2022**

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:				
0001 Senior Mental Health Clinician	1.80		\$172,460	\$172,460
0002 Licensed Mental Health Clinician	3.00		\$189,410	\$189,410
0003 Children's Services Coordinator II	5.00		\$198,408	\$198,408
0004 Children's Services Coordinator III	2.00		\$96,900	\$96,900
0005 Support Services Supervisor	0.30		\$13,710	\$13,710
0006 Children's Services Assistant	1.70		\$47,446	\$47,446
0007 Administrative Assistant	0.70	\$23,989		\$23,989
0008 Billing Specialist	0.45	\$17,743		\$17,743
0009 Billing Assistant	1.00	\$30,910		\$30,910
0010 Data Management Assistant	1.00	\$31,435		\$31,435
0011 Facilities Manager	0.05	\$2,498		\$2,498
0012 Program & Operations Manager-ACC	0.50	\$44,660		\$44,660
SALARY TOTAL	17.50	\$151,235	\$718,334	\$869,569
PAYROLL TAXES:				
0030 OASDI		\$9,376	\$44,537	\$53,913
0031 FICA/MEDICARE		\$2,193	\$10,416	\$12,609
0032 SUI		\$643	\$2,400	\$3,043
PAYROLL TAX TOTAL		\$12,212	\$57,353	\$69,565
EMPLOYEE BENEFITS:				
0040 Retirement		\$6,049	\$28,733	\$34,782
0041 Workers Compensation		\$2,117	\$10,057	\$12,174
0042 Health Insurance (medical, vision, life, dental)		\$17,543	\$83,327	\$100,870
EMPLOYEE BENEFITS TOTAL		\$25,709	\$122,117	\$147,826
SALARY & BENEFITS GRAND TOTAL				\$1,086,960
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$67,190
1011 Rent/Lease Equipment				\$16,800
1012 Utilities				\$9,000
1013 Building Maintenance				\$11,880
1014 Equipment purchase				\$3,000
FACILITY/EQUIPMENT TOTAL				\$107,870

OPERATING EXPENSES:

1060	Telephone	\$7,500
1061	Answering Service	\$0
1062	Postage	\$1,800
1063	Printing/Reproduction	\$1,500
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$14,400
1067	Household Supplies	\$0
1068	Food	\$500
1069	Program Supplies - Therapeutic	\$7,000
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/Vehicle Maintenance	\$5,500
1073	Staff Travel (Out of County)	\$4,000
1074	Staff Training/Registration	\$20,900
1075	Lodging	\$0
1076	Other - (Identify)	\$0
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$63,100

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$3,600
1082	Liability Insurance	\$8,400
1083	Administrative Overhead	\$189,074
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$201,074

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$9,300
1091	Translation Services	\$900
1092	Billing System Support	\$2,400
1093	Contract Psychologist	\$60,000
SPECIAL EXPENSES TOTAL		\$72,600

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$1,800
2001	Client Housing Operating Expenditures (SFC 71)	\$0
2002.1	Clothing, Food & Hygiene (SFC 72)	\$1,000
2002.2	Client Transportation & Support (SFC 72)	\$1,000
2002.3	Education Support (SFC 72)	\$900
2002.4	Employment Support (SFC 72)	\$900
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$1,200
2002.7	Utility Vouchers (SFC 72)	\$1,200
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$8,000
TOTAL PROGRAM EXPENSES		\$1,539,604

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	52,130	\$2.84	\$148,049
3100	Case Management	24,124	\$2.21	\$53,314
3200	Crisis Services	2,400	\$4.17	\$10,008
3300	Medication Support	0	\$0.00	\$0
3400	Collateral	78,841	\$2.84	\$223,908
3500	Plan Development	7,000	\$2.84	\$19,880
3600	Assessment	35,498	\$2.84	\$100,814
3700	Rehabilitation	64,415	\$2.84	\$182,939
Estimated Specialty Mental Health Services Billing Totals		264,408		\$738,913
Estimated % of Clients that are Medi-Cal Beneficiaries				100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$738,913
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			0.00%	\$0
State M/Cal Share of Cost % (BH Realignment/EPSTDT)			0.00%	\$0
MEDI-CAL REVENUE TOTAL				\$738,913

OTHER REVENUE:

4100	Other - (Identify)	\$0
4200	Other - (Identify)	\$0
4300	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$0
5100	Community Services & Supports (CSS) Funds	\$800,691
5200	Innovation (INN) Funds	\$0
5300	Workforce Education & Training (WET) Funds	\$0
MHSA FUNDS TOTAL		\$800,691
TOTAL PROGRAM REVENUE		\$1,539,604

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
EXCEPTIONAL PARENTS UNLIMITED, INC
FY 2022-2023**

