

SERVICE AGREEMENT

This Service Agreement (“Agreement”) is dated June 20, 2023 and is between Contractor(s) listed in Exhibit A “List of Contractors” (“Contractor(s)”), and the County of Fresno, a political subdivision of the State of California (“County”).

Recitals

A. County, through its Department of Behavioral Health (DBH), is in need of qualified agencies to operate Full-Service Partnership (FSP) program sites that provide comprehensive mental health, housing, employment support and community supports to adults and older adults with a serious mental illness (SMI); and

B. County, through its 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

C. County entered into Agreement No. 20-216, effective June 9, 2020.

D. Changes to the agreement are necessary due the Department of Health Care Services’ implementation of California Advancing and Innovating Medi-Cal (CalAIM), which includes a new billing structure that Contractors must utilize;

E. This Agreement shall replace, restate, and supersede Agreement No. 20-216 in its entirety.

The parties therefore agree as follows:

Article 1

Contractor’s Services

1.1 **Scope of Services.** The Contractor(s) shall perform all of the services provided in Exhibit B, to this Agreement, titled “Scope of Services.”

(A) Contractor(s) shall also perform all services and fulfill all responsibilities as set forth in their individual “Scope of Work” documents approved by the COUNTY’s DBH Director, or designee, and attached as Exhibit B1, et seq.

1.2 **Representation.** The Contractor(s) represents that it is qualified, ready, willing, and able to perform all of the services provided in this Agreement.

1 1.3 **Compliance with Laws.** The Contractor(s) shall, at its own cost, comply with all
2 applicable federal, state, and local laws and regulations in the performance of its obligations
3 under this Agreement, including but not limited to workers compensation, labor, and
4 confidentiality laws and regulations.

5 Contractor(s) shall provide services in conformance with all applicable State and Federal
6 statutes, regulations and subregulatory guidance, as from time to time amended, including but
7 not limited to:

8 (A) California Code of Regulations, Title 9;

9 (B) California Code of Regulations, Title 22;

10 (C) California Welfare and Institutions Code, Division 5;

11 (D) United States Code of Federal Regulations, Title 42, including but not limited to
12 Parts 438 and 455;

13 (E) United States Code of Federal Regulations, Title 45;

14 (F) United States Code, Title 42 (The Public Health and Welfare), as applicable;

15 (G) Balanced Budget Act of 1997;

16 (H) Health Insurance Portability and Accountability Act (HIPAA); and

17 (I) Applicable Medi-Cal laws and regulations, including applicable sub-regulatory
18 guidance, such as Behavioral Health Information Notices (BHINs), Mental Health and
19 Substance Use Disorder Services Information Notices (MHSUDS INs), and provisions of
20 County's, state or federal contracts governing services for persons served.

21 In the event any law, regulation, or guidance referred to in this section 1.3 is amended
22 during the term of this Agreement, the parties agree to comply with the amended authority as of
23 the effective date of such amendment without amending this Agreement.

24 Contractor(s) recognizes that County operates its mental health programs under an
25 agreement with DHCS, and that under said agreement the State imposes certain requirements
26 on County and its subcontractors. Contractor(s) shall adhere to all State requirements, including
27 those identified in Exhibit C, "Behavioral Health Requirements".
28

1 1.4 **Meetings.** Contractor(s) shall participate in monthly, or as needed, workgroup
2 meetings consisting of staff from County’s DBH to discuss service requirements, data reporting,
3 training, policies and procedures, overall program operations and any problems or foreseeable
4 problems that may arise. Contractor(s) shall also participate in other County meetings, such as
5 but not limited to quality improvement meetings, provider meetings, Behavioral Health Board
6 meetings, bi-monthly contractor meetings, etc. Schedule for these meetings may change based
7 on the needs of the County.

8 1.5 **Organizational Provider.** Contractor(s) shall maintain requirements as a Mental
9 Health Plan (MHP) organizational provider throughout the term of this Agreement, as described
10 in Article 17 of this Agreement. If for any reason, this status is not maintained, County may
11 terminate this Agreement pursuant to Article 7 of this Agreement.

12 1.6 **Staffing.** Contractor(s) agrees that prior to providing services under the terms and
13 conditions of this Agreement, Contractor(s) shall have staff hired and in place for program
14 services and operations or County may, in addition to other remedies it may have, suspend
15 referrals or terminate this Agreement, in accordance with Article 7 of this Agreement.

16 1.7 **Credentialing and Recredentialing.** Contractor(s) and their respective staff must
17 follow the uniform process for credentialing and recredentialing of service providers established
18 by County, including disciplinary actions such as reducing, suspending, or terminating provider’s
19 privileges. Failure to comply with specified requirements can result in suspension or termination
20 of an individual or provider.

21 Upon request, the Contractor(s) must demonstrate to the County that each of its
22 providers are qualified in accordance with current legal, professional, and technical standards,
23 and that they are appropriately licensed, registered, waived, and/or certified.

24 Contractor(s) must not employ or subcontract with providers debarred, suspended or
25 otherwise excluded (individually, and collectively referred to as “Excluded”) from participation in
26 Federal Health Care Programs, including Medi-Cal/Medicaid or procurement activities, as set
27 forth in 42 C.F.R. §438.610. See Article 12 below.

1 Contractor(s) is required to verify and document at a minimum every three years that
2 each network provider that delivers covered services continues to possess valid credentials,
3 including verification of each of the credentialing requirements as per the County's uniform
4 process for credentialing and recredentialing. If any of the requirements are not up-to-date,
5 updated information should be obtained from network providers to complete the re-credentialing
6 process.

7 1.8 **Criminal Background Check.** Contractor(s) shall ensure that all providers and/or
8 subcontracted providers consent to a criminal background check, including fingerprinting to the
9 extent required under state law and 42 C.F.R. § 455.434(a). Contractor(s) shall provide
10 evidence of completed consents when requested by the County, DHCS or the US Department
11 of Health & Human Services (US DHHS).

12 1.9 **Guiding Principles.** Contractor(s) shall align programs, services, and practices with
13 the vision, mission, and guiding principles of the DBH, as further described in Exhibit D, "Fresno
14 County Department of Behavioral Health Guiding Principles of Care Delivery".

15 1.10 **Clinical Leadership.** Contractor(s) shall send to County upon execution of this
16 Agreement, a detailed plan ensuring clinically appropriate leadership and supervision of their
17 clinical program. Recruitment and retaining clinical leadership with the clinical competencies to
18 oversee services based on the level of care and program design presented herein shall be
19 included in this plan. A description and monitoring of this plan shall be provided.

20 1.11 **Timely Access.** It is the expectation of the County that Contractor(s) provide timely
21 access to services that meet the State of California standards for care. Contractor(s) shall track
22 timeliness of services to persons served and provide a monthly report showing the monitoring or
23 tracking tool that captures this data. County and Contractor(s) shall meet to go over this
24 monitoring tool, as needed but at least on a monthly basis. County shall take corrective action if
25 there is a failure to comply by Contractor(s) with timely access standards. Contractor(s) shall
26 also provide tracking tools and measurements for effectiveness, efficiency, and persons served
27 satisfaction as further detailed in Exhibit F.

1 1.12 **Electronic Health Record.** Contractor(s) may maintain its records in County's
2 electronic health record (EHR) system in accordance with Exhibit E, "Documentation Standards
3 for Persons Served Records", as licenses become available. The person served record shall
4 begin with registration and intake, and include person served authorizations, assessments,
5 plans of care, and progress notes, as well as other documents as approved by County. County
6 shall be allowed to review records of all and any services provided. If Contractor(s) determines
7 to maintain its records in the County's EHR, it shall provide County's DBH Director, or his or her
8 designee, with a thirty (30) day notice. If at any time Contractor(s) chooses not to maintain its
9 records in the County's EHR, it shall provide County's DBH Director, or designee, with thirty (30)
10 days advance written notice and Contractor(s) will be responsible for obtaining its own system,
11 at its own cost, for electronic health records management.

12 Disclaimer

13 County makes no warranty or representation that information entered into the County's
14 DBH EHR system by Contractor(s) will be accurate, adequate, or satisfactory for Contractor's
15 own purposes or that any information in Contractor's possession or control, or transmitted or
16 received by Contractor(s), is or will be secure from unauthorized access, viewing, use,
17 disclosure, or breach. Contractor(s) is solely responsible for person served information entered
18 by Contractor(s) into the County's DBH EHR system. Contractor(s) agrees that all Private
19 Health Information (PHI) maintained by Contractor(s) in County's DBH EHR system will be
20 maintained in conformance with all HIPAA laws, as stated in section 18.1, "Health Insurance
21 Portability and Accountability Act."

22 1.13 **Records.** Contractor(s) shall maintain records in accordance with Exhibit E,
23 "Documentation Standards for Client Records". All person's served records shall be maintained
24 for a minimum of ten (10) years from the date of the end of this Agreement.

25 1.14 **Access to Records.** Contractor(s) shall provide County with access to all
26 documentation of services provided under this Agreement for County's use in administering this
27 Agreement. Contractor(s) shall allow County, CMS, the Office of the Inspector General, the
28 Controller General of the United States, and any other authorized Federal and State agencies to

1 evaluate performance under this Agreement, and to inspect, evaluate, and audit any and all
2 records, documents, and the premises, equipment and facilities maintained by the Contractor(s)
3 pertaining to such services at any time and as otherwise required under this Agreement.

4 1.15 **Quality Improvement Activities and Participation.** Contractor(s) shall comply with
5 the County's ongoing comprehensive Quality Assessment and Performance Improvement
6 (QAPI) Program (42 C.F.R. § 438.330(a)) and work with the County to improve established
7 outcomes by following structural and operational processes and activities that are consistent
8 with current practice standards.

9 Contractor(s) shall participate in quality improvement (QI) activities, including clinical and
10 non-clinical performance improvement projects (PIPs), as requested by the County in relation to
11 State and Federal requirements and responsibilities, to improve health outcomes and
12 individuals' satisfaction over time. Other QI activities include quality assurance, collection and
13 submission of performance measures specified by the County, mechanisms to detect both
14 underutilization and overutilization of services, individual and system outcomes, utilization
15 management, utilization review, provider appeals, provider credentialing and re-credentialing,
16 and person served grievances. Contractor(s) shall measure, monitor, and annually report to the
17 County its performance.

18 1.16 **Rights of Persons Served. Rights of Persons Served.** Contractor shall take all
19 appropriate steps to fully protect individual's rights, as specified in Welfare and Institutions Code
20 Sections 5325 et seq; Title 9 California Code of Regulations (CCR), Sections 861, 862, 883,
21 884; Title 22 CCR, Sections 72453 and 72527; and 42 C.F.R. § 438.100. The Contractor shall
22 ensure that its subcontractors comply with all applicable patients' rights laws and regulations.

23 **Article 2**

24 **Reporting**

25 2.1 **Reports.** The Contractor(s) shall submit the following reports:

26 (A) Outcome Reports

27 Contractor(s) shall submit to County clinical program performance outcome
28 reports, as requested.

1 Outcome reports and outcome requirements are subject to change at County's
2 discretion. Contractor(s) shall provide outcomes as stated in Exhibit B, Exhibit B1 *et. seq*
3 and Exhibit F.

4 (B) Staffing Report

5 Contractor(s) shall submit monthly staffing reports due by the tenth (10th) of each
6 month that identify all direct service and support staff by first and last name, applicable
7 licensure/certifications, and full-time hours worked to be used as a tracking tool to
8 determine if Contractor's program is staffed according to the requirements of this
9 Agreement.

10 (C) Mental Health Services Act (MHSA) Reporting

11 Contractor(s) shall adhere to MHSA reporting including but not limited to fiscal,
12 outcomes, and demographics as described in Exhibit B and Exhibit B1 *et. seq*.

13 (D) FSP Data Collection and Reporting to DHCS

14 Contractor(s) shall report client/partner information and outcomes of FSP
15 program directly into the FSP Data Collection and Reporting (DCR) system. Data shall
16 be submitted through an online interface using forms set forth in Exhibit G.

17 Contractors(s) shall submit to COUNTY's DBH by the fifteenth (15th) of each
18 month all monthly activity, outcome, and budget reports for the preceding month.

19 Contractor(s) shall also provide records of rents collected from each individual
20 and include the is individual's name, date of birth and social security number. All data
21 transmitted must be in strict conformance with Article 17 and Article 18 of this
22 Agreement.

23 (E) Additional Reports

24 Contractor(s) shall also furnish to County such statements, records, reports,
25 data, and other information as County may request pertaining to matters covered by this
26 Agreement. In the event that Contractor(s) fails to provide such reports or other
27 information required hereunder, it shall be deemed sufficient cause for County to
28 withhold monthly payments until there is compliance. In addition, Contractor(s) shall

1 provide written notification and explanation to County within five (5) days of any funds
2 received from another source to conduct the same services covered by this Agreement.

3 2.2 **Monitoring.** Contractor(s) agrees to extend to County's staff, County's DBH and the
4 California Department of Health Care Services (DHCS), or their designees, the right to review
5 and monitor records, programs, or procedures, at any time, in regard to persons served, as well
6 as the overall operation of Contractor's programs, in order to ensure compliance with the terms
7 and conditions of this Agreement.

8 **Article 3**

9 **County's Responsibilities**

10 3.1 The County shall provide oversight and collaborate with Contractor(s), other County
11 Departments and community agencies to help achieve program goals and outcomes. In addition
12 to contractor monitoring of program, oversight includes, but not limited to, coordination with
13 Department of Health Care Services (DHCS) in regard to program administration and outcomes.

14 County shall receive and analyze statistical outcome data from Contractor(s) throughout
15 the term of contract on a monthly basis. County shall notify the Contractor(s) when additional
16 participation is required. The performance outcome measurement process will not be limited to
17 survey instruments but will also include, as appropriate, persons served and staff surveys, chart
18 reviews, and other methods of obtaining required information.

19 **Article 4**

20 **Compensation, Invoices, and Payments**

21 4.1 The County agrees to pay, and the Contractor(s) agrees to receive, compensation
22 for the performance of its services under this Agreement as described in Exhibit H and Exhibit
23 H1 *et seq.* to this Agreement, titled "Compensation."

24 4.2 **Specialty Mental Health Services Maximum Compensation.** The maximum
25 compensation payable for Specialty Mental Health Services to the Contractor(s) under this
26 Agreement for the period of July 1, 2023 through June 30, 2024 is Twelve Million, Six Hundred
27 Thirteen Thousand, Two Hundred Sixty-Eight and No/100 Dollars (\$12,613,268.00), which is not
28 a guaranteed sum but shall be paid only for services rendered and received. The maximum

1 compensation payable for Specialty Mental Health Services to the Contractor(s) under this
2 Agreement for the period of July 1, 2024 through June 30, 2025 is Twelve Million, Six Hundred
3 Thirty-Four Thousand, Thirty-Eight and No/100 Dollars (\$12,634,038.00), which is not a
4 guaranteed sum but shall be paid only for services rendered and received.

5 **4.3 Non-Medi-Cal Supports Maximum Compensation.** The maximum compensation
6 payable to the Contractor(s) under this Agreement for Non Medi-Cal Supports including Mental
7 Health Services Act (MHSA) funds or American Rescue Plan Act (ARPA) funds for the period of
8 July 1, 2023 through June 30, 2024 for Non-Medi-Cal Supports is Two Million, Seven Hundred
9 Thirty-Nine Thousand, Two Hundred Ninety-Three and No/100 Dollars (\$2,739,293.00). The
10 maximum compensation payable to the Contractor(s) under this Agreement for Non Medi-Cal
11 Supports including Mental Health Services Act (MHSA) funds or American Rescue Plan Act
12 (ARPA) funds for the period of July 1, 2024 through June 30, 2025 for Non-Medi-Cal Supports is
13 Two Million, Seven Hundred Seventy-Six Thousand, Three Hundred Seventy-Three and No/100
14 Dollars (\$2,776,373.00).

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

23 **4.5 Total Maximum Compensation.** In no event shall the maximum contract amount for
24 all the services provided by the Contractor(s) to County under the terms and conditions of this
25 Agreement be in excess of Forty Million, Five Hundred Thirty-One Thousand, Four Hundred
26 Ninety-Two and No/100 Dollars (\$40,531,492.00) during the entire term of this Agreement.

27 The Contractor(s) acknowledges that the County is a local government entity and does
28 so with notice that the County's powers are limited by the California Constitution and by State

1 law, and with notice that the Contractor(s) may receive compensation under this Agreement
2 only for services performed according to the terms of this Agreement and while this Agreement
3 is in effect, and subject to the maximum amount payable under this section. The Contractor(s)
4 further acknowledges that County employees have no authority to pay the Contractor(s) except
5 as expressly provided in this Agreement.

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

9 4.6 **Rate Categories.** The program service components for the Contractor shall be
10 categorized under one or more of the following rate categories and as indicated on Exhibit H:

11 (A) Clinic-Site Based: Clinic-Site Based programs shall be defined as programs who
12 provide less than fifty percent (50%) of services in the field. In the field services are
13 those services that do not occur through telehealth and do not occur in designated sites
14 in which the Contractor is afforded regular access. Designated sites shall be identified by
15 the Contractor and approved by County's DBH Director, or designee, in writing.

16 (B) Field Based: Field based programs shall be defined as programs that provide
17 more than fifty percent (50%) of services in the field.