Budget Categories -			Total Proposed Budget			
Line Item Description (Must be itemized)			FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:						
0001	Senior Mental Health Clinician		1.80		\$172,460	\$172,460
0002	Licensed Mental Health Clinician		3.00		\$189,410	\$189,410
0003	Children's Services Coordinator II		5.00		\$198,408	\$198,408
0004	Children's Services Coordinator III		2.00		\$96,900	\$96,900
0005	Support Services Supervisor		0.30		\$13,710	\$13,710
0006	Children's Services Assistant		1.70		\$47,446	\$47,446
0007	Administrative Assistant		0.70	\$23,989		\$23,989
0008	Billing Specialist		0.45	\$17,743		\$17,743
0009	Billing Assistant		1.00	\$30,910		\$30,910
0010	Data Management Assistant		1.00	\$31,435		\$31,435
0011	Facilities Manager		0.05	\$2,498		\$2,498
0012	Program & Operations Manager-ACC		0.50	\$44,660		\$44,660
SALARY TOTAL			17.50	\$151,235	\$718,334	\$869,569
PAYROLL TAXES:						
0030	OASDI			\$9,376	\$44,537	\$53,913
0031	FICA/MEDICARE			\$2,193	\$10,416	\$12,609
0032	SUI			\$643	\$2,400	\$3,043
PAYROLL TAX TOTAL				\$12,212	\$57,353	\$69,565
EMPLOYEE BENEFITS:						
0040	Retirement			\$6,049	\$28,733	\$34,782
0041	Workers Compensation			\$2,117	\$10,057	\$12,174
0042	Health Insurance (medical, vision, life, dental)			\$17,543	\$83,327	\$100,870
EMPLOYEE BENEFITS TOTAL				\$25,709	\$122,117	\$147,826
SALARY & BENEFITS GRAND TOTAL						\$1,086,960
FACILITIES/EQUIPMENT EXPENSES:						
1010	Rent/Lease Building					\$67,190
1011	Rent/Lease Equipment					\$16,800
1012	Utilities					\$9,000
1013	Building Maintenance					\$11,880
1014	Equipment purchase					\$3,000
FACILITY/EQUIPMENT TOTAL						\$107,870

OPERATING EXPENSES:

1060	Telephone	\$7,500
1061	Answering Service	\$0
1062	Postage	\$1,800
1063	Printing/Reproduction	\$1,500
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$14,400
1067	Household Supplies	\$0
1068	Food	\$500
1069	Program Supplies - Therapeutic	\$7,000
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/Vehicle Maintenance	\$5,500
1073	Staff Travel (Out of County)	\$4,000
1074	Staff Training/Registration	\$20,900
1075	Lodging	\$0
1076	Other - (Identify)	\$0
1077	Other - (Identify)	\$0
OPERATING EXPENSES TOTAL		\$63,100

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$3,600
1082	Liability Insurance	\$8,400
1083	Administrative Overhead	\$189,074
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$201,074

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$9,300
1091	Translation Services	\$900
1092	Billing System Support	\$2,400
1093	Contract Psychologist	\$60,000
SPECIAL EXPENSES TOTAL		\$72,600

FIXED ASSETS:

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$0

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$1,800
2001	Client Housing Operating Expenditures (SFC 71)	\$0
2002.1	Clothing, Food & Hygiene (SFC 72)	\$1,000
2002.2	Client Transportation & Support (SFC 72)	\$1,000
2002.3	Education Support (SFC 72)	\$900
2002.4	Employment Support (SFC 72)	\$900
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$1,200
2002.7	Utility Vouchers (SFC 72)	\$1,200
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$8,000
TOTAL PROGRAM EXPENSES		\$1,539,604

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	52,130	\$2.84	\$148,049
3100	Case Management	24,124	\$2.21	\$53,314
3200	Crisis Services	2,400	\$4.17	\$10,008
3300	Medication Support	0	\$0.00	\$0
3400	Collateral	78,841	\$2.84	\$223,908
3500	Plan Development	7,000	\$2.84	\$19,880
3600	Assessment	35,498	\$2.84	\$100,814
3700	Rehabilitation	64,415	\$2.84	\$182,939
Estimated Specialty Mental Health Services Billing Totals		264,408		\$738,913
Estimated % of Clients that are Medi-Cal Beneficiaries				100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$738,913
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			0.00%	\$0
State M/Cal Share of Cost % (BH Realignment/EPSTDT)			0.00%	\$0
MEDI-CAL REVENUE TOTAL				\$738,913

OTHER REVENUE:

4100	Other - (Identify)	\$0
4200	Other - (Identify)	\$0
4300	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$0
5100	Community Services & Supports (CSS) Funds	\$800,691
5200	Innovation (INN) Funds	\$0
5300	Workforce Education & Training (WET) Funds	\$0
MHSA FUNDS TOTAL		\$800,691
TOTAL PROGRAM REVENUE		\$1,539,604

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.
FY 2018 - 2019**

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin	Direct	Total
PERSONNEL SALARIES:				
0001 Program Manager	0.75	\$ -	\$ 76,897	\$ 76,897
0002 Clinical Director	0.10	\$ -	\$ 11,308	\$ 11,308
0003 Clinical Oversight/Peer Review	0.55	\$ -	\$ 49,798	\$ 49,798
0004 PCIT Clinicians/Lead Therapists	6.00	\$ -	\$ 305,612	\$ 305,612
0005 Case Managers	4.00	\$ -	\$ 144,565	\$ 144,565
0006 Finance Dir/HR Mgr/Finance & Clerical Support	Varies	\$ 41,680	\$ 47,892	\$ 89,572
SALARY TOTAL		\$ 41,680	\$ 636,072	\$ 677,752
PAYROLL TAXES:				
0030 OASDI		\$ -	\$ -	\$ -
0031 FICA/MEDICARE		\$ 3,188	\$ 48,662	\$ 51,850
0032 SUI		\$ 329	\$ 7,923	\$ 8,252
PAYROLL TAX TOTAL		\$ 3,517	\$ 56,585	\$ 60,102
EMPLOYEE BENEFITS:				
0040 Retirement		\$ 2,086	\$ 31,812	\$ 33,898
0041 Workers Compensation		\$ 423	\$ 6,780	\$ 7,203
0042 Health Insurance (medical, vision, life, dental)		\$ 4,337	\$ 82,473	\$ 86,810
EMPLOYEE BENEFITS TOTAL		\$ 6,846	\$ 121,065	\$ 127,911
SALARY & BENEFITS GRAND TOTAL				\$ 865,765
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$ 55,164
1011 Rent/Lease Equipment				\$ 10,921
1012 Utilities				\$ 8,792
1013 Building Maintenance				\$ 5,420
1014 Equipment purchase				\$ 4,000
FACILITY/EQUIPMENT TOTAL				\$ 84,297