18 (C) Full-Service Partnership/Assisted Outpatient Therapy/Therapeutic Behavioral
19 Health Services (FSP/AOT/TBS): FSP/AOT/TBS programs shall provide services in
20 accordance with level of care standards and general requirements as described in the
21 Scopes of Work, Exhibit B and B1 *et seq.*

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

25 4.7 **Specialty Mental Health Services Claiming.** Contractor(s) shall enter claims data
26 into the County's billing and transactional database system by the fifteenth (15th) of every month
27 for actual services rendered in the previous month. Contractor(s) shall use Current Procedural
28 Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, as

1 provided in the DHCS Billing Manual available at
2 <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, as from time to time
3 amended.

4 Claims shall be complete and accurate and must include all required information
5 regarding the claimed services. Claims data entry into the County's electronic health record
6 system shall be the responsibility of Contractor(s). County shall monitor the volume of services,
7 billing amounts and service types entered into County's electronic health record/information
8 system. Any and all audit exceptions resulting from the provision and reporting of specialty
9 mental health services by Contractor(s) shall be the sole responsibility of Contractor(s).
10 Contractor(s) will comply with all applicable policies, procedures, directives, and guidelines
11 regarding the use of County's electronic health record/information system.

12 Contractor(s) must provide all necessary data to allow County to bill Medi-Cal, and any
13 other third-party source, for services and meet State and Federal reporting requirements. The
14 necessary data can be provided by a variety of means, including but not limited to: 1) direct data
15 entry into County's electronic health record/information system; 2) providing an electronic file
16 compatible with County's electronic health record/information system; or 3) integration between
17 County's electronic health record/information system and Contractor's information system(s).
18 Contractor(s) shall maximize the Federal Financial Participation (FFP) reimbursement by
19 claiming all possible Medi-Cal services and correcting denied services for resubmission as
20 needed.

21 **4.8 Applicable Fees.** Contractor(s) shall not charge any persons served or third-party
22 payers any fee for service unless directed to do so by the County's DBH Director, or designee,
23 at the time the individual is referred for services. When directed to charge for services,
24 Contractor(s) shall use the uniform billing and collection guidelines prescribed by DHCS.

25 Contractor(s) will perform eligibility and financial determinations, in accordance with
26 DHCS' Uniform Method of Determining Ability to Pay (UMDAP), for all individuals unless
27 directed otherwise by the County's DBH Director or designee.
28

1 Contractor(s) shall not submit a claim to, or demand or otherwise collect reimbursement
2 from, the person served or persons acting on behalf of the person served for any specialty
3 mental health or related administrative services provided under this Contract, except to collect
4 other health insurance coverage, share of cost, and co-payments (Cal. Code Regs., tit. 9,
5 §1810.365(c).

6 The Contractor(s) must not bill persons served, for covered services, any amount
7 greater than would be owed if the County provided the services directly as per and otherwise
8 not bill persons served as set forth in 42 C.F.R. § 438.106.

9 If a person served has dual coverage, such as other health coverage (OHC) or Federal
10 Medicare, Contractor(s) will be responsible for billing the carrier and obtaining a payment/denial
11 or have validation of claiming with no response for ninety (90) days after the claim was mailed
12 before the service can be entered into the County's electronic health record/information system.
13 Contractor(s) must report all third-party collections for Medicare, third-party or client-pay or
14 private-pay in each month. A copy of explanation of benefits or CMS 1500 form is required as
15 documentation. Contractor(s) must comply with all laws and regulations governing the Federal
16 Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42
17 U.S.C. section 1395 et seq; and 2) the regulation and rules promulgated by the Federal Centers
18 for Medicare and Medicaid Services as they relate to participation, coverage and claiming
19 reimbursement. Contractor(s) will be responsible for compliance as of the effective date of each
20 Federal, State or local law or regulation specified.

21 4.9 **Invoices.** The Contractor(s) shall submit monthly invoices, in arrears by the fifteenth
22 (15th) day of each month, in the format directed by the County. The Contractor(s) shall submit
23 invoices electronically to: 1) dbhinvoicereview@fresnocountyca.gov, 2) dbh-
24 invoices@fresnocountyca.gov; and 3) dbhcontractedservicesdivision@fresnocountyca.gov with
25 a copy to the assigned County's DBH Staff Analyst. At the discretion of County's DBH Director
26 or designee, if an invoice is incorrect or is otherwise not in proper form or substance, County's
27 DBH Director, or designee, shall have the right to withhold payment as to only the portion of the
28 invoice that is incorrect or improper after five (5) days prior notice to Contractor(s). Contractor(s)

1 agrees to continue to provide services for a period of ninety (90) days after notification of an
2 incorrect or improper invoice. If after the ninety (90) day period, the invoice is still not corrected
3 to County satisfaction, County's DBH Director, or designee, may elect to terminate this
4 Agreement, pursuant to the termination provisions stated in Article 7 of this Agreement.

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

8 Monthly payments for claimed services shall only be based on the units of time assigned
9 to each CPT or HCPCS code entered in the County's billing and transactional database
10 multiplied by the practitioner service rates in Exhibit H.

11 County's payments to Contractor(s) for performance of claimed services are provisional
12 and subject to adjustment until the completion of all settlement activities. County's adjustments
13 to provisional payments for claimed services shall be based on the terms, conditions, and
14 limitations of this Agreement or the reasons for recoupment set forth in Article 4 and 13.

15 **Cost Reimbursement Based Invoices.** Invoices for cost reimbursement services shall
16 be based on actual expenses incurred in the month of service for Non Medi-Cal MHSA Direct
17 Client Supports and/or American Rescue Plan Act (ARPA) grant funds. Contractor(s) shall
18 submit monthly invoices and general ledgers to County that itemize the line item charges for
19 monthly program costs. The invoices and general ledgers will serve as tracking tools to
20 determine if Contractor's costs are in accordance with its budgeted cost. Failure to submit
21 reports and other supporting documentation shall be deemed sufficient cause for County to
22 withhold payments until there is compliance.

23 Contractor(s) must report all revenue collected from a third-party, client-pay or private-
24 pay in each monthly invoice. In addition, Contractor(s) shall submit monthly invoices for
25 reimbursement that equal the amount due less any revenue collected and/or unallowable cost
26 such as lobbying or political donations from the monthly invoice reimbursements.

1 Travel shall be reimbursed based on actual expenditures and reimbursement shall be at
2 Contractor's adopted rate, not to exceed the Federal Internal Revenue Services (IRS) published
3 rate.

4 **Corrective Action Plans.** Contractors shall enter services into the County's billing and
5 transactional database and submit invoices in accordance with the deadlines listed above and
6 information shall be accurate. Failure to meet the requirements set forth above will result in a
7 corrective action plan at the discretion of the County's DBH Director, or designee, and may
8 result in financial penalties or termination of agreement per Article 7.

9 4.10 **Payment.** Payments shall be made by County to Contractor(s) in arrears, for
10 services provided during the preceding month, within forty-five (45) days after the date of
11 receipt, verification, and approval by County. All final invoices and/or any final budget
12 modification requests shall be submitted by Contractor(s) within sixty (60) days following the
13 final month of service for which payment is claimed. No action shall be taken by County on
14 claims submitted beyond the sixty (60) day closeout period. Any compensation which is not
15 expended by Contractor(s) pursuant to the terms and conditions of this Agreement shall
16 automatically revert to County.

17 4.11 **Specialty Mental Health Services Payments.** Payment shall be made upon
18 certification and other proof satisfactory to County that services have actually been performed
19 by Contractor(s) as specified in this Agreement and/or after receipt and verification of actual
20 services provided.

21 4.12 **Cost Reimbursement Payments.** Payment shall be made upon certification or other
22 proof satisfactory to County that services have actually been performed by Contractor as
23 specified in this Agreement and/or after receipt and verification of actual expenditures incurred
24 by Contractor for monthly program costs for Non Medi-Cal MHSA Direct Client Supports and/or
25 ARPA grant funds, as identified in the budget narratives and budgets identified in Exhibit H1 *et*
26 *seq.*, in the performance of this Agreement. County shall not be obligated to make any
27 payments under this Agreement if the request for payment is received by County more than
28 sixty (60) days after this Agreement has terminated or expired.

1 4.13 **Recoupments and Audits.** County shall recapture from Contractor(s) the value of
2 any services or other expenditures determined to be ineligible based on the County or State
3 monitoring results. The County reserves the right to enter into a repayment agreement with
4 Contractor(s), with total monthly payments not to exceed twelve (12) months from the date of
5 the repayment agreement, to recover the amount of funds to be recouped. The County has the
6 discretion to extend the repayment plan up to a total of twenty-four (24) months from the date of
7 the repayment agreement. The repayment agreement may be made with the signed written
8 approval of County's DBH Director, or designee, and respective Contractor(s) through a
9 repayment agreement. The monthly repayment amounts may be netted against the Contractor's
10 monthly billing for services rendered during the month, or the County may, in its sole discretion,
11 forego a repayment agreement and recoup all funds immediately. This remedy is not exclusive,
12 and County may seek recoupment from any other means, including, but not limited to, a separate
13 contract or agreement with Contractor(s).

14 Contractor(s) shall be held financially liable for any and all future disallowances/audit
15 exceptions due to Contractor's deficiency discovered through the State audit process and
16 County utilization review for services provided during the course of this Agreement. At County's
17 election, the disallowed amount will be remitted within forty-five (45) days to County upon
18 notification or shall be withheld from subsequent payments to Contractor(s). Contractor(s) shall
19 not receive reimbursement for any units of services rendered that are disallowed or denied by
20 the Fresno County Mental Health Plan (Mental Health Plan) utilization review process or
21 through the State of California DHCS audit and review process, cost report audit settlement if
22 applicable, for Medi-Cal eligible beneficiaries.

23 4.14 **Incidental Expenses.** The Contractor(s) is solely responsible for all of its costs and
24 expenses that are not specified as payable by the County under this Agreement. If Contractor(s)
25 fails to comply with any provision of this Agreement, County shall be relieved of its obligation for
26 further compensation.

27 4.15 **Restrictions and Limitations.** This Agreement shall be subject to any restrictions,
28 limitations, and/or conditions imposed by County or state or federal funding sources that may in

1 any way affect the fiscal provisions of, or funding for this Agreement. This Agreement is also
2 contingent upon sufficient funds being made available by County, state, or federal funding
3 sources for the term of the Agreement. If the federal or state governments reduce financial
4 participation in the Medi-Cal program, County agrees to meet with Contractor(s) to discuss
5 renegotiating the services required by this Agreement.

6 Funding is provided by fiscal year. Any unspent fiscal year appropriation does not roll
7 over and is not available for services provided in subsequent years.

8 In the event that funding for these services is delayed by the State Controller, County
9 may defer payments to Contractor(s). The amount of the deferred payment shall not exceed the
10 amount of funding delayed by the State Controller to the County. The period of time of the
11 deferral by County shall not exceed the period of time of the State Controller's delay of payment
12 to County plus forty-five (45) days.

13 **4.16 Additional Financial Requirements.** County has the right to monitor the
14 performance of this Agreement to ensure the accuracy of claims for reimbursement and
15 compliance with all applicable laws and regulations.

16 Contractor(s) must comply with the False Claims Act employee training and policy
17 requirements set forth in 42 U.S.C. 1396a(a)(68) and as the Secretary of the United States
18 Department of Health and Human Services may specify.

19 Contractor(s) agrees that no part of any federal funds provided under this Agreement
20 shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of
21 the Executive Schedule at <https://www.opm.gov/> (U.S. Office of Personnel Management), as
22 from time to time amended.

23 Federal Financial Participation is not available for any amount furnished to an Excluded
24 individual or entity, or at the direction of a physician during the period of exclusion when the
25 person providing the service knew or had reason to know of the exclusion, or to an individual or
26 entity when the County failed to suspend payments during an investigation of a credible
27 allegation of fraud [42 U.S.C. section 1396b(i)(2)].
28

1 Contractor(s) must maintain financial records for a minimum period of ten (10) years or
2 until any dispute, audit or inspection is resolved, whichever is later. Contractor(s) will be
3 responsible for any disallowances related to inadequate documentation.

4 **4.17 Contractor(s) Prohibited from Redirection of Contracted Funds.** Contractor(s)
5 may not redirect or transfer funds from one funded program to another funded program under
6 which Contractor(s) provides services pursuant to this Agreement except through a duly
7 executed amendment to this Agreement.

8 Contractor(s) may not charge services delivered to an eligible person served under one
9 funded program to another funded program unless the person served is also eligible for services
10 under the second funded program.

11 **4.18 Financial Audit Report Requirements for Pass-Through Entities.** If County
12 determines that Contractor(s) is a “subrecipient” (also known as a “pass-through entity”) as
13 defined in 2 C.F.R. § 200 et seq., Contractor(s) represents that it will comply with the applicable
14 cost principles and administrative requirements including claims for payment or reimbursement
15 by County as set forth in 2 C.F.R. § 200 et seq., as may be amended from time to time.
16 Contractor(s) shall observe and comply with all applicable financial audit report requirements
17 and standards.

18 Financial audit reports must contain a separate schedule that identifies all funds included
19 in the audit that are received from or passed through the County. County programs must be
20 identified by Agreement number, Agreement amount, Agreement period, and the amount
21 expended during the fiscal year by funding source.

22 Contractor(s) will provide a financial audit report including all attachments to the report
23 and the management letter and corresponding response within six months of the end of the
24 audit year to the County’s DBH Director, or designee. The County’s Director, or designee, is
25 responsible for providing the audit report to the County Auditor.

26 Contractor(s) must submit any required corrective action plan to the County
27 simultaneously with the audit report or as soon thereafter as it is available. The County shall
28

1 monitor implementation of the corrective action plan as it pertains to services provided pursuant
2 to this Agreement.

3 **Article 5**

4 **Term of Agreement**

5 5.1 **Term.** This Agreement is effective on July 1, 2023, and terminates on June 30, 2024
6 except as provided in section 5.2, "Extension," or Article 7, "Termination and Suspension,"
7 below.

8 5.2 **Extension.** The term of this Agreement may be extended for no more than a one-
9 year period only upon written approval of both parties at least thirty (30) days before the first day
10 of the one-year extension period. The County's DBH Director, or designee, is authorized to sign
11 the written approval on behalf of the County based on the Contractor's satisfactory
12 performance. The extension of this Agreement by the County is not a waiver or compromise of
13 any default or breach of this Agreement by the Contractor(s) existing at the time of the
14 extension whether or not known to the County.

15 **Article 6**

16 **Notices**

17 6.1 **Contact Information.** The persons and their addresses having authority to give and
18 receive notices provided for or permitted under this Agreement include the following:

19 **For the County:**

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

24 **For the Contractor(s):**

25 See Exhibit A, "List of Contractors"

26 6.2 **Change of Contact Information.** Either party may change the information in section
27 6.1 by giving notice as provided in section 6.3.

28 6.3 **Method of Delivery.** Each notice between the County and the Contractor(s)
provided for or permitted under this Agreement must be in writing, state that it is a notice
provided under this Agreement, and be delivered either by personal service, by first-class

1 United States mail, by an overnight commercial courier service, by telephonic facsimile
2 transmission, or by Portable Document Format (PDF) document attached to an email.

3 (A) A notice delivered by personal service is effective upon service to the recipient.

4 (B) A notice delivered by first-class United States mail is effective three (3) County
5 business days after deposit in the United States mail, postage prepaid, addressed to the
6 recipient.

7 (C) A notice delivered by an overnight commercial courier service is effective one (1)
8 County business day after deposit with the overnight commercial courier service,
9 delivery fees prepaid, with delivery instructions given for next day delivery, addressed to
10 the recipient.

11 **6.4 Claims Presentation.** For all claims arising from or related to this Agreement,
12 nothing in this Agreement establishes, waives, or modifies any claims presentation
13 requirements or procedures provided by law, including the Government Claims Act (Division 3.6
14 of Title 1 of the Government Code, beginning with section 810).

15 **6.5 Notification of Changes.** Contractor(s) shall notify County in writing of any change
16 in organizational name, Head of Service or principal business at least fifteen (15) business days
17 in advance of the change. Contractor(s) shall notify County of a change of service location at
18 least six (6) months in advance to allow County sufficient time to comply with site certification
19 requirements. Said notice shall become part of this Agreement upon acknowledgment in writing
20 by the County, and no further amendment of the Agreement shall be necessary provided that
21 such change of address does not conflict with any other provisions of this Agreement.

22 Contractor(s) must immediately notify County of a change in ownership, organizational
23 status, licensure, or ability of Contractor(s) to provide the quantity or quality of the contracted
24 services in a and in no event more than fifteen (15) days of the change.

25 **Article 7**

26 **Termination and Suspension**

27 **7.1 Termination for Non-Allocation of Funds.** The terms of this Agreement are
28 contingent on the approval of funds by the appropriating government agency. If sufficient funds

1 are not allocated, then the County, upon at least thirty (30) days' advance written notice to the
2 Contractor(s), may:

- 3 (A) Modify the services provided by the Contractor(s) under this Agreement; or
- 4 (B) Terminate this Agreement.

5 **7.2 Termination for Breach.**

6 (A) Upon determining that a breach (as defined in paragraph (C) below) has
7 occurred, the County may give written notice of the breach to the Contractor(s). The
8 written notice may suspend performance under this Agreement and must provide at
9 least thirty (30) days for the Contractor(s) to cure the breach.