OPERATING EXPENSES:

1060	Telephone	\$	11,421
1061	Answering Service	\$	-
1062	Postage	\$	-
1063	Printing/Reproduction	\$	300
1064	Publications	\$	-
1065	Legal Notices/Advertising	\$	-
1066	Office Supplies & Equipment	\$	5,846
1067	Household Supplies	\$	-
1068	Food	\$	-
1069	Program Supplies - Therapeutic	\$	4,800
1070	Program Supplies - Medical	\$	-
1071	Transportation of Clients	\$	4,500
1072	Staff Mileage/Vehicle Maintenance	\$	4,210
1073	Staff Travel (Out of County)	\$	1,840
1074	Staff Training/Registration	\$	11,038
1075	Lodging	\$	1,200
1076	Other - (Identify)	\$	-
1077	Other - (Identify)	\$	-
OPERATING EXPENSES TOTAL		\$	45,155

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$	-
1081	External Audit	\$	3,132
1082	Liability Insurance	\$	-
1083	Administrative Overhead	\$	4,101
1084	Payroll Services	\$	2,151
1085	Professional Liability Insurance	\$	5,978
FINANCIAL SERVICES TOTAL		\$	15,362

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant	\$	2,333
1091	Translation Services	\$	2,000
1092	Medication Supports	\$	250
SPECIAL EXPENSES TOTAL		\$	4,583

FIXED ASSETS:

1190	Computers & Software	\$	-
1191	Furniture & Fixtures	\$	-
1192	Other - Leased Automobile	\$	7,200
FIXED ASSETS TOTAL		\$	7,200

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$	-
2001	Client Housing Operating Expenditures (SFC 71)	\$	-
2002.1	Clothing, Food & Hygiene (SFC 72)	\$	2,500
2002.2	Client Transportation & Support (SFC 72)	\$	2,000
2002.3	Education Support (SFC 72)	\$	300
2002.4	Employment Support (SFC 72)	\$	200
2002.5	Respite Care (SFC 72)	\$	-
2002.6	Household Items	\$	-
2002.7	Utility Vouchers (SFC 72)	\$	-
2002.8	Child Care (SFC 72)	\$	-
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$	5,000
TOTAL PROGRAM EXPENSES		\$	1,027,362

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	49,917	\$2.84	\$ 141,764
3100	Case Management	26,447	\$2.21	\$ 58,448
3200	Crisis Services	126	\$4.23	\$ 533
3300	Medication Support	-	\$4.82	\$ -
3400	Collateral	109,868	\$2.84	\$ 312,025
3500	Plan Development	994	\$2.84	\$ 2,823
3600	Assessment	19,210	\$2.84	\$ 54,556
3700	Rehabilitation	26,608	\$2.84	\$ 75,567
Estimated Specialty Mental Health Services Billing Totals		233,170		\$ 645,716
Estimated % of Clients that are Medi-Cal Beneficiaries				100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$ 645,716
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$ 322,858
State M/Cal Share of Cost % (BH Realignment/EPSTD)			50.00%	\$ 322,858
MEDI-CAL REVENUE TOTAL				\$ 645,716

OTHER REVENUE:

4100	Other - (Identify)	\$	-
4200	Other - (Identify)	\$	-
4300	Other - (Identify)	\$	-
OTHER REVENUE TOTAL		\$	-

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$	-
5100	Community Services & Supports (CSS) Funds	\$	381,646
5200	Innovation (INN) Funds	\$	-
5300	Workforce Education & Training (WET) Funds	\$	-
MHSA FUNDS TOTAL		\$	381,646
TOTAL PROGRAM REVENUE		\$	1,027,362

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.
FY 2019 - 2020**

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin	Direct	Total
PERSONNEL SALARIES:				
0001 Program Manager	0.75	\$ -	\$ 81,955	\$ 81,955
0002 Clinical Director	0.10	\$ -	\$ 12,005	\$ 12,005
0003 Clinical Oversight/Peer Review	0.55	\$ -	\$ 52,870	\$ 52,870
0004 PCIT Clinicians/Lead Therapists	6.00	\$ -	\$ 324,571	\$ 324,571
0005 Case Managers	4.00	\$ -	\$ 153,335	\$ 153,335
0006 Finance Dir/HR Mgr/Finance & Clerical Support	Varies	\$ 44,404	\$ 51,025	\$ 95,429
SALARY TOTAL		\$ 44,404	\$ 675,761	\$ 720,165
PAYROLL TAXES:				
0030 OASDI		\$ -	\$ -	\$ -
0031 FICA/MEDICARE		\$ 3,397	\$ 51,695	\$ 55,092
0032 SUI		\$ 276	\$ 6,605	\$ 6,881
PAYROLL TAX TOTAL		\$ 3,673	\$ 58,300	\$ 61,973
EMPLOYEE BENEFITS:				
0040 Retirement		\$ 2,224	\$ 33,801	\$ 36,025
0041 Workers Compensation		\$ 452	\$ 7,202	\$ 7,654
0042 Health Insurance (medical, vision, life, dental)		\$ 4,632	\$ 88,091	\$ 92,723
EMPLOYEE BENEFITS TOTAL		\$ 7,308	\$ 129,094	\$ 136,402
SALARY & BENEFITS GRAND TOTAL				\$ 918,540
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$ 56,684
1011 Rent/Lease Equipment				\$ 11,102
1012 Utilities				\$ 9,056
1013 Building Maintenance				\$ 5,602
1014 Equipment purchase				\$ -
FACILITY/EQUIPMENT TOTAL				\$ 82,444