10 (B) If the Contractor(s) fails to cure the breach to the County's satisfaction within the
11 time stated in the written notice, the County may terminate this Agreement immediately.

12 (C) For purposes of this section, a breach occurs when, in the determination of the
13 County, the Contractor(s) has:

- 14 (1) Obtained or used funds illegally or improperly;
- 15 (2) Failed to comply with any part of this Agreement;
- 16 (3) Submitted a substantially incorrect or incomplete report to the County; or
- 17 (4) Improperly performed any of its obligations under this Agreement.

18 **7.3 Termination without Cause.** In circumstances other than those set forth above, the
19 County may terminate this Agreement by giving at least thirty (30) days advance written notice
20 to the Contractor(s).

21 **7.4 No Penalty or Further Obligation.** Any termination of this Agreement by the County
22 under this Article 7 is without penalty to or further obligation of the County.

23 **7.5 County's Rights upon Termination.** Upon termination for breach under this Article
24 7, the County may demand repayment by the Contractor(s) of any monies disbursed to the
25 Contractor(s) under this Agreement that, in the County's sole judgment, were not expended in
26 compliance with this Agreement. The Contractor(s) shall promptly refund all such monies upon
27 demand. This section survives the termination of this Agreement.

1 In the event this Agreement is terminated, Contractor(s) shall be entitled to
2 compensation for all Specialty Mental Health Services (SMHS) satisfactorily provided pursuant
3 to the terms and conditions of this Agreement through and including the effective date of
4 termination. This provision shall not limit or reduce any damages owed to the County due to a
5 breach of this Agreement by Contractor(s).

6 Article 8

7 Informing Materials for Persons Served

8 8.1 **Basic Information Requirements.** Contractor(s) shall provide information in a
9 manner and format that is easily understood and readily accessible to the persons served (42
10 C.F.R. § 438.10(c)(1)). Contractor(s) shall provide all written materials for persons served in
11 easily understood language, format, and alternative formats that take into consideration the
12 special needs of individuals in compliance with 42 C.F.R. § 438.10(d)(6). Contractor(s) shall
13 inform the persons served that information is available in alternate formats and how to access
14 those formats in compliance with 42 C.F.R. § 438.10.

15 Contractor(s) shall provide the required information in this section to each individual
16 receiving SMHS under this Agreement and upon request (1915(b) Medi-Cal Specialty Mental
17 Health Services Waiver, § (2), subd. (d), at p. 26., attachments 3, 4; Cal. Code Regs., tit. 9, §
18 1810.360(e)).

19 Contractor(s) shall utilize the County's website that provides the content required in this
20 section and 42 C.F.R. § 438.10 and complies with all requirements regarding the same set forth
21 in 42 C.F.R. § 438.10.

22 Contractor(s) shall use the DHCS/County-developed beneficiary handbook and persons
23 served notices.(42 C.F.R. §§ 438.10(c)(4)(ii), 438.62(b)(3)).

24 8.2 **Electronic Submission.** Persons served information required in this section may
25 only be provided electronically by the Contractor(s) if all of the following conditions are met:

26 (A) The format is readily accessible;

27 (B) The information is placed in a location on the Contractor's website that is
28 prominent and readily accessible;

1 (C) The information is provided in an electronic form which can be electronically
2 retained and printed;

3 (D) The information is consistent with the content and language requirements of this
4 Agreement;

5 (E) The individual is informed that the information is available in paper form without
6 charge upon request and the Contractor(s) shall provide it upon request within five (5)
7 business days (42 C.F.R. § 438.10(c)(6)).

8 **8.3 Language and Format.** Contractor(s) shall provide all written materials, including
9 taglines, for persons served or potential persons served in a font size no smaller than twelve
10 (12) point (42 C.F.R. 438.10(d)(6)(ii)).

11 Contractor(s) shall ensure its written materials that are critical to obtaining services are
12 available in alternative formats, upon request of the person served or potential person served at
13 no cost.

14 Contractor(s) shall make its written materials that are critical to obtaining services,
15 including, at a minimum, provider directories, beneficiary handbook, appeal and grievance
16 notices, denial and termination notices, and the Contractor's mental health education materials,
17 available in the prevalent non-English languages in the County (42 C.F.R. § 438.10(d)(3)).

18 (A) Contractor(s) shall notify persons served, prospective persons served, and
19 members of the public that written translation is available in prevalent languages free of
20 cost and how to access those materials (42 C.F.R. § 438.10(d)(5)(i), (iii); Welfare & Inst.
21 Code § 14727(a)(1); Cal. Code Regs. tit. 9 § 1810.410, subd. (e), para. (4)).

22 Contractor(s) shall make auxiliary aids and services available upon request and free of
23 charge to each person served (42 C.F.R. § 438.10(d)(3)-(4)).

24 Contractor(s) shall make oral interpretation and auxiliary aids, such as Teletypewriter
25 Telephone/Text Telephone (TTY/TDY) and American Sign Language (ASL), available and free
26 of charge for any language in compliance with 42 C.F.R. § 438.10(d)(2), (4)-(5).

27 Taglines for written materials critical to obtaining services must be printed in a conspicuously
28 visible font size, no smaller than twelve (12) point font.

1 8.4 **Beneficiary Informing Materials.** Each person served must receive and have
2 access to the beneficiary informing materials upon request by the individual and when first
3 receiving SMHS from Contractor(s). Beneficiary informing materials include but are not limited
4 to:

- 5 (A) Consumer Handbook
- 6 (B) Provider Directory
- 7 (C) Grievance form
- 8 (D) Appeal/Expedited Appeal form
- 9 (E) Advance Directives brochure
- 10 (F) Change of Provider form
- 11 (G) Suggestions brochure
- 12 (H) Notice of Privacy Practices
- 13 (I) Notices of Adverse Benefit Determination (NOABDs – Including Denial and
14 Termination notices)
- 15 (J) Early & Periodic Screening, Diagnostic and Treatment (EPSDT) poster (if serving
16 individuals under the age of 21)
- 17 (K) Contractor shall ensure beneficiary informing material are displayed in the
18 threshold languages of Fresno County at all service sites, including but not limited to the
19 following:

- 20 (1) Consumer Handbook
- 21 (2) Provider Directory
- 22 (3) Grievance form
- 23 (4) Appeal/Expedited Appeal form
- 24 (5) Advance Directives brochure
- 25 (6) Change of Provider form
- 26 (7) Suggestions brochure

27 All beneficiary informing written materials will use easily understood language and
28 format (i.e., material written and formatted at a 6th grade reading level) and will use a font size

1 no smaller than 12 point. All beneficiary informing written materials shall inform beneficiaries of
2 the availability of information in alternative formats and how to make a request for an alternative
3 format. Inventory and maintenance of all beneficiary informing materials will be maintained by
4 the County's DBH Managed Care Division. Contractor will ensure that its written materials
5 include taglines or that an additional taglines document is available.

6 **8.5 Beneficiary Handbook.** Contractor(s) shall provide each persons served with a
7 beneficiary handbook at the time the individual first accesses services and thereafter upon
8 request. The beneficiary handbook shall be provided to beneficiaries within fourteen (14)
9 business days after receiving notice of enrollment.

10 Contractor(s) shall give each individual notice of any significant change to the
11 information contained in the beneficiary handbook at least thirty (30) days before the intended
12 effective date of change as per BHIN 22-060.

13 **8.6 Accessibility.** Required informing materials must be electronically available on
14 Contractor's website and must be physically available at the Contractor's facility lobby for
15 individuals' access.

16 Informing materials must be made available upon request, at no cost, in alternate
17 formats (i.e., Braille or audio) and auxiliary aids (i.e., California Relay Service (CRS) 711 and
18 American Sign Language) and must be provided to persons served within five (5) business
19 days. Large print materials shall be in a minimum of eighteen (18) point font size.

20 Informing materials will be considered provided to the individual if Contractor(s) does
21 one or more of the following:

22 (A) Mails a printed copy of the information to the persons served's mailing address
23 before the individual receives their first specialty mental health service;

24 (B) Mails a printed copy of the information upon the individual's request to their
25 mailing address;

26 (C) Provides the information by email after obtaining the persons served's agreement
27 to receive the information by email;

1 (D) Posts the information on the Contractor's website and advises the person served
2 in paper or electronic form that the information is available on the internet and includes
3 applicable internet addresses, provided that individuals with disabilities who cannot
4 access this information online are provided auxiliary aids and services upon request and
5 at no cost; or,

6 (E) Provides the information by any other method that can reasonably be expected
7 to result in the person served receiving that information. If Contractor(s) provides
8 informing materials in person, when the individual first receives specialty mental health
9 services, the date and method of delivery shall be documented in the persons served's
10 file.

11 **8.7 Provider Directory.** Contractor(s) must follow the County's provider directory policy,
12 in compliance with MHSUDS IN 18-020.

13 Contractor(s) must make available to persons served, in paper form upon request and
14 electronic form, specified information about the County provider network as per 42 C.F.R. §
15 438.10(h). The most current provider directory is electronically available on the County website
16 and is updated by the County no later than thirty (30) calendar days after information is received
17 to update provider information. A paper provider directory must be updated at least monthly as
18 set forth in 42 C.F.R. § 438.10(h)(3)(i).

19 Any changes to information published in the provider directory must be reported to the
20 County within two (2) weeks of the change.

21 Contractor(s) will only need to report changes/updates to the provider directory for
22 licensed, waived, or registered mental health providers.

23 **Article 9**

24 **Independent Contractor**

25 **9.1 Status.** In performing under this Agreement, the Contractor(s), including its officers,
26 agents, employees, and volunteers, is at all times acting and performing as an independent
27 contractor, in an independent capacity, and not as an officer, agent, servant, employee, joint
28 venturer, partner, or associate of the County.

1 9.2 **Verifying Performance.** The County has no right to control, supervise, or direct the
2 manner or method of the Contractor’s performance under this Agreement, but the County may
3 verify that the Contractor(s) is performing according to the terms of this Agreement.

4 9.3 **Benefits.** Because of its status as an independent contractor, the Contractor(s) has
5 no right to employment rights or benefits available to County employees. The Contractor(s) is
6 solely responsible for providing to its own employees all employee benefits required by law. The
7 Contractor(s) shall save the County harmless from all matters relating to the payment of
8 Contractor’s employees, including compliance with Social Security withholding and all related
9 regulations.

10 9.4 **Services to Others.** The parties acknowledge that, during the term of this
11 Agreement, the Contractor(s) may provide services to others unrelated to the County.

12 9.5 **Operating Costs.** Contractor(s) shall provide all personnel, supplies, and operating
13 expenses of any kind required for the performance of this Agreement.

14 9.6 **Additional Responsibilities.** The parties acknowledge that, during the term of this
15 Agreement, the Contractor(s) will be performing hiring, training, and credentialing of staff, and
16 County will be performing additional staff credentialing to ensure compliance with State and
17 Federal regulations.

18 9.7 **Subcontracts.** Contractor(s) shall obtain written approval from County’s DBH
19 Director, or designee, before subcontracting any of the services delivered under this Agreement.
20 County’s DBH Director, or designee, retains the right to approve or reject any request for
21 subcontracting services. Any transferee, assignee, or subcontractor will be subject to all
22 applicable provisions of this Agreement, and all applicable State and Federal regulations.
23 Contractor(s) shall be held primarily responsible by County for the performance of any
24 transferee, assignee, or subcontractor unless otherwise expressly agreed to in writing by
25 County’s DBH Director, or designee. The use of subcontractors by Contractor(s) shall not entitle
26 Contractor(s) to any additional compensation that is provided for under this Agreement.

1 Contractor(s) shall remain legally responsible for the performance of all terms and
2 conditions of this Agreement, including, without limitation, all SMHS provided by third parties
3 under subcontracts, whether approved by the County or not.

4 **Article 10**

5 **Indemnity and Defense**

6 10.1 **Indemnity.** The Contractor(s) shall indemnify and hold harmless and defend the
7 County (including its officers, agents, employees, and volunteers) against all claims, demands,
8 injuries, damages, costs, expenses (including attorney fees and costs), fines, penalties, and
9 liabilities of any kind to the County, the Contractor(s), or any third party that arise from or relate
10 to the performance or failure to perform by the Contractor(s) (or any of its officers, agents,
11 subcontractors, or employees) under this Agreement. The County may conduct or participate in
12 its own defense without affecting the Contractor's obligation to indemnify and hold harmless or
13 defend the County.

14 10.2 **Survival.** This Article 10 survives the termination of this Agreement.

15 **Article 11**

16 **Insurance**

17 11.1 The Contractor(s) shall comply with all the insurance requirements in Exhibit I to this
18 Agreement.

19 **Article 12**

20 **Assurances**

21 12.1 **Certification of Non-exclusion or Suspension from Participation in a Federal**
22 **Health Care Program.**

23 (A) In entering into this Agreement, Contractor(s) certifies that it is not excluded from
24 participation in Federal Health Care Programs under either Section 1128 or 1128A of the
25 Social Security Act. Failure to so certify will render all provisions of this Agreement null
26 and void and may result in the immediate termination of this Agreement.

27 (B) In entering into this Agreement, Contractor(s) certifies, that the Contractor(s)
28 does not employ or subcontract with providers or have other relationships with providers

1 excluded from participation in Federal Health Care Programs, including Medi-
2 Cal/Medicaid or procurement activities, as set forth in 42 C.F.R. §438.610. Contractor(s)
3 shall conduct initial and monthly exclusion and suspension searches of the following
4 databases and provide evidence of these completed searches when requested by
5 County, DHCS or the US Department of Health and Human Services (DHHS):

6 (1) www.oig.hhs.gov/exclusions - Office of Inspector General's List of Excluded
7 Individuals/Entities (LEIE) Federal Exclusions

8 (2) www.sam.gov/content/exclusions - General Service Administration (GSA)
9 Exclusions Extract www.Medi-Cal.ca.gov - Suspended & Ineligible Provider List

10 (3) <https://nppes.cms.hhs.gov/#/> - National Plan and Provider Enumeration
11 System (NPPES)

12 (4) any other database required by DHCS or US DHHS.

13 (C) In entering into this Agreement, Contractor(s) certifies, that Contractor(s) does
14 not employ staff or individual contractors/vendors that are on the Social Security
15 Administration's Death Master File. Contractor(s) shall check the database prior to
16 employing staff or individual contractors/vendors and provide evidence of these
17 completed searches when requested by the County, DHCS or the US DHHS.

18 (D) Contractor(s) is required to notify County immediately if Contractor(s) becomes
19 aware of any information that may indicate their (including employees/staff and individual
20 contractors/vendors) potential placement on an exclusions list.

21 (E) Contractor(s) shall screen and periodically revalidate all network providers in
22 accordance with the requirements of 42 C.F.R., Part 455, Subparts B and E.

23 (F) Contractor(s) must confirm the identity and determine the exclusion status of all
24 its providers, as well as any person with an ownership or control interest, or who is an
25 agent or managing employee of the contracted agency through routine checks of federal
26 and state databases. This includes the Social Security Administration's Death Master
27 File, NPPES, the Office of Inspector General's LEIE, the Medi-Cal Suspended and
28

1 Ineligible Provider List (S&I List) as consistent with the requirements of 42 C.F.R. §
2 455.436.

3 (G) If Contractor(s) finds a provider that is excluded, it must promptly notify the
4 County as per 42 C.F.R. § 438.608(a)(2), (4). The Contractor(s) shall not certify or pay
5 any Excluded provider with Medi-Cal funds, must treat any payments made to an
6 excluded provider as an overpayment, and any such inappropriate payments may be
7 subject to recovery.

8 **Article 13**

9 **Inspections, Audits, and Public Records**

10 13.1 **Inspection of Documents.** The Contractor(s) shall make available to the County,
11 and the County may examine at any time during business hours and as often as the County
12 deems necessary, all of the Contractor's records and data with respect to the matters covered
13 by this Agreement, excluding attorney-client privileged communications. The Contractor(s) shall,
14 upon request by the County, permit the County to audit and inspect all such records and data to
15 ensure the Contractor's compliance with the terms of this Agreement.

16 13.2 **State Audit Requirements.** If the compensation to be paid by the County under this
17 Agreement exceeds \$10,000, the Contractor(s) is subject to the examination and audit of the
18 California State Auditor, as provided in Government Code section 8546.7, for a period of three
19 years after final payment under this Agreement. This section survives the termination of this
20 Agreement.

21 13.3 **Internal Auditing.** Contractor(s) of sufficient size as determined by County shall
22 institute and conduct a Quality Assurance Process for all services provided hereunder. Said
23 process shall include at a minimum a system for verifying that all services provided and claimed
24 for reimbursement shall meet SMHS definitions and be documented accurately.

25 In addition, Contractor(s) with medication prescribing authority shall adhere to County's
26 medication monitoring review practices. Contractor(s) shall provide County with notification and
27 a summary of any internal audit exceptions and the specific corrective actions taken to
28

1 sufficiently reduce the errors that are discovered through Contractor's internal audit process.
2 Contractor(s) shall provide this notification and summary to County as requested by the County.

3 **13.4 Confidentiality in Audit Process.** Contractor(s) and County mutually agree to
4 maintain the confidentiality of Contractor's records and information of persons served, in
5 compliance with all applicable State and Federal statutes and regulations, including but not
6 limited to HIPAA and California Welfare and Institutions Code, Section 5328. Contractor(s) shall
7 inform all of its officers, employees, and agents of the confidentiality provisions of all applicable
8 statutes.

9 Contractor's fiscal records shall contain sufficient data to enable auditors to perform a
10 complete audit and shall be maintained in conformance with standard procedures and
11 accounting principles.

12 Contractor's records shall be maintained as required by DBH and DHCS on forms
13 furnished by DHCS or the County. All statistical data or information requested by the County's
14 DBH Director, or designee, shall be provided by the Contractor(s) in a complete and timely
15 manner.

16 **13.5 Reasons for Recoupment.** County will conduct periodic audits of Contractor(s) files
17 to ensure appropriate clinical documentation, high quality service provision and compliance with
18 applicable federal, state and county regulations.

19 Such audits may result in requirements for Contractor(s) to reimburse County for
20 services previously paid in the following circumstances:

21 (A) Identification of Fraud, Waste or Abuse as defined in federal regulation

22 (1) Fraud and abuse are defined in C.F.R. Title 42, § 455.2 and W&I Code,
23 section 14107.11, subdivision (d).

24 (2) Definitions for "fraud," "waste," and "abuse" can also be found in the Medicare
25 Managed Care Manual available at [https://www.cms.gov/Regulations-and-](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals)
26 [Guidance/Guidance/Manuals](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals)

27 (B) Overpayment of Contractor(s) by County due to errors in claiming or
28 documentation.

1 (C) Other reasons specified in the SMHS Reasons for Recoupment document
2 released annually by DHCS and posted on the DHCS BHIN website.

3 Contractor(s) shall reimburse County for all overpayments identified by Contractor(s),
4 County, and/or state or federal oversight agencies as an audit exception within the timeframes
5 required by law or Country or state or federal agency. Funds owed to County will be due within
6 forty-five (45) days of notification by County, or County shall withhold future payments until all
7 excess funds have been recouped by means of an offset against any payments then or
8 thereafter owing to County under this or any other Agreement between the County and
9 Contractor(s).

10 13.6 **Cooperation with Audits.** Contractor(s) shall cooperate with County in any review
11 and/or audit initiated by County, DHCS, or any other applicable regulatory body. This
12 cooperation may include such activities as onsite program, fiscal, or chart reviews and/or audits.

13 In addition, Contractor(s) shall comply with all requests for any documentation or files
14 including, but not limited to, files for persons served.

15 Contractor(s) shall notify the County of any scheduled or unscheduled external
16 evaluation or site visits when it becomes aware of such visit. County shall reserve the right to
17 attend any or all parts of external review processes.

18 Contractor(s) shall allow inspection, evaluation and audit of its records, documents and
19 facilities for ten (10) years from the term end date of this Agreement or in the event
20 Contractor(s) has been notified that an audit or investigation of this Agreement has been
21 commenced, until such time as the matter under audit or investigation has been resolved,
22 including the exhaustion of all legal remedies, whichever is later pursuant to 42 C.F.R.§§
23 438.3(h) and 438.230I(3)(i-iii).

24 13.7 **Single Audit Clause.** If Contractor(s) expends Seven Hundred Fifty Thousand and
25 No/100 Dollars (\$750,000.00) or more in Federal and Federal flow-through monies,
26 Contractor(s) agrees to conduct an annual audit in accordance with the requirements of the
27 Single Audit Standards as set forth in Office of Management and Budget (OMB) 2 CFR 200.
28 Contractor(s) shall submit said audit and management letter to County. The audit must include a

1 statement of findings or a statement that there were no findings. If there were negative findings,
2 Contractor(s) must include a corrective action plan signed by an authorized individual.
3 Contractor(s) agrees to take action to correct any material non-compliance or weakness found
4 as a result of such audit. Such audit shall be delivered to County's DBH Finance Division for
5 review within nine (9) months of the end of any fiscal year in which funds were expended and/or
6 received for the program. Failure to perform the requisite audit functions as required by this
7 Agreement may result in County performing the necessary audit tasks, or at County's option,
8 contracting with a public accountant to perform said audit, or may result in the inability of County
9 to enter into future agreements with Contractor(s). All audit costs related to this Agreement are
10 the sole responsibility of Contractor(s).

11 A single audit report is not applicable if Contractor's Federal contracts do not exceed the
12 Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) requirement or Contractor's
13 only funding is through Drug-related Medi-Cal. If a single audit is not applicable, a program audit
14 must be performed and a program audit report with management letter shall be submitted by
15 Contractor(s) to County as a minimum requirement to attest to Contractor(s) solvency. Said
16 audit report shall be delivered to County's DBH Finance Division for review no later than nine (9)
17 months after the close of the fiscal year in which the funds supplied through this Agreement are
18 expended. Failure to comply with this Act may result in County performing the necessary audit
19 tasks or contracting with a qualified accountant to perform said audit. All audit costs related to
20 this Agreement are the sole responsibility of Contractor(s) who agrees to take corrective action
21 to eliminate any material noncompliance or weakness found as a result of such audit. Audit
22 work performed by County under this paragraph shall be billed to Contractor(s) at County cost,
23 as determined by County's Auditor-Controller/Treasurer-Tax Collector.

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

1 13.8 **Public Records.** The County is not limited in any manner with respect to its public
2 disclosure of this Agreement or any record or data that the Contractor(s) may provide to the
3 County. The County's public disclosure of this Agreement or any record or data that the
4 Contractor(s) may provide to the County may include but is not limited to the following:

5 (A) The County may voluntarily, or upon request by any member of the public or
6 governmental agency, disclose this Agreement to the public or such governmental
7 agency.

8 (B) The County may voluntarily, or upon request by any member of the public or
9 governmental agency, disclose to the public or such governmental agency any record or
10 data that the Contractor(s) may provide to the County, unless such disclosure is
11 prohibited by court order.

12 (C) This Agreement, and any record or data that the Contractor(s) may provide to the
13 County, is subject to public disclosure under the Ralph M. Brown Act (California
14 Government Code, Title 5, Division 2, Part 1, Chapter 9, beginning with section 54950).

15 (D) This Agreement, and any record or data that the Contractor(s) may provide to the
16 County, is subject to public disclosure as a public record under the California Public
17 Records Act (California Government Code, Title 1, Division 7, Chapter 3.5, beginning
18 with section 6250) ("CPRA").

19 (E) This Agreement, and any record or data that the Contractor(s) may provide to the
20 County, is subject to public disclosure as information concerning the conduct of the
21 people's business of the State of California under California Constitution, Article 1,
22 section 3, subdivision (b).

23 (F) Any marking of confidentiality or restricted access upon or otherwise made with
24 respect to any record or data that the Contractor(s) may provide to the County shall be
25 disregarded and have no effect on the County's right or duty to disclose to the public or
26 governmental agency any such record or data.

27 13.9 **Public Records Act Requests.** If the County receives a written or oral request
28 under the CPRA to publicly disclose any record that is in the Contractor's possession or control,

1 and which the County has a right, under any provision of this Agreement or applicable law, to
2 possess or control, then the County may demand, in writing, that the Contractor(s) deliver to the
3 County, for purposes of public disclosure, the requested records that may be in the possession
4 or control of the Contractor(s). Within five business days after the County's demand, the
5 Contractor(s) shall (a) deliver to the County all of the requested records that are in the
6 Contractor's possession or control, together with a written statement that the Contractor(s), after
7 conducting a diligent search, has produced all requested records that are in the Contractor's
8 possession or control, or (b) provide to the County a written statement that the Contractor(s),
9 after conducting a diligent search, does not possess or control any of the requested records.
10 The Contractor(s) shall cooperate with the County with respect to any County demand for such
11 records. If the Contractor(s) wishes to assert that any specific record or data is exempt from
12 disclosure under the CPRA or other applicable law, it must deliver the record or data to the
13 County and assert the exemption by citation to specific legal authority within the written
14 statement that it provides to the County under this section. The Contractor's assertion of any
15 exemption from disclosure is not binding on the County, but the County will give at least 10
16 days' advance written notice to the Contractor(s) before disclosing any record subject to the
17 Contractor's assertion of exemption from disclosure. The Contractor(s) shall indemnify the
18 County for any court-ordered award of costs or attorney's fees under the CPRA that results from
19 the Contractor's delay, claim of exemption, failure to produce any such records, or failure to
20 cooperate with the County with respect to any County demand for any such records.

21 **Article 14**

22 **Right to Monitor**

23 14.1 **Right to Monitor.** County or any subdivision or appointee thereof, and the State of
24 California or any subdivision or appointee thereof, including the Auditor General, shall have
25 absolute right to review and audit all records, books, papers, documents, corporate minutes,
26 financial records, staff information, records of persons served, other pertinent items as
27 requested, and shall have absolute right to monitor the performance of Contractor(s) in the
28

1 delivery of services provided under this Agreement. Full cooperation shall be given by the
2 Contractor(s) in any auditing or monitoring conducted, according to this agreement.

3 14.2 **Accessibility.** Contractor(s) shall make all of its premises, physical facilities,
4 equipment, books, records, documents, agreements, computers, or other electronic systems
5 pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services, and activities furnished
6 under the terms of this Agreement, or determinations of amounts payable available at any time
7 for inspection, examination, or copying by County, the State of California or any subdivision or
8 appointee thereof, CMS, U.S. Department of Health and Human Services (HHS) Office of
9 Inspector General, the United States Controller General or their designees, and other
10 authorized federal and state agencies. This audit right will exist for at least ten years from the
11 final date of the Agreement period or in the event the Contractor(s) has been notified that an
12 audit or investigation of this Agreement has commenced, until such time as the matter under
13 audit or investigation has been resolved, including the exhaustion of all legal remedies,
14 whichever is later (42 CFR §438.230(c)(3)(I)-(ii)).

15 The County, DHCS, CMS, or the HHS Office of Inspector General may inspect,
16 evaluate, and audit the Contractor(s) at any time if there is a reasonable possibility of fraud or
17 similar risk. The Department's inspection shall occur at the Contractor's place of business,
18 premises, or physical facilities (42 CFR §438.230(c)(3)(iv)).

19 14.3 **Cooperation.** Contractor(s) shall cooperate with County in the implementation,
20 monitoring and evaluation of this Agreement and comply with any and all reporting requirements
21 established by County. Should County identify an issue or receive notification of a complaint or
22 potential/actual/suspected violation of requirements, County may audit, monitor, and/or request
23 information from Contractor(s) to ensure compliance with laws, regulations, and requirements,
24 as applicable.

25 14.4 **Probationary Status.** County reserves the right to place Contractor(s) on
26 probationary status, as referenced in the Probationary Status Article, should Contractor(s) fail to
27 meet performance requirements; including, but not limited to violations such as high
28 disallowance rates, failure to report incidents and changes as contractually required, failure to

1 correct issues, inappropriate invoicing, untimely and inaccurate data entry, not meeting
2 performance outcomes expectations, and violations issued directly from the State. Additionally,
3 Contractor(s) may be subject to Probationary Status or termination if agreement monitoring and
4 auditing corrective actions are not resolved within specified timeframes.

5 **14.5 Record Retention.** Contractor(s) shall retain all records and documents originated
6 or prepared pursuant to Contractor's performance under this Agreement, including grievance
7 and appeal records, and the data, information and documentation specified in 42 C.F.R. parts
8 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten years from the term
9 end date of this Agreement or until such time as the matter under audit or investigation has
10 been resolved. Records and documents include but are not limited to all physical and electronic
11 records and documents originated or prepared pursuant to Contractor's or subcontractor's
12 performance under this Agreement including working papers, reports, financial records and
13 documents of account, records of persons served, prescription files, subcontracts, and any
14 other documentation pertaining to covered services and other related services for persons
15 served.

16 **14.6 Record Maintenance.** Contractor(s) shall maintain all records and management
17 books pertaining to service delivery and demonstrate accountability for agreement performance
18 and maintain all fiscal, statistical, and management books and records pertaining to the
19 program. Records should include, but not be limited to, monthly summary sheets, sign-in
20 sheets, and other primary source documents. Fiscal records shall be kept in accordance with
21 Generally Accepted Accounting Principles and must account for all funds, tangible assets,
22 revenue and expenditures. Fiscal records must also comply with the Code of Federal
23 Regulations (CFR), Title II, Subtitle A, Chapter 11, Part 200, Uniform Administrative
24 Requirements, Cost Principles, and Audit Requirements for Federal Awards.

25 All records shall be complete and current and comply with all Agreement requirements.
26 Failure to maintain acceptable records per the preceding requirements shall be considered
27 grounds for withholding of payments for billings submitted and for termination of Agreement.
28

1 Contractor(s) shall maintain records of persons served and community service in
2 compliance with all regulations set forth by local, state, and federal requirements, laws, and
3 regulations, and provide access to clinical records by County staff.

4 Contractor(s) shall comply with the Article 18 and Article 1 regarding relinquishing or
5 maintaining medical records.

6 Contractor(s) shall agree to maintain and retain all appropriate service and financial
7 records for a period of at least ten (10) years from the date of final payment, the final date of the
8 contract period, final settlement, or until audit findings are resolved, whichever is later.

9 14.7 **Financial Reports.** Contractor(s) shall submit audited financial reports on an annual
10 basis to the County. The audit shall be conducted in accordance with Generally Accepted
11 Accounting Principles and generally accepted auditing standards.

12 14.8 **Agreement Termination.** In the event the Agreement is terminated, ends its
13 designated term or Contractor(s) ceases operation of its business, Contractor(s) shall deliver or
14 make available to County all financial records that may have been accumulated by Contractor(s)
15 or subcontractor under this Agreement, whether completed, partially completed or in progress
16 within seven (7) calendar days of said termination/end date.

17 14.9 **Facilities and Assistance.** Contractor(s) shall provide all reasonable facilities and
18 assistance for the safety and convenience of the County's representatives in the performance of
19 their duties. All inspections and evaluations shall be performed in such a manner that will not
20 unduly delay the work of Contractor(s).

21 14.10 **County Discretion to Revoke.** County has the discretion to revoke full or partial
22 provisions of the Agreement, delegated activities or obligations, or application of other remedies
23 permitted by state or federal law when the County or DHCS determines Contractor(s) has not
24 performed satisfactorily.

25 14.11 **Site Inspection.** Without limiting any other provision related to inspections or audits
26 otherwise set forth in this Agreement, Contractor(s) shall permit authorized County, state, and/or
27 federal agency(ies), through any authorized representative, the right to inspect or otherwise
28 evaluate the work performed or being performed hereunder including subcontract support

1 activities and the premises which it is being performed. Contractor(s) shall provide all
2 reasonable assistance for the safety and convenience of the authorized representative in the
3 performance of their duties. All inspections and evaluations shall be made in a manner that will
4 not unduly delay the work of the Contractor(s).

5 **Article 15**

6 **Complaints Logs and Grievances**

7 15.1 **Documentation.** Contractor(s) shall log complaints and the disposition of all
8 complaints from a person served or their family. Contractor(s) shall provide a copy of the
9 detailed complaint log entries concerning County-sponsored persons served to County at
10 monthly intervals by the tenth (10th) day of the following month, in a format that is mutually
11 agreed upon. Contractor shall allow beneficiaries or their representative to file a grievance either
12 orally, or in writing at any time with the Mental Health Plan. In the event Contractor is notified by
13 a beneficiary or their representative of a discrimination grievance, Contractor shall report
14 discrimination grievances to the Mental Health Plan within 24 hours. The Contractor shall not
15 require a beneficiary or their representative to file a Discrimination Grievance with the Mental
16 Health Plan before filing the complaint directly with the DHCS Office of Civil Rights and the U.S.
17 Health and Human Services Office for Civil Rights.

18 15.2 **Rights of Persons Served.** Contractor(s) shall post signs informing persons served
19 of their right to file a complaint or grievance, appeals, and expedited appeals. In addition,
20 Contractor(s) shall inform every person served of their rights as set forth in Exhibit J.

21 15.3 **Incident Reporting.** Contractor(s) shall file an incident report for all incidents
22 involving persons served, following the protocol identified in Exhibit K.

23 **Article 16**

24 **Compliance**

25 16.1 **Compliance.** Contractor(s) agrees to comply with County's Contractor(s) Code of
26 Conduct and Ethics and the County's Compliance Program in accordance with Exhibit L. Within
27 thirty (30) days of entering into this Agreement with County, Contractor(s) shall ensure all of
28 Contractor's employees, agents, and subcontractors providing services under this Agreement

1 certify in writing, that he or she has received, read, understood, and shall abide by the
2 Contractor(s) Code of Conduct and Ethics. Contractor(s) shall ensure that within thirty (30) days
3 of hire, all new employees, agents, and subcontractors providing services under this Agreement
4 shall certify in writing that he or she has received, read, understood, and shall abide by the
5 Contractor(s) Code of Conduct and Ethics. Contractor(s) understands that the promotion of and
6 adherence to the Contractor(s) Code of Conduct is an element in evaluating the performance of
7 Contractor(s) and its employees, agents, and subcontractors.

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

19 **16.2 Compliance with State Medi-Cal Requirements.** Contractor(s) shall be required to
20 maintain Mental Health Plan organizational provider certification by Fresno County.
21 Contractor(s) must meet Medi-Cal organization provider standards as listed in Exhibit M, "Medi-
22 Cal Organizational Provider Standards". It is acknowledged that all references to Organizational
23 Provider and/or Provider in Exhibit M shall refer to Contractor(s).