OPERATING EXPENSES:

1060	Telephone	\$	11,566
1061	Answering Service	\$	-
1062	Postage	\$	-
1063	Printing/Reproduction	\$	300
1064	Publications	\$	-
1065	Legal Notices/Advertising	\$	-
1066	Office Supplies & Equipment	\$	5,866
1067	Household Supplies	\$	-
1068	Food	\$	-
1069	Program Supplies - Therapeutic	\$	4,800
1070	Program Supplies - Medical	\$	-
1071	Transportation of Clients	\$	4,500
1072	Staff Mileage/Vehicle Maintenance	\$	4,212
1073	Staff Travel (Out of County)	\$	1,840
1074	Staff Training/Registration	\$	4,050
1075	Lodging	\$	1,200
1076	Other - (Identify)	\$	-
1077	Other - (Identify)	\$	-
OPERATING EXPENSES TOTAL		\$	38,334

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$	-
1081	External Audit	\$	3,226
1082	Liability Insurance	\$	-
1083	Administrative Overhead	\$	4,161
1084	Payroll Services	\$	2,215
1085	Professional Liability Insurance	\$	6,080
FINANCIAL SERVICES TOTAL		\$	15,682

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant	\$	2,358
1091	Translation Services	\$	2,000
1092	Medication Supports	\$	250
SPECIAL EXPENSES TOTAL		\$	4,608

FIXED ASSETS:

1190	Computers & Software	\$	-
1191	Furniture & Fixtures	\$	-
1192	Other - Leased Automobile	\$	7,200
FIXED ASSETS TOTAL		\$	7,200

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$	-
2001	Client Housing Operating Expenditures (SFC 71)	\$	-
2002.1	Clothing, Food & Hygiene (SFC 72)	\$	2,500
2002.2	Client Transportation & Support (SFC 72)	\$	2,000
2002.3	Education Support (SFC 72)	\$	300
2002.4	Employment Support (SFC 72)	\$	200
2002.5	Respite Care (SFC 72)	\$	-
2002.6	Household Items	\$	-
2002.7	Utility Vouchers (SFC 72)	\$	-
2002.8	Child Care (SFC 72)	\$	-
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$	5,000
TOTAL PROGRAM EXPENSES		\$	1,071,808

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	53,353	\$2.84	\$ 151,523
3100	Case Management	28,267	\$2.21	\$ 62,470
3200	Crisis Services	135	\$4.23	\$ 571
3300	Medication Support	-	\$4.82	\$ -
3400	Collateral	117,430	\$2.84	\$ 333,501
3500	Plan Development	1,063	\$2.84	\$ 3,019
3600	Assessment	20,532	\$2.84	\$ 58,311
3700	Rehabilitation	28,439	\$2.84	\$ 80,767
Estimated Specialty Mental Health Services Billing Totals		249,219		\$ 690,162
Estimated % of Clients that are Medi-Cal Beneficiaries				100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$ 690,162
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$ 345,081
State M/Cal Share of Cost % (BH Realignment/EPSTD)			50.00%	\$ 345,081
MEDI-CAL REVENUE TOTAL				\$ 690,162

OTHER REVENUE:

4100	Other - (Identify)	\$	-
4200	Other - (Identify)	\$	-
4300	Other - (Identify)	\$	-
OTHER REVENUE TOTAL		\$	-

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$	-
5100	Community Services & Supports (CSS) Funds	\$	381,646
5200	Innovation (INN) Funds	\$	-
5300	Workforce Education & Training (WET) Funds	\$	-
MHSA FUNDS TOTAL		\$	381,646
TOTAL PROGRAM REVENUE		\$	1,071,808

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.
FY 2020 - 2021**

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin	Direct	Total
PERSONNEL SALARIES:				
0001 Program Manager	0.75	\$ -	\$ 84,919	\$ 84,919
0002 Clinical Director	0.10	\$ -	\$ 12,437	\$ 12,437
0003 Clinical Oversight/Peer Review	0.55	\$ -	\$ 54,576	\$ 54,576
0004 PCIT Clinicians/Lead Therapists	6.00	\$ -	\$ 336,096	\$ 336,096
0005 Case Managers	4.00	\$ -	\$ 158,853	\$ 158,853
0006 Finance Dir/HR Mgr/Finance & Clerical Support	Varies	\$ 45,999	\$ 52,843	\$ 98,842
SALARY TOTAL		\$ 45,999	\$ 699,724	\$ 745,723
PAYROLL TAXES:				
0030 OASDI		\$ -	\$ -	\$ -
0031 FICA/MEDICARE		\$ 3,520	\$ 53,528	\$ 57,048
0032 SUI		\$ 241	\$ 5,806	\$ 6,047
PAYROLL TAX TOTAL		\$ 3,761	\$ 59,334	\$ 63,095
EMPLOYEE BENEFITS:				
0040 Retirement		\$ 2,303	\$ 34,992	\$ 37,295
0041 Workers Compensation		\$ 467	\$ 7,459	\$ 7,926
0042 Health Insurance (medical, vision, life, dental)		\$ 4,789	\$ 91,069	\$ 95,858
EMPLOYEE BENEFITS TOTAL		\$ 7,559	\$ 133,520	\$ 141,079
SALARY & BENEFITS GRAND TOTAL				\$ 949,897
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$ 58,250
1011 Rent/Lease Equipment				\$ 11,289
1012 Utilities				\$ 9,328
1013 Building Maintenance				\$ 5,033
1014 Equipment purchase				\$ -
FACILITY/EQUIPMENT TOTAL				\$ 83,900

OPERATING EXPENSES:

1060	Telephone	\$	11,717
1061	Answering Service	\$	-
1062	Postage	\$	-
1063	Printing/Reproduction	\$	300
1064	Publications	\$	-
1065	Legal Notices/Advertising	\$	-
1066	Office Supplies & Equipment	\$	5,918
1067	Household Supplies	\$	-
1068	Food	\$	-
1069	Program Supplies - Therapeutic	\$	4,800
1070	Program Supplies - Medical	\$	-
1071	Transportation of Clients	\$	4,500
1072	Staff Mileage/Vehicle Maintenance	\$	4,215
1073	Staff Travel (Out of County)	\$	1,840
1074	Staff Training/Registration	\$	4,062
1075	Lodging	\$	1,200
1076	Other - (Identify)	\$	-
1077	Other - (Identify)	\$	-
OPERATING EXPENSES TOTAL		\$	38,552

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$	-
1081	External Audit	\$	3,323
1082	Liability Insurance	\$	-
1083	Administrative Overhead	\$	4,222
1084	Payroll Services	\$	2,282
1085	Professional Liability Insurance	\$	6,184
FINANCIAL SERVICES TOTAL		\$	16,011

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant	\$	2,383
1091	Translation Services	\$	2,000
1092	Medication Supports	\$	250
SPECIAL EXPENSES TOTAL		\$	4,633

FIXED ASSETS:

1190	Computers & Software	\$	-
1191	Furniture & Fixtures	\$	-
1192	Other - Leased Automobile	\$	7,200
FIXED ASSETS TOTAL		\$	7,200

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$	-
2001	Client Housing Operating Expenditures (SFC 71)	\$	-
2002.1	Clothing, Food & Hygiene (SFC 72)	\$	2,500
2002.2	Client Transportation & Support (SFC 72)	\$	2,000
2002.3	Education Support (SFC 72)	\$	300
2002.4	Employment Support (SFC 72)	\$	200
2002.5	Respite Care (SFC 72)	\$	-
2002.6	Household Items	\$	-
2002.7	Utility Vouchers (SFC 72)	\$	-
2002.8	Child Care (SFC 72)	\$	-
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$	5,000
TOTAL PROGRAM EXPENSES		\$	1,105,193

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	55,934	\$2.84	\$ 158,853
3100	Case Management	29,635	\$2.21	\$ 65,493
3200	Crisis Services	141	\$4.23	\$ 596
3300	Medication Support	-	\$4.82	\$ -
3400	Collateral	123,111	\$2.84	\$ 349,635
3500	Plan Development	1,114	\$2.84	\$ 3,164
3600	Assessment	21,525	\$2.84	\$ 61,131
3700	Rehabilitation	29,815	\$2.84	\$ 84,675
Estimated Specialty Mental Health Services Billing Totals		261,275		\$ 723,547
Estimated % of Clients that are Medi-Cal Beneficiaries				100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$ 723,547
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$ 361,774
State M/Cal Share of Cost % (BH Realignment/EPSTD)			50.00%	\$ 361,774
MEDI-CAL REVENUE TOTAL				\$ 723,547

OTHER REVENUE:

4100	Other - (Identify)	\$	-
4200	Other - (Identify)	\$	-
4300	Other - (Identify)	\$	-
OTHER REVENUE TOTAL		\$	-

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$	-
5100	Community Services & Supports (CSS) Funds	\$	381,646
5200	Innovation (INN) Funds	\$	-
5300	Workforce Education & Training (WET) Funds	\$	-
MHSA FUNDS TOTAL		\$	381,646
TOTAL PROGRAM REVENUE		\$	1,105,193

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.
FY 2021 - 2022**

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin	Direct	Total
PERSONNEL SALARIES:				
0001 Program Manager	0.75	\$ -	\$ 86,627	\$ 86,627
0002 Clinical Director	0.10	\$ -	\$ 12,685	\$ 12,685
0003 Clinical Oversight/Peer Review	0.55	\$ -	\$ 55,898	\$ 55,898
0004 PCIT Clinicians/Lead Therapists	6.00	\$ -	\$ 343,057	\$ 343,057
0005 Case Managers	4.00	\$ -	\$ 161,913	\$ 161,913
0006 Finance Dir/HR Mgr/Finance & Clerical Support	Varies	\$ 46,923	\$ 53,936	\$ 100,859
SALARY TOTAL		\$ 46,923	\$ 714,116	\$ 761,039
PAYROLL TAXES:				
0030 OASDI		\$ -	\$ -	\$ -
0031 FICA/MEDICARE		\$ 3,589	\$ 54,627	\$ 58,216
0032 SUI		\$ 296	\$ 7,127	\$ 7,423
PAYROLL TAX TOTAL		\$ 3,885	\$ 61,754	\$ 65,639
EMPLOYEE BENEFITS:				
0040 Retirement		\$ 2,348	\$ 35,715	\$ 38,063
0041 Workers Compensation		\$ 476	\$ 7,611	\$ 8,087
0042 Health Insurance (medical, vision, life, dental)		\$ 5,007	\$ 95,207	\$ 100,214
EMPLOYEE BENEFITS TOTAL		\$ 7,831	\$ 138,533	\$ 146,364
SALARY & BENEFITS GRAND TOTAL				\$ 973,042
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$ 59,862
1011 Rent/Lease Equipment				\$ 11,482
1012 Utilities				\$ 9,607
1013 Building Maintenance				\$ 5,140
1014 Equipment purchase				\$ 4,000
FACILITY/EQUIPMENT TOTAL				\$ 90,091

OPERATING EXPENSES:

1060	Telephone	\$	11,871
1061	Answering Service	\$	-
1062	Postage	\$	-
1063	Printing/Reproduction	\$	300
1064	Publications	\$	-
1065	Legal Notices/Advertising	\$	-
1066	Office Supplies & Equipment	\$	6,122
1067	Household Supplies	\$	-
1068	Food	\$	-
1069	Program Supplies - Therapeutic	\$	4,800
1070	Program Supplies - Medical	\$	-
1071	Transportation of Clients	\$	4,500
1072	Staff Mileage/Vehicle Maintenance	\$	4,217
1073	Staff Travel (Out of County)	\$	1,840
1074	Staff Training/Registration	\$	4,075
1075	Lodging	\$	1,200
1076	Other - (Identify)	\$	-
1077	Other - (Identify)	\$	-
OPERATING EXPENSES TOTAL		\$	38,925

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$	-
1081	External Audit	\$	3,423
1082	Liability Insurance	\$	-
1083	Administrative Overhead	\$	4,285
1084	Payroll Services	\$	2,350
1085	Professional Liability Insurance	\$	6,292
FINANCIAL SERVICES TOTAL		\$	16,350

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant	\$	2,410
1091	Translation Services	\$	2,000
1092	Medication Supports	\$	250
SPECIAL EXPENSES TOTAL		\$	4,660

FIXED ASSETS:

1190	Computers & Software	\$	-
1191	Furniture & Fixtures	\$	-
1192	Other - Leased Automobile	\$	7,200
FIXED ASSETS TOTAL		\$	7,200

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$	-
2001	Client Housing Operating Expenditures (SFC 71)	\$	-
2002.1	Clothing, Food & Hygiene (SFC 72)	\$	2,500
2002.2	Client Transportation & Support (SFC 72)	\$	2,000
2002.3	Education Support (SFC 72)	\$	300
2002.4	Employment Support (SFC 72)	\$	200
2002.5	Respite Care (SFC 72)	\$	-
2002.6	Household Items	\$	-
2002.7	Utility Vouchers (SFC 72)	\$	-
2002.8	Child Care (SFC 72)	\$	-
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$	5,000
TOTAL PROGRAM EXPENSES		\$	1,135,268

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	58,259	\$2.84	\$ 165,456
3100	Case Management	30,867	\$2.21	\$ 68,216
3200	Crisis Services	147	\$4.23	\$ 622
3300	Medication Support	-	\$4.82	\$ -
3400	Collateral	128,228	\$2.84	\$ 364,168
3500	Plan Development	1,160	\$2.84	\$ 3,294
3600	Assessment	22,420	\$2.84	\$ 63,673
3700	Rehabilitation	31,054	\$2.84	\$ 88,193
Estimated Specialty Mental Health Services Billing Totals		272,135		\$ 753,622
Estimated % of Clients that are Medi-Cal Beneficiaries				100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$ 753,622
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$ 376,811
State M/Cal Share of Cost % (BH Realignment/EPSTD)			50.00%	\$ 376,811
MEDI-CAL REVENUE TOTAL				\$ 753,622

OTHER REVENUE:

4100	Other - (Identify)	\$	-
4200	Other - (Identify)	\$	-
4300	Other - (Identify)	\$	-
OTHER REVENUE TOTAL		\$	-

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$	-
5100	Community Services & Supports (CSS) Funds	\$	381,646
5200	Innovation (INN) Funds	\$	-
5300	Workforce Education & Training (WET) Funds	\$	-
MHSA FUNDS TOTAL		\$	381,646
TOTAL PROGRAM REVENUE		\$	1,135,268

**BRIGHT BEGINNINGS FOR FAMILIES
CHILDREN'S FSP - AGES 0-10 YEARS
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.
FY 2022 - 2023**

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin	Direct	Total
PERSONNEL SALARIES:				
0001 Program Manager	0.75	\$ -	\$ 89,220	\$ 89,220
0002 Clinical Director	0.10	\$ -	\$ 13,018	\$ 13,018
0003 Clinical Oversight/Peer Review	0.55	\$ -	\$ 57,578	\$ 57,578
0004 PCIT Clinicians/Lead Therapists	6.00	\$ -	\$ 353,479	\$ 353,479
0005 Case Managers	4.00	\$ -	\$ 166,810	\$ 166,810
0006 Finance Dir/HR Mgr/Finance & Clerical Support	Varies	\$ 48,322	\$ 55,554	\$ 103,876
SALARY TOTAL		\$ 48,322	\$ 735,659	\$ 783,981
PAYROLL TAXES:				
0030 OASDI		\$ -	\$ -	\$ -
0031 FICA/MEDICARE		\$ 3,696	\$ 56,278	\$ 59,974
0032 SUI		\$ 251	\$ 6,072	\$ 6,323
PAYROLL TAX TOTAL		\$ 3,947	\$ 62,350	\$ 66,297
EMPLOYEE BENEFITS:				
0040 Retirement		\$ 2,418	\$ 36,791	\$ 39,209
0041 Workers Compensation		\$ 491	\$ 7,843	\$ 8,334
0042 Health Insurance (medical, vision, life, dental)		\$ 5,182	\$ 98,518	\$ 103,700
EMPLOYEE BENEFITS TOTAL		\$ 8,091	\$ 143,152	\$ 151,243
SALARY & BENEFITS GRAND TOTAL				\$ 1,001,521
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$ 61,523
1011 Rent/Lease Equipment				\$ 11,680
1012 Utilities				\$ 9,895
1013 Building Maintenance				\$ 5,997
1014 Equipment purchase				\$ -
FACILITY/EQUIPMENT TOTAL				\$ 89,095

OPERATING EXPENSES:

1060	Telephone	\$	12,031
1061	Answering Service	\$	-
1062	Postage	\$	-
1063	Printing/Reproduction	\$	300
1064	Publications	\$	-
1065	Legal Notices/Advertising	\$	-
1066	Office Supplies & Equipment	\$	6,102
1067	Household Supplies	\$	-
1068	Food	\$	-
1069	Program Supplies - Therapeutic	\$	4,800
1070	Program Supplies - Medical	\$	-
1071	Transportation of Clients	\$	4,500
1072	Staff Mileage/Vehicle Maintenance	\$	4,220
1073	Staff Travel (Out of County)	\$	1,840
1074	Staff Training/Registration	\$	4,088
1075	Lodging	\$	1,200
1076	Other - (Identify)	\$	-
1077	Other - (Identify)	\$	-
OPERATING EXPENSES TOTAL		\$	39,081

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$	-
1081	External Audit	\$	3,525
1082	Liability Insurance	\$	-
1083	Administrative Overhead	\$	4,352
1084	Payroll Services	\$	2,421
1085	Professional Liability Insurance	\$	6,402
FINANCIAL SERVICES TOTAL		\$	16,700

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant	\$	2,437
1091	Translation Services	\$	2,000
1092	Medication Supports	\$	250
SPECIAL EXPENSES TOTAL		\$	4,687

FIXED ASSETS:

1190	Computers & Software	\$	-
1191	Furniture & Fixtures	\$	-
1192	Other - Leased Automobile	\$	7,200
FIXED ASSETS TOTAL		\$	7,200

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2000	Client Housing Support Expenditures (SFC 70)	\$	-
2001	Client Housing Operating Expenditures (SFC 71)	\$	-
2002.1	Clothing, Food & Hygiene (SFC 72)	\$	2,500
2002.2	Client Transportation & Support (SFC 72)	\$	2,000
2002.3	Education Support (SFC 72)	\$	300
2002.4	Employment Support (SFC 72)	\$	200
2002.5	Respite Care (SFC 72)	\$	-
2002.6	Household Items	\$	-
2002.7	Utility Vouchers (SFC 72)	\$	-
2002.8	Child Care (SFC 72)	\$	-
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$	5,000
TOTAL PROGRAM EXPENSES		\$	1,163,284

MEDI-CAL REVENUE:

MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	60,425	\$2.84	\$ 171,607
3100	Case Management	32,014	\$2.21	\$ 70,751
3200	Crisis Services	153	\$4.23	\$ 647
3300	Medication Support	-	\$4.82	\$ -
3400	Collateral	132,995	\$2.84	\$ 377,706
3500	Plan Development	1,203	\$2.84	\$ 3,417
3600	Assessment	23,253	\$2.84	\$ 66,039
3700	Rehabilitation	32,208	\$2.84	\$ 91,471
Estimated Specialty Mental Health Services Billing Totals		282,251		\$ 781,638
Estimated % of Clients that are Medi-Cal Beneficiaries				100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$ 781,638
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$ 390,819
State M/Cal Share of Cost % (BH Realignment/EPSTD)			50.00%	\$ 390,819
MEDI-CAL REVENUE TOTAL				\$ 781,638

OTHER REVENUE:

4100	Other - (Identify)	\$	-
4200	Other - (Identify)	\$	-
4300	Other - (Identify)	\$	-
OTHER REVENUE TOTAL		\$	-

MENTAL HEALTH SERVICES ACT (MHSA) REVENUE:

5000	Prevention & Early Intervention (PEI) Funds	\$	-
5100	Community Services & Supports (CSS) Funds	\$	381,646
5200	Innovation (INN) Funds	\$	-
5300	Workforce Education & Training (WET) Funds	\$	-
MHSA FUNDS TOTAL		\$	381,646
TOTAL PROGRAM REVENUE		\$	1,163,284

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

DBH VISION:

Health and well-being for our community.

DBH MISSION:

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

DBH GOALS:

Quadruple Aim

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

GUIDING PRINCIPLES OF CARE DELIVERY:

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

1. Principle One - Timely Access & Integrated Services

- o Individuals and families are connected with services in a manner that is streamlined, effective, and seamless
- o 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
- o Barriers to access and treatment are identified and addressed
- o 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

- o Positive change occurs within the context of genuine trusting relationships
- o Individuals, families, and communities are resourceful and resilient in the way they solve problems
- o 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

- o Self-determination and self-direction are the foundations for recovery
- o Individuals and families optimize their autonomy and independence by leading the process, including the identification of strengths, needs, and preferences
- o Providers contribute clinical expertise, provide options, and support individuals and families in informed decision making, developing goals and objectives, and identifying pathways to recovery
- o 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

- o The person served identifies and defines family and other natural supports to be included in care
- o Individuals and families speak for themselves
- o 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
- o Providers assist individuals and families in developing and utilizing natural supports.

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

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

6. Principle Six - Culturally Responsive

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

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

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

8. Principle Eight - Co-occurring Capable

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

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

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

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

- o Individual and program outcomes are collected and evaluated for quality and efficacy
- o Strategies are implemented to achieve a system of continuous quality improvement and improved performance outcomes
- o 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

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

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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- World Health Organization. (2012). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/

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 written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.
9. The organizational provider has as head of service a licensed mental health professional of other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
10. 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.
11. For organizational providers that provide day treatment intensive or day rehabilitation, the provider must have a written description of the day treatment intensive and/or day treatment rehabilitation program that complies with State Department of Health Care Service's day treatment requirements. The COUNTY shall review the provider's written program description for compliance with the State Department of Health Care Service's day treatment requirements.
12. 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 (3) 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 COMPLIANCE PROGRAM
CONTRACTOR CODE OF CONDUCT AND ETHICS

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

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

Contractor and its employees and subcontractor shall:

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

accurately describe the services provided.