24 **16.3 Medi-Cal Certification and Mental Health Plan Compliance.** Contractor(s) will
25 establish and maintain Medi-Cal certification or become certified within ninety (90) days of the
26 effective date of this Agreement through County to provide reimbursable services to Medi-Cal
27 eligible persons served. In addition, Contractor(s) shall work with the County's DBH to execute
28 the process if not currently certified by County for credentialing of staff. During this process, the

1 Contractor(s) will obtain a legal entity number established by the DHCS, a requirement for
2 maintaining Mental Health Plan organizational provider status throughout the term of this
3 Agreement. Contractor(s) will be required to become Medi-Cal certified prior to providing
4 services to Medi-Cal eligible persons served and seeking reimbursement from the County.
5 Contractor(s) will not be reimbursed by County for any services rendered prior to certification.

6 Contractor(s) shall provide direct specialty mental health services in accordance with the
7 Mental Health Plan. Contractor(s) must comply with the "Fresno County Mental Health Plan
8 Compliance Program and Code of Conduct" set forth in Exhibit L.

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

18 **16.4 Network Adequacy.** The Contractor(s) shall ensure that all services covered under
19 this Agreement are available and accessible to persons served in a timely manner and in
20 accordance with the network adequacy standards required by regulation. (42 C.F.R. §438.206
21 (a), (c)).

22 Contractor(s) shall submit, when requested by County and in a manner and format
23 determined by the County, network adequacy certification information to the County, utilizing a
24 provided template or other designated format.

25 Contractor(s) shall submit updated network adequacy information to the County any time
26 there has been a significant change that would affect the adequacy and capacity of services.
27
28

1 To the extent possible and appropriately consistent with CCR, Title 9, §1830.225 and 42
2 C.F.R. §438.3 (l), the Contractor(s) shall provide a person served the ability to choose the
3 person providing services to them.

4 **16.5 Compliance Program, Including Fraud Prevention and Overpayments.**

5 Contractor(s) shall have in place a compliance program designed to detect and prevent fraud,
6 waste and abuse, as per 42 C.F.R. § 438.608(a)(1), that must include:

7 (A) Written policies, procedures, and standards of conduct that articulate the
8 organization's commitment to comply with all applicable requirements and standards
9 under the Agreement, and all applicable federal and state requirements.

10 (B) A Compliance Office (CO) who is responsible for developing and implementing
11 policies, procedures, and practices designed to ensure compliance with the
12 requirements of this Agreement and who reports directly to the CEO and the Board of
13 Directors.

14 (C) A Regulatory Compliance Committee on the Board of Directors and at the senior
15 management level charged with overseeing the organization's compliance program and
16 its compliance with the requirements under the Agreement.

17 (D) A system for training and education for the Compliance Officer, the organization's
18 senior management, and the organization's employees for the federal and state
19 standards and requirements under the Agreement.

20 (E) Effective lines of communication between the Compliance Officer and the
21 organization's employees.

22 (F) Enforcement of standards through well-publicized disciplinary guidelines.

23 (G) The establishment and implementation of procedures and a system with
24 dedicated staff for routine internal monitoring and auditing of compliance risks, prompt
25 response to compliance issues as they are raised, investigation of potential compliance
26 problems as identified in the course of self-evaluation and audits, corrections of such
27 problems promptly and thoroughly to reduce the potential for recurrence and ongoing
28 compliance with the requirements under the Agreement.

1 (H) The requirement for prompt reporting and repayment of any overpayments
2 identified.

3 16.6 **Reporting.** Contractor(s) must have administrative and management arrangements
4 or procedures designed to detect and prevent fraud, waste and abuse of federal or state health
5 care funding. Contractor(s) must report fraud and abuse information to the County including but
6 not limited to:

7 (A) Any potential fraud, waste, or abuse as per 42 C.F.R. § 438.608(a), (a)(7),

8 (B) All overpayments identified or recovered, specifying the overpayment due to
9 potential fraud as per 42 C.F.R. § 438.608(a), (a)(2),

10 (C) Information about changes in a persons served's circumstances that may affect
11 the person served's eligibility including changes in their residence or the death of the
12 person served as per 42 C.F.R. § 438.608(a)(3).

13 (D) Information about a change in the Contractor's circumstances that may affect the
14 network provider's eligibility to participate in the managed care program, including the
15 termination of this Agreement with the Contractor(s) as per 42 C.F.R. § 438.608(a)(6).

16 Contractor(s) shall implement written policies that provide detailed information about the
17 False Claims Act ("Act") and other federal and state laws described in section 1902(a)(68) of the
18 Act, including information about rights of employees to be protected as whistleblowers.

19 Contractor(s) shall make prompt referral of any potential fraud, waste or abuse to County
20 or potential fraud directly to the State Medicaid Fraud Control Unit.

21 16.7 **Overpayments.** County may suspend payments to Contractor(s) if DHCS or County
22 determine that there is a credible allegation of fraud in accordance with 42 C.F.R. §455.23. (42
23 C.F.R. §438.608 (a)(8)).

24 Contractor(s) shall report to County all identified overpayments and reason for the
25 overpayment, including overpayments due to potential fraud. Contractor(s) shall return any
26 overpayments to the County within 60 calendar days after the date on which the overpayment
27 was identified. (42 C.F.R. § 438.608 (a)(2), (c)(3)).
28

1 **Article 17**

2 **Federal and State Laws**

3 17.1 **Health Insurance Portability and Accountability Act.** County and Contractor(s)
4 each consider and represent themselves as covered entities as defined by the U.S. Health
5 Insurance Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and agree to
6 use and disclose Protected Health Information (PHI) as required by law.

7 County and Contractor(s) acknowledge that the exchange of PHI between them is only
8 for treatment, payment, and health care operations.

9 County and Contractor(s) intend to protect the privacy and provide for the security of PHI
10 pursuant to the Agreement in compliance with HIPAA, the Health Information Technology for
11 Economic and Clinical Health Act, Public Law 111-005 (HITECH), and regulations promulgated
12 thereunder by the U.S. Department of Health and Human Services (HIPAA Regulations) and
13 other applicable laws.

14 As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require
15 Contractor(s) to enter into a agreement containing specific requirements prior to the disclosure
16 of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and
17 164.504(e) of the Code of Federal Regulations.

18 17.2 **Physical Accessibility.** In accordance with the accessibility requirements of section
19 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973, Contractor(s) must
20 provide physical access, reasonable accommodations, and accessible equipment for Medi-Cal
21 beneficiaries with physical or mental disabilities.

22 **Article 18**

23 **Data Security**

24 18.1 **Data Security Requirements.** Contractor(s) shall comply with data security
25 requirements in Exhibit N to this Agreement.
26
27
28

1 **Article 19**

2 **Publicity Prohibition**

3 19.1 **Self-Promotion.** None of the funds, materials, property, or services provided directly
4 or indirectly under this Agreement shall be used for Contractor’s advertising, fundraising, or
5 publicity (i.e., purchasing of tickets/tables, silent auction donations, etc.) for the purpose of self-
6 promotion.

7 19.2 **Public Awareness.** Notwithstanding the above, publicity of the services described in
8 Article 1 of this Agreement shall be allowed as necessary to raise public awareness about the
9 availability of such specific services when approved in advance by County’s DBH Director, or
10 designee, for such items as written/printed materials, the use of media (i.e., radio, television,
11 newspapers), and any other related expense(s). Communication products must follow DBH
12 graphic standards, including typefaces and colors, to communicate our authority and project a
13 unified brand. This includes all media types and channels and all materials on and offline that
14 are created as part of DBH’s efforts to provide information to the public.

15 **Article 20**

16 **Disclosure of Self-Dealing Transactions**

17 20.1 **Applicability.** This Article 20 applies if the Contractor(s) is operating as a
18 corporation, or changes its status to operate as a corporation.

19 20.2 **Duty to Disclose.** If any member of the Contractor’s board of directors is party to a
20 self-dealing transaction, he or she shall disclose the transaction by completing and signing a
21 “Self-Dealing Transaction Disclosure Form” (Exhibit O) and submitting it to the County before
22 commencing the transaction or immediately after.

23 20.3 **Definition.** “Self-dealing transaction” means a transaction to which the Contractor(s)
24 is a party and in which one or more of its directors, as an individual, has a material financial
25 interest.

1 **Article 21**

2 **Disclosure of Ownership and/or Control Interest Information**

3 21.1 **Applicability.** This provision is only applicable if Contractor(s) is disclosing entities,
4 fiscal agents, or managed care entities, as defined in Code of Federal Regulations (C.F.R.),
5 Title 42 §§ 455.101, 455.104 and 455.106(a)(1),(2).

6 21.2 **Duty to Disclose.** Contractor(s) must disclose the following information as
7 requested in the Provider Disclosure Statement, Disclosure of Ownership and Control Interest
8 Statement, Exhibit P:

9 (A) Disclosure of five percent (5%) or More Ownership Interest:

10 (1) In the case of corporate entities with an ownership or control interest in the
11 disclosing entity, the primary business address as well as every business location
12 and P.O. Box address must be disclosed. In the case of an individual, the date of
13 birth and Social Security number must be disclosed.

14 (2) In the case of a corporation with ownership or control interest in the
15 disclosing entity or in any subcontractor in which the disclosing entity has a five
16 percent (5%) or more interest, the corporation tax identification number must be
17 disclosed.

18 (3) For individuals or corporations with ownership or control interest in any
19 subcontractor in which the disclosing entity has a five percent (5%) or more interest,
20 the disclosure of familial relationship is required.

21 (4) For individuals with five percent (5%) or more direct or indirect ownership
22 interest of a disclosing entity, the individual shall provide evidence of completion of a
23 criminal background check, including fingerprinting, if required by law, prior to
24 execution of Contract. (42 C.F.R. § 455.434)

25 (B) Disclosures Related to Business Transactions:

26 (1) The ownership of any subcontractor with whom Contractor(s) has had
27 business transactions totaling more than \$25,000 during the 12-month period ending
28 on the date of the request.

1 (2) Any significant business transactions between Contractor(s) and any wholly
2 owned supplier, or between Contractor(s) and any subcontractor, during the 5-year
3 period ending on the date of the request. (42 C.F.R. § 455.105(b).)

4 (C) Disclosures Related to Persons Convicted of Crimes:

5 (1) The identity of any person who has an ownership or control interest in the
6 provider or is an agent or managing employee of the provider who has been
7 convicted of a criminal offense related to that person's involvement in any program
8 under the Medicare, Medicaid, or the Title XXI services program since the inception
9 of those programs. (42 C.F.R. § 455.106.)

10 (2) County shall terminate the enrollment of Contractor(s) if any person with five
11 percent (5%) or greater direct or indirect ownership interest in the disclosing entity
12 has been convicted of a criminal offense related to the person's involvement with
13 Medicare, Medicaid, or Title XXI program in the last ten (10) years.

14 21.3 Contractor(s) must provide disclosure upon execution of Contract, extension for
15 renewal, and within 35 days after any change in Contractor(s) ownership or upon request of
16 County. County may refuse to enter into an agreement or terminate an existing agreement with
17 Contractor(s) if Contractor(s) fails to disclose ownership and control interest information,
18 information related to business transactions and information on persons convicted of crimes, or
19 if Contractor(s) did not fully and accurately make the disclosure as required.

20 21.4 Contractor(s) must provide the County with written disclosure of any prohibited
21 affiliations under 42 C.F.R. § 438.610. Contractor(s) must not employ or subcontract with
22 providers or have other relationships with providers Excluded from participation in Federal
23 Health Care Programs, including Medi-Cal/Medicaid or procurement activities, as set forth in 42
24 C.F.R. §438.610.

25 21.5 **Reporting.** Submissions shall be scanned pdf copies and are to be sent via email to
26 DBHContractedServices@fresnocountyca.gov. County may deny enrollment or terminate this
27 Agreement where any person with five percent (5%) or greater direct or indirect ownership
28 interest in Contractor(s) has been convicted of a criminal offense related to that person's

1 involvement with the Medicare, Medicaid, or Title XXI program in the last ten (10) years. County
2 may terminate this Agreement where any person with five percent (5%) or greater direct or
3 indirect ownership interest in the Contractor(s) did not submit timely and accurate information
4 and cooperate with any screening method required in CFR, Title 42, Section 455.416

5 **Article 22**

6 **Disclosure of Criminal History and Civil Actions**

7 22.1 **Applicability.** Contractor(s) is required to disclose if any of the following conditions
8 apply to them, their owners, officers, corporate managers, or partners (hereinafter collectively
9 referred to as "Contractor(s)"):

10 (A) Within the three (3) year period preceding the Agreement award, they have been
11 convicted of, or had a civil judgment tendered against them for:

12 (1) Fraud or criminal offense in connection with obtaining, attempting to obtain,
13 or performing a public (federal, state, or local) transaction or contract under a public
14 transaction;

15 (2) Violation of a federal or state antitrust statute;

16 (3) Embezzlement, theft, forgery, bribery, falsification, or destruction of records;

17 or

18 (4) False statements or receipt of stolen property.

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

21 22.2 **Duty to Disclose.** Disclosure of the above information will not automatically
22 eliminate Contractor(s) from further business consideration. The information will be considered
23 as part of the determination of whether to continue and/or renew this Agreement and any
24 additional information or explanation that Contractor(s) elects to submit with the disclosed
25 information will be considered. If it is later determined that the Contractor(s) failed to disclose
26 required information, any contract awarded to such Contractor(s) may be immediately voided
27 and terminated for material failure to comply with the terms and conditions of the award.
28

1 Contractor(s) must sign a “Certification Regarding Debarment, Suspension, and Other
2 Responsible Matters – Primary Covered Transactions” in the form set forth in Exhibit Q.
3 Additionally, Contractor(s) must immediately advise the County in writing if, during the term of
4 the Agreement: (1) Contractor(s) becomes suspended, debarred, excluded or ineligible for
5 participation in Federal or State funded programs or from receiving federal funds as listed in the
6 excluded parties list system (<http://www.epls.gov>); or (2) any of the above listed conditions
7 become applicable to Contractor(s). Contractor(s) shall indemnify, defend, and hold County
8 harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility,
9 or other matter listed in the signed Certification Regarding Debarment, Suspension, and Other
10 Responsibility Matters.

11 **Article 23**

12 **Cultural and Linguistic Competency**

13 23.1 **General.** All services, policies and procedures must be culturally and linguistically
14 appropriate. Contractor(s) must participate in the implementation of the most recent Cultural
15 Competency Plan for the County and shall adhere to all cultural competency standards and
16 requirements. Contractor(s) shall participate in the County's efforts to promote the delivery of
17 services in a culturally competent and equitable manner to all individuals, including those with
18 limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and
19 regardless of gender, sexual orientation, or gender identity including active participation in the
20 County's Diversity, Equity and Inclusion Committee.

21 23.2 **Policies and Procedures.** Contractor(s) shall comply with requirements of policies
22 and procedures for ensuring access and appropriate use of trained interpreters and material
23 translation services for all limited and/or no English proficient beneficiaries, including, but not
24 limited to, assessing the cultural and linguistic needs of the beneficiaries, training of staff on the
25 policies and procedures, and monitoring its language assistance program. Contractor's policies
26 and procedures shall ensure compliance of any subcontracted providers with these
27 requirements.

1 **23.3 Interpreter Services.** Contractor(s) shall notify its beneficiaries that oral
2 interpretation is available for any language and written translation is available in prevalent
3 languages and that auxiliary aids and services are available upon request, at no cost and in a
4 timely manner for limited and/or no English proficient beneficiaries and/or beneficiaries with
5 disabilities. Contractor(s) shall avoid relying on an adult or minor child accompanying the
6 beneficiary to interpret or facilitate communication; however, if the beneficiary refuses language
7 assistance services, the Contractor(s) must document the offer, refusal, and justification in the
8 beneficiary's file.

9 **23.4 Interpreter Qualifications.** Contractor(s) shall ensure that employees, agents,
10 subcontractors, and/or partners who interpret or translate for a beneficiary or who directly
11 communicate with a beneficiary in a language other than English (1) have completed annual
12 training provided by County at no cost to Contractor(s); (2) have demonstrated proficiency in the
13 beneficiary's language; (3) can effectively communicate any specialized terms and concepts
14 specific to Contractor's services; and (4) adheres to generally accepted interpreter ethic
15 principles. As requested by County, Contractor(s) shall identify all who interpret for or provide
16 direct communication to any program beneficiary in a language other than English and identify
17 when the Contractor(s) last monitored the interpreter for language competence.

18 **23.5 CLAS Standards.** Contractor(s) shall submit to County for approval, within ninety
19 (90) days from date of contract execution, Contractor's plan to address all fifteen (15) National
20 Standards for Culturally and Linguistically Appropriate Service (CLAS), as published by the
21 Office of Minority Health and as set forth in Exhibit R "National Standards on Culturally and
22 Linguistically Appropriate Services", attached hereto and incorporated herein by reference and
23 made part of this Agreement. As the CLAS standards are updated, Contractor's plan must be
24 updated accordingly. As requested by County, Contractor(s) shall be responsible for conducting
25 an annual CLAS self-assessment and providing the results of the self-assessment to the
26 County. The annual CLAS self-assessment instruments shall be reviewed by the County and
27 revised as necessary to meet the approval of the County.

1 rate, or that are needed to accommodate state-mandated rate increases, may be made
2 with the written approval of the DBH Director or designee. These rate changes may not
3 add or alter any other terms or conditions of the Agreement. Said modifications shall not
4 result in any change to the maximum compensation amount payable to Contractor, as
5 stated herein.