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

Fresno County Mental Health Compliance Program

Contractor Acknowledgment and Agreement

I hereby acknowledge that I have received, read and understand the Contractor Code of Conduct and Ethics. I hereby acknowledge that I have received training and information on the Fresno County Mental Health Compliance Program and understand the contents thereof. I further agree to abide by the Contractor Code of Conduct and Ethics, and all Compliance Program requirements as they apply to my responsibilities as a mental health contractor for Fresno County.

I understand and accept my responsibilities under this Agreement. I further understand that any violation of the Contractor Code of Conduct and Ethics or the Compliance Program is a violation of County policy and may also be a violation of applicable laws, regulations, rules or guidelines. I further understand that violation of the Contractor Code of Conduct and Ethics or the Compliance Program may result in termination of my agreement with Fresno County. I further understand that Fresno County will report me to the appropriate Federal or State agency.

For Individual Providers

Name (print): _____

Discipline: ☐ Psychiatrist ☐ Psychologist ☐ LCSW ☐ LMFT

Signature : _____ Date : ____/____/____

For Group or Organizational Providers

Group/Org. Name (print): _____

Employee Name (print): _____

Discipline: ☐ Psychiatrist ☐ Psychologist ☐ LCSW ☐ LMFT

☐ Other: _____

Job Title (if different from Discipline): _____

Signature: _____ Date: ____/____/____

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.

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 five axis diagnosis from the most current DSM, 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

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(S) 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(S) 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(S) 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(S) 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(S) who is related by blood or marriage to, or who is a member of the Board of Directors or an officer of CONTRACTOR(S).

5. **PATIENTS' RIGHTS**

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



Department of Behavioral Health
Dawan Utecht, Mental Health Director/Public Guardian

Providing Quality Mental Health and Substance Abuse Services for the People of Fresno County

Information Notice

Date: May 29, 2018

To: Fresno County Mental Health Plan and Substance Use Services Contracted Providers

Subject: New Policy and Procedure Guide Regarding Incident Reporting and Intensive Analysis PPG 1.2.4.

Effective June 1st, 2018, all contracted providers working within the Fresno County Mental Health Plan and Substance Use Disorder Services Providers will need to follow the new instructions for reporting incidents.

An “Incident” is any event that compromises the health and safety of clients, employees, or community members. Any employee having knowledge of an incident will need to follow the appropriate reporting process. Incident reports help to increase safety in the provision of behavioral health care and substance use disorder services as well as recommend possible system, policy and/or protocol changes.

The list below includes types of incidents to report:

- All client deaths (natural causes or unexplained/unknown reasons)
- 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)
Example- a client trips and falls but doesn’t require medical attention
- Medical Emergency connected to services or at a service site
Example: Client has a seizure/heart attack during appointment
- Other (i.e. Clients escaping from a locked facility, medication erroneously given during appointment or mistakenly prescribed)
- Violence, Abuse or Assault connected to services or at a service site (toward client, others or property; resulting in serious injury)
Example: Client hits a staff member/another client, sets fire to a trash can in the building

Reporting Process

- 1.) The encrypted report shall be completed and signed by the employee involved in or first aware of an incident.
- 2.) Reviewed and signed by a supervisor and/or Program Director and sent encrypted to the designated Contract Staff Analyst and DBHIncidentReporting@co.fresno.ca.us
- 3.) *****MHRC’s and PHF’s** must ALSO send the encrypted 24-Hour Unusual Occurrence Report (UOR) to the designated reporting contact at DHCS, your Contract Staff Analyst and DBHIncidentReporting@co.fresno.ca.us within **24 hours** of an incident or first knowledge of an incident.

Steps 1, 2 and 3 must be completed within **24 hours** of an incident or first knowledge of an incident.

All reported incidents are reviewed by the DBH Intensive Analysis Committee (IAC). If further information is needed, your analyst will contact you as soon as possible. If a reported incident is determined to be an Unusual Occurrence (*which the Department of Health Care Services defines as: any event which jeopardizes the health and/or safety of clients, staff, and/or members of the community including but not limited to physical injury and death*), Contracted Providers not licensed directly by the state, may elect to submit their own Unusual Occurrence Report (UOR) in lieu of a DBH Manager or Intensive Analysis Committee member. UOR's shall be emailed encrypted to the DHCS designated reporting contact (per DHCS instructions), your Contract Staff Analyst **and** DBHIncidentReporting@co.fresno.ca.us within **five (5)** calendar days of an incident or first knowledge of an incident.

UOR's sent to DHCS may be subject to further investigation and/or information requested by DHCS, such as: Site Reviews and Plan(s) of Correction. A courtesy copy of correspondence between contracted providers and DHCS regarding UOR's shall also be sent to your Contract Staff Analyst **and** DBHIncidentReporting@co.fresno.ca.us for informational purposes. DBH may also conduct site visits, request contracted providers attest that an Intensive Analysis or similar (incident review, root cause analysis) has occurred, and/or may request additional analysis or information when necessary.

If you are not sure if something is considered a reportable incident, need clarification on the reporting process and/or need a copy of the reporting form(s), contact your Contract Staff Analyst for assistance.

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.

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

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.

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? | ☐ | ☐ |
| 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? | ☐ | ☐ |
| 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) | ☐ | ☐ |

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

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

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

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

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

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

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

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

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

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

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

Name of authorized representative (typed)	Title
Signature	Date

Remarks

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

INSTRUCTIONS FOR CERTIFICATION

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

CERTIFICATION

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

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

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

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

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

Signature:

Date:

(Printed Name & Title)

(Name of Agency or Company)

SELF-DEALING TRANSACTION DISCLOSURE FORM

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

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

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

INSTRUCTIONS

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

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