6 **24.2 Separate Agreement.** It is mutually understood by the parties that this Agreement
7 does not, in any way, create a joint venture among Contractors. By execution of this Agreement,
8 Contractors understand that a separate Agreement is formed between each individual
9 Contractor and County.

10 **24.3 Addition/Deletion of Providers.** The County reserves the right at any time during
11 the term of this Agreement to add Contractors to and remove Contractors from the list contained
12 on Exhibit A. It is understood that any such additions and removals will not affect compensation
13 paid to the other Contractors, and therefore such additions and removals may be made by
14 County without notice or approval of other Contractors under this Agreement. The County's
15 DBH Director, or designee, may remove a Contractor from the agreement where there is mutual
16 written consent between the DBH Director and Contractor.

17 **24.4 Non-Assignment.** Neither party may assign its rights or delegate its obligations
18 under this Agreement without the prior written consent of the other party.

19 **24.5 Governing Law.** The laws of the State of California govern all matters arising from
20 or related to this Agreement.

21 **24.6 Jurisdiction and Venue.** This Agreement is signed and performed in Fresno
22 County, California. Contractor(s) consents to California jurisdiction for actions arising from or
23 related to this Agreement, and, subject to the Government Claims Act, all such actions must be
24 brought and maintained in Fresno County.

25 **24.7 Construction.** The final form of this Agreement is the result of the parties' combined
26 efforts. If anything in this Agreement is found by a court of competent jurisdiction to be
27 ambiguous, that ambiguity shall not be resolved by construing the terms of this Agreement
28 against either party.

1 24.8 **Days.** Unless otherwise specified, “days” means calendar days.

2 24.9 **Headings.** The headings and section titles in this Agreement are for convenience
3 only and are not part of this Agreement.

4 24.10 **Severability.** If anything in this Agreement is found by a court of competent
5 jurisdiction to be unlawful or otherwise unenforceable, the balance of this Agreement remains in
6 effect, and the parties shall make best efforts to replace the unlawful or unenforceable part of
7 this Agreement with lawful and enforceable terms intended to accomplish the parties’ original
8 intent.

9 24.11 **Nondiscrimination.** During the performance of this Agreement, the Contractor(s)
10 shall not unlawfully discriminate against any employee or applicant for employment, or recipient
11 of services, because of race, religious creed, color, national origin, ancestry, physical disability,
12 mental disability, medical condition, genetic information, marital status, sex, gender, gender
13 identity, gender expression, age, sexual orientation, military status or veteran status pursuant to
14 all applicable State of California and federal statutes and regulation.

15 Contractor(s) shall take affirmative action to ensure that services to intended Medi-Cal
16 beneficiaries are provided without use of any policy or practice that has the effect of
17 discriminating on the basis of race, color, religion, ancestry, marital status, national origin, ethnic
18 group identification, sex, sexual orientation, gender, gender identity, age, medical condition,
19 genetic information, health status or need for health care services, or mental or physical
20 disability.

21 24.12 **No Waiver.** Payment, waiver, or discharge by the County of any liability or obligation
22 of the Contractor(s) under this Agreement on any one or more occasions is not a waiver of
23 performance of any continuing or other obligation of the Contractor(s) and does not prohibit
24 enforcement by the County of any obligation on any other occasion.

25 24.13 **Entire Agreement.** This Agreement, including its exhibits, is the entire agreement
26 between the Contractor(s) and the County with respect to the subject matter of this Agreement,
27 and it supersedes all previous negotiations, proposals, commitments, writings, advertisements,
28 publications, and understandings of any nature unless those things are expressly included in

1 this Agreement. If there is any inconsistency between the terms of this Agreement without its
2 exhibits and the terms of the exhibits, then the inconsistency will be resolved by giving
3 precedence first to the terms of this Agreement without its exhibits, and then to the terms of the
4 exhibits.

5 **24.14 No Third-Party Beneficiaries.** This Agreement does not and is not intended to
6 create any rights or obligations for any person or entity except for the parties.

7 **24.15 Authorized Signature.** The Contractor(s) represents and warrants to the County
8 that:

9 (A) The Contractor(s) is duly authorized and empowered to sign and perform its
10 obligations under this Agreement.

11 (B) The individual signing this Agreement on behalf of the Contractor(s) is duly
12 authorized to do so and his or her signature on this Agreement legally binds the
13 Contractor(s) to the terms of this Agreement.

14 **24.16 Electronic Signatures.** The parties agree that this Agreement may be executed by
15 electronic signature as provided in this section.

16 (A) An “electronic signature” means any symbol or process intended by an individual
17 signing this Agreement to represent their signature, including but not limited to (1) a
18 digital signature; (2) a faxed version of an original handwritten signature; or (3) an
19 electronically scanned and transmitted (for example by PDF document) version of an
20 original handwritten signature.

21 (B) Each electronic signature affixed or attached to this Agreement (1) is deemed
22 equivalent to a valid original handwritten signature of the person signing this Agreement
23 for all purposes, including but not limited to evidentiary proof in any administrative or
24 judicial proceeding, and (2) has the same force and effect as the valid original
25 handwritten signature of that person.

26 (C) The provisions of this section satisfy the requirements of Civil Code section
27 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3,
28 Part 2, Title 2.5, beginning with section 1633.1).

1 (D) Each party using a digital signature represents that it has undertaken and
2 satisfied the requirements of Government Code section 16.5, subdivision (a),
3 paragraphs (1) through (5), and agrees that each other party may rely upon that
4 representation.

5 (E) This Agreement is not conditioned upon the parties conducting the transactions
6 under it by electronic means and either party may sign this Agreement with an original
7 handwritten signature.

8 24.17 **Counterparts.** This Agreement may be signed in counterparts, each of which is an
9 original, and all of which together constitute this Agreement.

10 [SIGNATURE PAGE FOLLOWS]

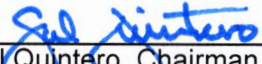
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1 The parties are signing this Agreement on the date stated in the introductory clause.

2 CONTRACTOR(S) COUNTY OF FRESNO

3 See Exhibit A "List of Contractors"

4 Subsequent signature pages are attached.



Sal Quintero, Chairman of the Board of
Supervisors of the County of Fresno

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

By: 

Deputy

11 For accounting use only:

12 Org No.: 56302007
13 Account No.: 7295
14 Fund No.: 0001
15 Subclass No.: 10000

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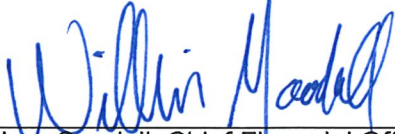
ft

1 **CONTRACTOR:**

2 TURNING POINT OF CENTRAL CALIFORNIA, INC.

3 
4 _____
Raymond R. Banks, Chief Executive Officer

5

6 
7 _____
8 William Goodall, Chief Financial Officer

9
10
11 615 S Atwood St.
12 Visalia, Ca 93277
13 Attention: Raymond Banks, CEO
14 Phone: 559-732-8086 ext.7101
15 Phone: 559-999-8983 mobile
16
17
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1 **CONTRACTOR:**

2 MENTAL HEALTH SYSTEMS, INC. dba TURN BEHAVIORAL HEALTH SERVICES

3 James C Callaghan Jr
James C Callaghan Jr (May 30, 2023 13:50 PDT)

4 James C Callaghan Jr CEO/President

5

[Name], [Title]

6 ~~Tracey Mc Dermott~~
Tracey Mc Dermott (May 30, 2023 13:59 PDT)

7 tracey mcdermott CFO

8

[Name], [Title]

9

10

11 9456 Farnham St.
San Diego, Ca 92123
12 Attention: James C. Callaghan, CEO
Phone: 858-573-2600 ext.1101
13 Phone: 858-254-4338 mobile

14

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ADULT FULL-SERVICE PARTNERSHIP PROGRAM

LIST OF CONTRACTOR(S)

1. Turning Point of Central California, Inc.

Business Type: Private, non-profit, 501 (c)(3) corporation
 Business Address: P.O. Box 7447
 Visalia, CA 93290
 Contact: Raymond Banks, CEO
raymondbanks@tpocc.org

Service Addresses: Site #1 – Vista
 258 N Blackstone Ave
 Fresno, CA 93701
Site #2 - Sunrise
 3855 N. West Ave Suite 110
 Fresno, CA 93705
Site #4 – Vista AOT
 258 N Blackstone Ave
 Fresno, CA 93701

Target Population: Adult and Older Adult with Serious Mental Illness (SMI)
 Level of Care: Outpatient/Intensive Case Management and Full-Service Partnership

Provider Exhibits: Vista: Exhibit B1 – SOW, Exhibit H1 – Compensation
 Sunrise: Exhibit B1 – SOW, Exhibit H2 – Compensation
 Vista AOT: Exhibit B2 – SOW, Exhibit H3 – Compensation

2. Mental Health Systems, Inc. dba TURN Behavioral Health Services

Business Type: Private, non-profit, 501 (c)(3) corporation
 Business Address: 9465 Farnham Street
 San Diego, California 92123
 Contact: James C. Callaghan, President & CEO
jcallaghan@turnbhs.org

Service Addresses: Site #3 – D.A.R.T. West
 2550 W Clinton Ave Bldg. W
 Fresno, CA 93705

Target Population: Adult and Older Adult with Serious Mental Illness (SMI)
 Level of Care: Outpatient/Intensive Case Management and Full-Service Partnership

Provider Exhibits: D.A.R.T. West: Exhibit B3 – SOW, Exhibit H4 – Compensation

**Full Service Partnership (FSP) Program Overview,
Transition Optimization Opportunity and FSP Service Delivery Model**

| | |
|---------------------------|--|
| CONTRACT SERVICES: | Full Service Partnership (FSP) programs providing comprehensive mental health, housing, employment support and community supports for adults with serious mental illness (SMI) |
| CONTRACT TERM: | July 1, 2023 – June 30, 2024 July 1, 2024 – June 30, 2025 (possible 12-month extension based on satisfactory performance) |
| CONTRACTOR(s): | Refer to Exhibit A |

BACKGROUND:

COUNTY, on behalf of the Department of Behavioral Health (DBH) is providing FSP Services to adults with SMI by contracting for a maximum of four (4) adult FSP program sites, providing comprehensive mental health, housing, employment support and community supports with a continuous service capacity for up to 720 individuals. Each of the four (4) program sites will maintain a combined caseload per site of 180 individuals at any given time throughout the contract term.

The FSP program(s) will encompass a unified team approach, in which the provider commits to do “whatever-it-takes” and “meet the individual where they are” to assist the person served to reach their personal recovery, resiliency and wellness goals and aim to reduce the number of days of hospitalization, incarceration and/or homelessness. Services are provided on a voluntary basis, 24 hours per day, seven days per week (24/7), with a case manager to individual ratio of no more than 1:15.

Each FSP program site can implement elements of the Assertive Community Treatment (ACT) model within the context of creating a team structure for comprehensive and coordinated services that support and promote recovery. Adoption of select ACT program elements will help FSP teams achieve the team structure required by Mental Health Services Act (MHSA) funding regulations. Each FSP program site will not need to implement full-on ACT program services.

CONTRACTOR(s) must be thoroughly familiar with the provisions of MHSA, including but not limited to State MHSA regulations, policy interpretations, and definitions. CONTRACTOR(s) must also be thoroughly familiar and have knowledge and understanding of Fresno County’s diverse and unique populations. CONTRACTOR(s) will use MHSA funds to reach the unserved and underserved, new and existing persons served and their family members who receive services through Fresno County DBH and other contracted services.

CONTRACTOR(s) programs, services, and practices must align with DBH’s vision, mission, and “Guiding Principles of Care Delivery”, attached as Exhibit C. DBH’s 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.

SCHEDULE OF SERVICES:

CONTRACTOR(s) staff shall be available to provide services to individuals twenty-four (24) hours per day, seven (7) days per week.

**Full Service Partnership (FSP) Program Overview,
Transition Optimization Opportunity and FSP Service Delivery Model**

TARGET POPULATION:

The individual's participation in CONTRACTOR(s)'s FSP program is on a voluntary basis. The target population to be served under this Agreement includes individuals 18 years of age and older from Fresno County who meet the requirements for an SMI diagnosis. All adults referred for FSP services must meet the following criteria:

1. Their mental disorder results in **substantial** functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an **imminent risk** of decompensation with **substantial** impairments or symptoms.
2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements; **AND**
3. They are in one of the following situations:
 - a. They are unserved and one of the following:
 - i. Homeless or at risk of becoming homeless
 - ii. Involved in the criminal justice system
 - iii. Frequent users of hospital or emergency room services as the primary resource for mental health treatment
 - b. They are underserved and at risk of one of the following:
 - i. Homelessness
 - ii. Involvement in the criminal justice system
 - iii. Institutionalization

PROJECT DESCRIPTION:

CONTRACTOR(s)' FSP programs shall be a "whatever-it-takes" program working toward ending homelessness, frequent hospitalizations, and/or incarcerations for adults with SMI. This program will provide comprehensive mental health, housing, employment support and community supports to a maximum of 720 adult with the goal of supporting them in recovery and self-sufficiency. Services must be strength-based, individual-directed, co-occurring capable, and employ psychosocial rehabilitation and recovery model principles.

The FSP program shall be a partnership between the CONTRACTOR(s) and COUNTY DBH, with the CONTRACTOR(s) providing multi-level services directed toward the individual needs of the enrollees. Services and supports provided by the CONTRACTOR(s) shall include, but shall not be limited to: assessments, therapy, medication support, personal service coordination, crisis management, rehabilitation services, employment and education, advocacy and linkage to community resources. Additional support includes any direct assistance necessary to ensure that individuals obtain the basic necessities of daily life, such as food, clothing, transportation, housing, personal hygiene, medical services, and other financial support. It is expected that each person served approved to enter the program will be offered the full array of services and supports, including a minimum of three (3) face-to-face contacts per week, or as clinically appropriate. COUNTY staff shall oversee program outcomes, reporting, referrals and contract monitoring.

Referrals:

All referrals for services will be approved by the DBH Director, or designee. While referrals can be made from various sources, approval of an individual's entry into the Adult FSP program will be made by DBH.

**Full Service Partnership (FSP) Program Overview,
Transition Optimization Opportunity and FSP Service Delivery Model**

Staffing:

FSP programs seek to engage individuals with SMI into intensive, wraparound services with a low case manager to individual ratio between (1:10) to (1:15), and provide a “whatever it takes” and “meeting the individual where they are” approach to wellness and recovery, including but not limited to:

- Promoting recovery and increasing quality of life;
- Decreasing negative outcomes such as hospitalization, incarceration, and homelessness; and
- Increasing positive outcomes such as increased life skills, access to benefits and income, involvement with meaningful activities such as education and employment, and socialization and psychosocial supports (e.g., psychosocial outcomes).

CONTRACTOR(s) staffing shall include a minimum of a 1.00 FTE Psychiatrist to meet with individuals on a monthly basis, or as needed, per respective FSP program site.

PROGRAM OBJECTIVES AND DELIVERABLES - FSP:

The following items listed below represent FSP program goals to be achieved by CONTRACTOR(s). Each FSP program site’s success will be based on the number of goals it can achieve, resulting from performance outcomes. The CONTRACTOR(s) will utilize a computerized tracking system with which outcome measures and other relevant client data, such as demographics, will be maintained.

1. Reduce frequency of hospitalizations for each individual. CONTRACTOR(s) will provide, through self-reporting, most recent 12-month history which will be used as baseline data. Each individual will show a 70% reduction in hospitalization after one year of receiving services or upon discharge. Reports and data will be submitted on a monthly basis.
2. Reduce frequency of homelessness for each individual. CONTRACTOR(s) will provide most recent 12-month history which will be used as baseline data. Each individual will show an 80% reduction in days spent homeless after one year of receiving services or upon discharge. Each individual will obtain and maintain stable housing after one year of receiving services or upon discharge. Reports and data will be submitted on a monthly basis.
3. Reduce frequency of incarceration for each individual. CONTRACTOR(s) will provide, through self-reporting, most recent 12-month history which will be used as baseline data. Each individual will show an 80% reduction in days spent incarcerated after one year of receiving services. Each additional year will show an additional 5% reduction. Reports and data will be submitted on a monthly basis.
4. CONTRACTOR(s) will provide each individual with the appropriate level of housing support, reflective of the individual’s needs. Each individual in need of housing will receive assistance in housing placement and support – including emergency housing – contingent upon level of need and independent functioning. Each individual will have stable housing upon discharge. Reports and data will be submitted on a monthly basis.
5. CONTRACTOR(s) will provide services to the satisfaction of the persons served and will address any reported complaints. Satisfaction surveys will be made available and reviewed regularly; a bi-annual Performance Outcome Quality Improvement survey will be provided to persons served; and complaint forms and grievance forms will be made easily available. Reports and data will be submitted on a monthly or annual basis, respectively.
6. CONTRACTOR(s) will provide a level of service and support that reflect each individual’s needs. Each individual will increase their level of functioning and, within one year of treatment (or as clinically

**Full Service Partnership (FSP) Program Overview,
Transition Optimization Opportunity and FSP Service Delivery Model**

appropriate), will transition to a lower level of service within the program. Reports and data will be submitted on a monthly basis.

7. CONTRACTOR(s) will provide services helping each individual to achieve a level of recovery, stability, and independence that will allow transition to the least restrictive level of care possible. Written reports will be submitted on a quarterly basis.
8. CONTRACTOR(s) shall work with individuals to assist them in setting their goals and generating a Plan of Care which includes personalized wellness goals for each individual. These goals will be evaluated, monitored, and adjusted regularly. Written reports will be submitted on a quarterly basis.
9. CONTRACTOR(s) shall establish and maintain collaborative relationships with agencies and individuals who have frequent contact with hospitalized, homeless, or incarcerated adults. Examples of collaborative relationships include local law enforcement agencies, Veterans Administration, Marjorie Mason Center, Fresno County Human Services Departments, churches, acute psychiatric facilities, schools, community centers, etc. Letters of introduction, including description of services and how to contact the FSP program shall be distributed to potential partners.
10. CONTRACTOR(s) will complete quarterly reports, as mandated by the State for FSPs. Reports shall be made directly into the FSP Data Collection and Reporting (DCR) system.
11. The Direct Services productivity rate is expected to be at a minimum of sixty-five percent (65%) and reported in writing at regularly scheduled meetings with COUNTY staff.
12. CONTRACTOR(s) will identify services provided to each person served on a monthly basis, as needed by the Department, including recreational and social activities and linkages provided to individuals such as the County's Job Option Program. This information will be provided to the designated Division Manager in a monthly report.

CONTRACTOR(s)'S RESPONSIBILITIES:

CONTRACTOR(s) may operate the FSP program by utilizing the Assertive Community Treatment (ACT) model of care to provide services to adults with SMI who are frequent users of hospital and crisis services and therefore, are at risk of hospitalization, incarceration, and homelessness.

CONTRACTOR(s) shall:

- A. Coordinate with law enforcement and courts services, as needed.
- B. Be available to provide the following services, including but not limited to:
 - Personal service coordination and supportive counseling;
 - Ongoing assessment of the individual's mental illness symptoms and response to treatment;
 - Education of the individual regarding his/her mental illness and the effects (including side effects) of prescribed medications;
 - Symptom management efforts directed to helping the individual identify the symptoms and their occurrence patterns, and development of methods (internal, behavioral, adaptive) to lessen their effects;
 - Provision, both on planned and on an "as needed" basis, of such psychological support as is necessary to help individuals accomplish their personal goals and cope with the stresses of day-to-day living.

**Full Service Partnership (FSP) Program Overview,
Transition Optimization Opportunity and FSP Service Delivery Model**

- C. Be available to provide crisis assessment and intervention twenty-four (24) hours per day, seven (7) days per week throughout the year, including telephone and face-to-face contact as needed. The following crisis response measures shall also be followed:
- Response to crisis shall be rapid and flexible;
 - When crisis housing is necessary for short-term care and inpatient treatment (either voluntary or involuntary), the staff shall collaborate with the treatment staff in such facilities. Support shall be provided to the maximum extent possible, including accompanying the individual to the facility, remaining with the individual during assessment, and beginning the process of planning with the individual for discharge to the community as soon as possible;
- D. Provide services in the areas of medication prescription, administration, monitoring, and documentation.
- The psychiatrist shall assess each individual's mental illness symptoms and behavior and prescribe appropriate medication, regularly review and document symptoms as well as the individual's response to the prescribed medications, educate the individual and family members, and monitor, treat and document any medication side effects.
 - The nurse shall establish medication policies and procedures which identify processes to administer medications, train other team members, and assess regularly other team members' competency in this area.
 - All FSP team staff shall assess and document individual's mental illness symptoms and behavior in response to medication and shall monitor for medication side-effects during the provision of observed self-administration and during ongoing face-to-face contacts.
 - Regarding residents of residential care facilities, the team shall collaborate with staff at these facilities to ensure individuals at these locations are taking prescribed medications and the staff is monitoring their response to the medication(s). Furthermore, the staff shall review the facility records (after receiving written consent from the person served) and shall regularly collaborate with facility staff about treatment plans, goals, objectives and interventions.
- E. Provide whatever direct assistance is necessary and reasonable to ensure that the individual obtains the basic necessities of daily life, such as food, housing, clothing, medical services, and other financial support.
- F. Ensure that each FSP Team member shall have, in their possession, during regular working hours (and appropriate on-call hours) an adequate amount of financial resources to make emergency purchases of food, shelter, clothing, prescriptions, transportation, or other items for individuals, as needed. The team shall have access to larger flexible funding accounts for assistance with housing deposits, furniture purchases, and other items, with sound accounting practices for recording and monitoring the use of these funds.
- G. Assist the individual with establishing a payee or payee service. The FSP team may utilize assistance funds to assist individuals with short-term loans or grants, as necessary. The team shall link individuals to appropriate social services, provide transportation as necessary, and link the individual to appropriate legal advocacy representation.
- H. Provide training, instruction, support and assistance to the individual in developing personal skills, including but not limited to, the ability to:
- Carry out personal hygiene tasks;

**Full Service Partnership (FSP) Program Overview,
Transition Optimization Opportunity and FSP Service Delivery Model**

- Perform household chores, including housekeeping, cooking, laundry and shopping;
 - Develop or improve money management skills;
 - Use community transportation; and
 - Locate, finance and maintain safe, clean and affordable housing.
- I. Develop and support the individual's participation in recreation, social activities, and relationships. Priority shall be given to supporting the persons served in establishing positive social relationships in normative community settings. Staff shall assist individuals in establishing positive social relationships and participating in social/recreational activities in the community. Such services shall include, but not be limited to, assisting individuals with:
- Developing social skills and the skills and other skills needed to develop meaningful personal relationships;
 - Planning appropriate and productive use of leisure time including familiarizing persons served with available social and recreational opportunities;
 - Interacting with landlords, neighbors and others effectively and appropriately;
 - Developing assertiveness and self-esteem; and
 - Using existing self-help centers, groups, spiritual, and recreational groups to combat isolation and withdrawal experienced by many persons coping with severe mental illness.
- J. Provide alcohol, tobacco and drug use disorder services for individuals with co-occurring disorders, as clinically appropriate and in accordance with harm reduction principles. This will include, but is not limited to individual and group interventions to assist individuals in:
- Identifying alcohol, tobacco, and drug abuse effects and patterns;
 - Recognizing interactive effects of alcohol, tobacco, and drug use, psychiatric symptoms and psychotropic medications;
 - Developing coping skills and alternatives to minimize alcohol, tobacco and drug use;
 - Achieving periods of abstinence and/or decreased risk behaviors and increased stability;
 - Attending appropriate recovery or self-help meetings; and
 - Achieving an alcohol and drug free lifestyle, as desired.
- K. Act to minimize the individual's involvement in the criminal justice system, with services to include, but not be limited to;
- Helping the individual identify precipitants to the individual's criminal involvement;
 - Providing necessary treatment, support and education to help eliminate unlawful activities or criminal involvement that may be a consequence of the individual's mental illness; and
 - Collaborating with police, court personnel, and jail/prison officials to ensure appropriate collaboration and clinical support through the legal processes.

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- L. Assist the individual, family and other members of their social network to relate in a positive and supportive manner through such means as:
- Education about the individual's SMI and their role in the therapeutic process and treatment services and supports;
 - Supportive counseling;
 - Intervention to resolve conflict;
 - Referral, as appropriate, of the family to therapy, self-help and other family support services; and
- M. Coordinate with other community mental health and non-mental health providers, as well as other medical professionals. Staff shall provide the following functions for all individuals served:
- Development of formal and informal affiliations with other human service providers including, mental health, physical health care, addiction treatment providers, and inpatient units;
 - Involvement of other pertinent agencies, the individual's family, and members of their social network in the coordination of the assessment, and in the development, implementation and revision of service plans;
 - Advocacy and assistance to individuals to obtain needed benefits and services, such as supplemental security income, general relief, housing subsidies, food stamps, medical assistance, and legal services;
 - Coordination of meetings of the individual's other service providers in the community;
 - Maintenance of ongoing communication with all other agencies serving the individual, including hospitals, primary care physicians, rehabilitation services and housing providers as required;
 - Maintenance of working relationships with other community services, such as education, law enforcement and social services;
 - Maintenance of the clinical treatment relationship with the individual on a continuing basis whether the individual is in the hospital, in the community, involved with other agencies or the criminal justice system; and
 - Methods for service coordination and communication between the team and other service providers serving the same individuals shall be developed and implemented consistent with Fresno County confidentiality rules.
- N. Monitor service outcomes to determine if the person served has meaningful use of their time, stays in school or maintains employment, has reduced numbers of hospitalizations, incarcerations, and periods of homelessness. DBH will use State identified criteria for measuring these outcomes. The treatment team will be monitored to ensure appropriate service delivery and adherence to MHSA philosophies.
- O. Provide comprehensive services, including intensive mental health treatment, rehabilitation, and case management with the goal of increasing adaptive functioning in the community and preventing unnecessary re-admissions to Institutes of Mental Disease (IMD), acute inpatient facilities, or other higher levels of care.
- P. Meet with DBH on a monthly basis, or more often as agreed upon, for contract and performance monitoring.

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Employment and Education

FSP program sites will assist the individual in accessing and participating in the employment and education programs offered in the community, as appropriate.

In order to facilitate individual participation in community education and employment programs FSP shall include, but is not limited to:

- Collaboration with and education of community providers as it relates to individual's mental illness, abilities, levels of functioning, educational and employment interest, and potential effects of the client's mental health symptoms on participation, in education and work;
- Encouragement and individual rehabilitation related to the integration, practicing, follow through and problem solving as it relates to continued education and employment
- Individual supportive counseling and education to assist the individual, family, and support system in identifying, managing, and coping with the symptoms of mental illness that may interfere with his/her work or education experience;
- On-the-job or work-related crisis intervention;
- Crisis intervention in the educational setting;
- Work/education-related supportive services, such as assistance with grooming and personal hygiene, securing appropriate clothing, wake-up calls, and transportation; and
- The team staff shall also link with the supportive services offered for additional and ongoing support related to education and employment.

Housing

The FSP team will empower individuals to take an active role in the recovery process. The FSP team will provide housing options and support individuals in maintaining a stable residence by providing needed services, accessing resources, and encouraging individuals to be independent, productive and responsible.

1. The team shall provide whatever direct assistance is necessary to ensure that the individual obtains the basic necessities of daily life, including but not limited to:
 - Safe, clean, affordable housing;
 - Food and clothing;
 - Medical and dental services; and
 - Securing appropriate financial support, which may include Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), General Relief (GR), and money management or payee services.
2. CONTRACTOR(s) shall ensure that team members have rapid access to flexible spending funds for items such as security deposits, furniture, and/or other items required for independent living.
3. CONTRACTOR(s) will provide housing services, as needed, to ensure that individuals *maintain* their housing. CONTRACTOR(s) shall provide:
 - Training and assistance to individual in locating, securing and inhabiting housing which is appropriate to their level of functioning;

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- Training and instruction, including individual support, problem solving, skill development, modeling and supervision, in the home and in community settings, to teach the person served to manage finances and maintain safe, clean, affordable housing;
 - Supportive and independent housing for the person served with the goal to have every individual in secure housing that is appropriate for their level of ability and need that is sustainable, as soon as reasonably possible;
4. CONTRACTOR(s) will establish a program to provide rent subsidies for independent housing needed while developing a plan for sustainable housing based on individual need and ability.

Levels of Care

FSP services are designed in a framework which allows the individual to move fluidly through different levels of care as the client's individual recovery and wellness dictates. Each CONTRACTOR(s)' specific levels of services are identified and detailed in Exhibit B-1 *et. seq.*

Hours of Operation

CONTRACTOR(s)' specific hours of operation are identified and detailed in Exhibit B-1 *et. seq.*

Program Outcomes/Performance Outcome Measures

Services and Performance Measures - Under the provision of the MHSA Community Services and Supports (CSS) component, COUNTY's DBH receives funding to expand, develop and create successful CSS programs for children, transitional aged youth, adults, and older adults in a culturally, ethically, and linguistically competent approach for underserved and unserved populations. CONTRACTOR(s)' specific approaches to these services, and their performance measures and outcome goals are detailed in Exhibits B-1 *et. seq.*

CONTRACTOR(s) shall comply with all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the COUNTY. CONTRACTOR(s) shall use performance outcome measures for evaluating program and system effectiveness to ensure services and service delivery strategies are positively impacting the service population.

In addition, these measures shall be used to ensure FSP services are in alignment with MHSA guiding principles which are inclusive of: an integrated service experience; community collaboration; cultural competence; individual/family driven service; and wellness, resilience, and recovery focused services. Goals of the FSP programs include less utilization of more costly crisis services, and minimization or avoidance of more severe outcomes such as substance use disorder, hospitalization or incarceration.

Performance outcome measures shall be tracked on an ongoing basis. Performance outcome measures are reported to the COUNTY annually in accumulative reports for overall program and contract evaluation. Forms and tools used to gather and report data reflecting services provided, populations served, and impact of those services are to be developed by the COUNTY and CONTRACTOR(s). CONTRACTOR(s) will work closely with the COUNTY to analyze the data and make necessary adjustments to service delivery and reporting requirements before the start of each new fiscal year.

CONTRACTOR(s)' specific performance measures and outcome goals are identified and detailed in Exhibit B-1 *et. seq.* Measurable outcomes may be reviewed for input and approval by a designated DBH work group upon contract execution and adjusted as needed each new fiscal year. The purpose of this review process is to ensure a comprehensive system wide approach to the evaluation of programs through an effective outcome reporting process.

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DBH collects data about the characteristics of the persons served and measures service delivery performance indicators in each of the following domains. At minimum, one (1) performance indicator will be identified for each of the four (4) domains listed below.

1. **Effectiveness:** A performance dimension that assesses the degree to which an intervention or services have achieved the desired outcome/result/quality of care through measuring change over time. The results achieved and outcomes observed are for persons served.

Examples of indicators include: Persons get a job with benefits, or receive supports needed to live in the community, increased function, activities, or participation, and improvement of health, employment/earnings, or plan of care goal attainment.

2. **Efficiency:** Relationship between results and resources used, such as time, money, and staff. The demonstration of the relationship between results and the resources used to achieve them. A performance dimension addressing the relationship between the outputs/results and the resources used to deliver the service.

Examples of indicators include: Direct staff cost per person served, amount of time it takes to achieve an outcome, gain in scores per days of service, service hours per person achieving some positive outcome, total budget (actual cost) per person served, length of stay and direct service hours of clinical and medical staff.

3. **Access:** Organizations' capacity to provide services of those who desire or need services. Barriers or lack thereof for persons obtaining services. The ability of persons served to receive the right service at the right time. A performance dimension addressing the degree to which a person needing services is able to access those services.

Examples of indicators include: Timeliness of program entry (from first request for service to first service), ongoing wait times/wait lists, minimizing barriers to getting services, and no-show/cancellation rates.

4. **Satisfaction:** Satisfaction Measures are usually orientated towards persons served, family, staff, and stakeholders. The degree to which persons served, COUNTY and other stakeholders are satisfied with services. A performance dimension that describes reports or ratings from persons served about services received from an organization.

Examples of indicators include: opinion of persons served or other key stakeholders in regards to access, process, or outcome of services received, Consumer and/or Treatment Perception Survey.

CONTRACTOR(s) will address each of the categories referenced above in CONTRACTOR(s)' specific performance measures and outcome goals as identified and detailed in Exhibit B-1 *et. seq.* and may propose/provide other performance and outcome measures that are deemed best to evaluate the services provided to persons served and/or to evaluate overall program performance.

Separate performance and outcomes measures are expected for specialty mental health services and clinical training services. DBH may adjust the performance and outcome measures periodically throughout the duration of this Agreement, as needed, to best measure the program as determined by COUNTY. CONTRACTOR(s) shall utilize and integrate clinical tools as directed by DBH.

CONTRACTOR(s) must utilize a computerized tracking system with which performance and outcome measures and other relevant individual data, such as demographics, will be maintained. The data tracking system may be incorporated into the CONTRACTOR(s)' EHR or be a stand-alone database. DBH must be afforded read-only access to the CONTRACTOR(S)' data tracking system, if applicable. DBH prefers that the

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CONTRACTOR(s) utilize its EHR with full access being provided by DBH. However, if the CONTRACTOR(s) is unable or unwilling to utilize DBH's current EHR, arrangements must be made to ensure that an interface to transfer all necessary reporting and outcome information is developed to meet the needs of DBH.

Additional Reporting Requirements per FSP Site

CONTRACTOR(s) will be responsible for meeting with DBH on a monthly basis, or more often as agreed upon between DBH and CONTRACTOR(s), for contract and performance monitoring. CONTRACTOR(s) will be required to submit monthly reports to the COUNTY that will include, but not be limited to: dollars billed for Medi-Cal and MHSa (non-Medi-Cal) persons served; actual expenses; the number of persons served served/anticipated to be served; utilization of services by persons served; and staff composition. These reports will be due within thirty (30) days after the last day of the previous month or payments may be delayed.

Additional reporting is required for FSPs by DHCS. DHCS uses the FSP Data Collection and Reporting (DCR) system to ensure adequate research and evaluation, regarding the effectiveness of services being provided and the achievement of the outcome measures. CONTRACTOR(s) will need to report individual/partner information and outcomes of the FSP program directly into the DCR system. Data will be submitted through an online interface using specific forms. The Partnership Assessment Form gathers baseline information about the partner and is completed once the partnership is established. Key Event Tracking provides a snapshot of changes in key quality of life areas and is tracked on a continuous basis throughout the course of the FSP. The Quarterly Assessment collects updated information about changes in quality of life areas and is completed every three (3) months from the date the partnership is established.

"Continuous improvement is a core tenant of the Department and MHSa. Over the past few years, County DBH participated in a statewide FSP evaluation project. The result of the project required that DBH and CONTRACTOR(S) should add another question to the State required DCR data as follows:

New question added to the DCR effective July 1, 2023:

Question: "How often do you get the social and emotional support that you need?"

Answer: Response options will be; always, usually, sometimes, rarely, or never.

In addition to the requirements set above, the following items listed below represent program goals to be achieved by CONTRACTOR(s). The CONTRACTOR(s) programs' success will be based on the number of goals it can achieve, resulting from performance outcomes. CONTRACTOR(s) will utilize a computerized tracking system with which outcome measures and other relevant client data, such as demographics, will be maintained.

Regarding Crisis Interventions and Recidivism:

Each enrollee will have no more than six (6) key events (specifically incarceration, homelessness, and crisis or inpatient hospitalization admission) during the first six (6) months in the adult FSP programs. There will be a reduction of key events for enrollees tracked as:

- No more than three (3) key events (incarceration, homelessness, and crisis or inpatient hospitalization admission) during months six to twelve (6-12) of enrollment in program.
- No more than one (1) key event (incarceration, homelessness, and crisis or inpatient hospitalization admission) during months thirteen to eighteen (13-18) of enrollment in program.

A. FSP program sites will show zero percent (0%) days of homelessness after being enrolled in the program unless individual declined housing assistance. CONTRACTOR(s) shall notify DBH of

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individual's decline and document accordingly. CONTRACTOR(s) must have clear documentation of efforts to house individuals in appropriate setting.

- B. FSP program sites will show a ninety percent (90%) reduction in individual's days in inpatient psychiatric hospitalizations after being enrolled in FSP compared to the year before being enrolled in the FSP.
- C. FSP program sites will show a ninety percent (90%) reduction in individual's days incarcerated after being enrolled in FSP compared to the year before being enrolled in the FSP.

Regarding Linkages and Referrals:

- A. Within ninety (90) days of being enrolled in the FSP, one hundred percent (100%) of individuals who did not have SSI will have made applications completed to receive SSI. CONTRACTOR(s) will provide this data as requested.
- B. Within six (6) months of being enrolled in the FSP, one hundred percent (100%) of individuals will have linkages to and documentation of a Primary Care Physician.
- C. Within thirty (30) days of enrollment, one hundred percent (100%) of individuals will have participated in forming their Individualized Service Plan.
- D. Within one hundred twenty (120) days of enrollment, one hundred percent (100%) of individuals will be provided/linked to job coaching activities.
- E. Where appropriate, within ninety (90) days of enrollment, at least seventy-five percent (75%) of applicable individuals will have been offered the opportunity to participate in Supportive Education and Employment Services. Within one hundred twenty (120) days of enrollment, at least ninety-five percent (95%) of applicable individuals will have been offered the opportunity to participate in Supportive Education and Employment Services.

Outcomes will be monitored to see if the individual has meaningful use of their time, maintains employment, and hospitalizations and incarcerations are reduced as well as homelessness. COUNTY's DBH will use State criteria for measuring these outcomes. CONTRACTOR(s) FSP program sites will be monitored regarding services delivered and if they meet the goals of MHSA.

The FSP program sites will use an effective method likely to bring about intended outcomes, based on one of the following standards, or a combination of the following standards (as defined by current MHSA regulations):

- Evidence-based practice standard
- Promising practice standard
- Community and or practice-based evidence standard

MHSA

CONTRACTOR(s) will collect all data and fulfill all reporting requirements as specified in the applicable MHSA regulations related to the program type, strategies, and standards indicated above or as indicated in MHSA regulations. CONTRACTOR(s) will work with COUNTY to ensure data, outcomes, and reports are included in all required MHSA reports, plans, and updates.

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Current MHSA Regulations can be found at the following website:

<http://mhsoac.ca.gov/laws-and-regulations>

CONTRACTOR should understand all MHSA regulations to ensure they have the organizational capacity to record, track, and report all required elements.

COUNTY RESPONSIBILITIES:

COUNTY shall:

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

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Transition Optimization Opportunities

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

Drug Medi-Cal Transition Optimization funds will be provided through County Realignment.

a. Funding Allocation Methodology

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

b. Responsibilities

i. Letter of Intent

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

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

ii. Quarterly Reports

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

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

1. Q1 Reports: July-Sept:

- a. Letter of Intent: Due July 31, 2023
- b. Fiscal Monitoring Tool, Equity Gap Analysis, and Electronic Health Record Implementation Plans (if applicable): Due September 30, 2023

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- c. Fiscal Monitoring Tool Identified Practices and Strategies (if applicable): Due September 30, 2023
2. Q2 Report: Oct-Dec: Due January 15, 2024
3. Q3 Report: Jan-Mar: Due April 15, 2024
4. Q4 Report: Apr-June: Due July 15, 2024

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

c. **Eligible Transition Optimization Activities**

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

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- e. Identify what data points the Contractor is missing at this time that challenges its ability to thoroughly assess its equity gap analysis. Examples: Data is not collected, Data that is missing or under reported, data not captured in its processes, etc.
2. Equity Improvement Implementation Plan: Contractor shall submit an Equity Improvement Implementation Plan related to improving health equity by September 30, 2023. The plan shall include the following items at a minimum:
- a. Contractor shall select three strategies from below:
 - i. Plan shall include specific efforts including, but not limited to, the following and timelines to increase access to underserved groups.
 - 1. Outreach/Engagement with underserved communities
 - 2. Active attendance/participation in DBH's Diversity Equity and Inclusion (DEI) workgroup
 - 3. Plan for retention of persons served in programs who are underrepresented
 - 4. Improvement of demographic data collection including Sexual Orientation Gender Identity (SOGI)/LGBTQ data.
 - ii. Plan shall address workforce capacity to render services to more underserved populations, through:
 - 1. Development of bilingual personnel
 - 2. Recruitment plan for more diverse workforce to reflect populations served.
 - 3. Training for workforce to increase capacity to be culturally responsive
 - 4. Development workforce pool for the future that can be bilingual and bicultural
 - b. Timeline for each effort shall be included in the plan.
 - c. Contractor shall identify the measurement to be used to demonstrate successful implementation of plan. Measure may be identified by the Contractor to best support their plan and goals.
 - d. Contractor shall develop and submit policies and procedures to formally support equity effort.
3. Quarterly Progress Reports: Use available data including but not limited to, External Quality Review Organization (EQRO) and EHR data to evaluate the strategies deployed. Quarterly progress reports shall be submitted including but not limited to a narrative of the progress, obstacles, alternative solutions and outcomes. The final quarter shall include a comprehensive final report on the outcomes.
4. Funding for this activity shall be available up to \$25,000 for the initial agreement with Contractor and up to another \$10,000 for each additional agreement. County shall provide further details on deliverables and payment schedule in County's response to the Contractor's letter of intent.
- iii. **Electronic Health Record (EHR)**: The implementation and expansion of the SmartCare EHR is an essential component of improving oversight with the implementation of payment reform. Furthermore, a standardized EHR will improve continuity of care, create transparency across the system, remove obstacles for individuals accessing services and improve the overall outcomes for persons served. For Contractors who plan to opt in to use SmartCare or have previously opted into

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DBH's former EHR and intend to transition to SmartCare, user fees and costs shall be waived during FY 2023-2024 and FY 2024-2025.

1. Option One: Current EHR Users

- a. Strategic Plan: Contractors utilizing DBH's EHR as their current EHR, and who will continue to utilize SmartCare beginning July 1, 2023, shall provide a plan, including, but not limited to, how they will optimize Medi-Cal billing, illustrate how they will utilize the information in the EHR to improve care for persons served, and a training plan for their organization by September 30, 2023.
- b. Quarterly Progress Reports: Quarterly progress reports shall be submitted, including, but not limited to, a narrative on the progress, obstacles, alternative solutions and outcomes.
- c. Total compensation for this Electronic Health Record activity, Option 1, shall not exceed \$50,000.00 split among all current agreements between the Contractor and the County for Medi-Cal billable specialty mental health and substance use disorder services. County shall provide further details on deliverables and payment schedule in County's response to the Contractor's letter of intent.

2. Option Two: Non-EHR Users

- a. Contractor shall submit an implementation plan by September 30, 2023 regarding how they will transition to utilizing the SmartCare EHR by June 30, 2024. The plan shall include, at a minimum, an identified Go Live Date, plan on how the current record system will be maintained and utilized, training plan including number of individuals, and additional supports. The Go Live Date must occur by June 30, 2024 to receive final payment. Contractor shall work closely with DBH to identify needs, assignments, collaboration opportunities to transition.
- b. For Option 2, the Contractor shall not be reimbursed more than \$200,000 split among all current agreements between the Contractor and the County for Medi-Cal billable specialty mental health and substance use disorder services. The total maximum compensation available for this option, shall include costs for maintaining current electronic health record/record system and additional supports and training costs per user. Contractor shall transition both specialty mental health and Drug Medi-Cal programming to the County's EHR and shall be required to use the County's EHR for future eligibility agreements with DBH. County shall provide further details on deliverables and payment schedule in County's response to the Contractor's letter of intent.

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FSP Service Delivery Model

Full Service Partnerships (FSP) are designed as a partnership between enrollees and the service provider. The FSP service delivery ethic incorporates recovery and cultural competence into the services and supports offered to consumers. In this partnership, the service provider commits to do **"whatever it takes"** and to **"meet the person served where they are"** in order to assist the enrollee achieve their personal recovery/resiliency and wellness goals.

1. The Target Population is consistent with the population identified in the Fresno County MHA Community Planning Process

The target population must meet requirements for SMI/SED diagnosis; and must address reduction of specific ethnic disparities, as indicated in the MHA Community Services and Supports proposal on which the RFP is based.

The target population will include individuals who are not currently served **and** meet one or more of the following criteria:

- Homeless
- At risk of homelessness – such as youth aging out of foster care or
- persons coming out of jail
- Involved in the criminal justice system (including adults with child protection issues)
- Frequent users of hospital and emergency room services

or are so underserved that they are at risk of:

- Homelessness – such as persons living in institutions or nursing homes
- Criminal justice involvement
- Institutionalization

Diagnoses that serve as criteria for inclusion in the target population will be based on definitions found in 5600.3 California Welfare and Institutions code defining serious emotionally disturbed mental disorder or serious mental disorder. The operational definition of "diagnosis" for programs serving the chronically homeless may also include co-occurring disorders, personality disorders, general anxiety/mood disorders, and Post Traumatic Stress Disorder).

2. FSP Program Components:

All MHA FSP Programs must include the following in their program descriptions

- **Providers who are part of the multidisciplinary, community based "treatment" teams serve as an ally to the consumer's recovery process.** The partnership allows persons served and family members opportunities for informed choice
 - The team description must demonstrate commitment and capacity to do "whatever it takes" to assist the enrolled member, specifically:
 - Low staff to person served ratio (approximately 1:12; or the ratio that has been specified in the contract statement of work)
 - 24/7 availability of the multidisciplinary team.
 - Team culture is created where each member of the team knows each person served and the persons served are familiar with each member of the team.
 - Members of the team speak the persons served language, are familiar with community resources that reflect the healing beliefs of the persons served culture and are positioned to assist the person served make meaningful connection with those

Full Service Partnership (FSP) Program Overview, Transition Optimization Opportunity and FSP Service Delivery Model

resources.

- Crisis response comes from a person known to the person served.
 - Staff is given the administrative flexibility and flex-funding to connect consumers with non-mental health services and same day needs. Examples include Housing; Primary Care; Dual Disorder Services, Education Services and Supports; Vocational services and supports; Payee services/benefits advocacy; Community recreational activities (YMCA classes, libraries, movie theaters); Social Services, Food, Transportation, and Clothing.
 - Availability of Integrated Dual Diagnosis Treatment or other dual recovery intervention that will provide effective treatment for the target population.
-
- **Outreach and engagement.** The team’s outreach and engagement strategy must be voluntary and driven by the values of persons served culture. This means that consumers will be engaged “where they are” in terms of their community location, their need for clinical and non-clinical services/supports and their phase of recovery. Outreach workers will have culturally competent language skills and will function as an ally to the consumer’s decision to receive services. Peer Support will be included in the outreach and engagement of new persons served.
 - **Procedures for enrollment and dis-enrollment will be easily understood, clearly communicated and non-coercive.** Enrollment is voluntary. A condition of enrollment is that the person served indicates that they want services from the assertive-community treatment model team.
 - **Each adult, older adult, and transition age youth enrollee must have a Personal Service Coordinator (PSC).** The PSC is an ally to the enrollee and acts as a “single point of responsibility” within the multidisciplinary team for coordinating services and supports. *“Personal Service Coordinators (PSCs) for adults – case managers for children and youth – must have a caseload that is low enough so that: (1) their availability to the individual and family is appropriate to their service needs, (2) they are able to provide intensive services and supports when needed, and (3) they can give the individual served and/or family member considerable personal attention... PSCs/case managers must be culturally competent, and know the community resources of the persons served racial ethnic community.”* (Source: DMH Planning Requirements, Section III Identifying Populations for Full Service Partnerships, Aug 2005)
 - **Each enrollee must have an Integrated Services and Supports Plan that is developed with their Personal Services Coordinator.** This ISSP is a planning tool that builds on the consumer’s strengths. It includes goals and provides a map of the steps that the enrollee identifies as necessary to move along his/her recovery path. *“Integrated Services and Supports Plans must operationalize the five fundamental concepts (identified listed in section three of this Exhibit) and should reflect community collaboration, be culturally competent, be person served/family driven with a wellness/recovery/resiliency focus and they must provide an integrated service experience for the person served/family. In addition, the ISSP will be person/child-centered, and give individuals and their families’ sufficient information to allow them to make informed choices about the services in which they participate. Services should also include linkage to, or provision of, all needed services or benefits as defined by the person served and or family in consultation with the PSC/case manager. This includes the capability of increasing or decreasing service intensity as needed.”* (Source: DMH Planning Requirements, Section III Identifying Populations for Full Service Partnerships, Aug 2005)
 - **Peer support services will be made available to the person served.** At least two staff (a minimum of 1 FTE) who acts in peer support roles will be employed in each MHSA program.
 - The enrollee is given significant access to peer recovery and self-help services. Tools such as Advanced Directives are made available to adult and older adult persons served, and Wellness

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Recovery Action Plans (WRAP) are made available to adult, transition age youth and older adult persons served.

- Peer Counselors are included as equal partners in the multidisciplinary team and play a critical role in developing the recovery culture and person served orientation of the team.

3. The Five (5) Core MHA Concepts are embedded in each program

Concept 1: Recovery/resiliency orientation:

FSPs will embody the values of recovery and resiliency (i.e., hope, personal responsibility, self-advocacy, choice, respect) and the program principles of recovery and resiliency, including:

- Person served-driven goal setting and Individualized Services and Supports Plans
- Providers are allies to the persons served recovery process.
- A harm-reduction approach to substance abuse that encourages recovery and abstinence but does not penalize consumers or withdraw help from them if they are using.
- A built-in understanding and expectation of setbacks as part of recovery.
- Links to a range of services that are part of the consumers “pathway to wellness” (i.e., employment, health care, peer support, housing, medications, food and clothing)

FSPs will collaborate with the MHA Family Education Center which makes support services available to family members and the MHA Wellness Recovery Resource Hub which makes wellness recovery training and technical assistance available to FSP staff.

Concept 2: Cultural Competence Orientation: The program’s structure, staffing and service delivery values will reflect the cultural values and orientation of the program’s target populations.

The FSP program will embody principals of cultural competence including:

- Diverse staff, representative of the primary ethnic groups to be reached through the program
- Staff trained regarding common access barriers for racial and ethnic groups targeted (including the impact of housing discrimination)
- Links to community-based organizations that share the healing beliefs and practices of ethnic communities served by the FSP.

The FSP program must also be able to deal with gender and sexual orientation diversity. Training in sensitivity to gender and sexuality issues is a key component for staff on the Team.

Concept 3: Community Collaboration: FSP Collaborations ensure that community resources are made available to enrollees. These collaborations include subcontracts between the vendor and other agencies, memoranda of understanding with community non-profits and businesses regarding providing services to persons served, and informal relationships built between FSP staff and community stakeholders that result in improved access and decreased discrimination.

Concept 4: Person Served/Family Driven program: In FSPs, the Integrated Services and Supports Plan (ISSP) is used by adult persons served and families of children and youth to identify their needs and preferences which lead to the services and supports that will be most effective for them. Providers work in full partnership with persons served to develop these ISSPs. Their needs and preferences drive the policy and financing decisions that affect them.

Concept 5: Integrated Service Experience: FSP programs were incorporated into the MHA to ensure that these dollars funded “integrated service experiences.” This means that services are “seamless” to persons served and that persons served do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency. Services are delivered, or at a minimum, coordinated through a single agency or a system of care. The integrated service experience centers on the individual/family, uses a strength-based approach, and includes multi-agency programs and joint planning to best address the individual/family’s needs using the full range of community-based treatment, case

**Full Service Partnership (FSP) Program Overview,
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management, and interagency system components required by children/transition age youth/adults/older adults.

**Full-Service Partnership (FSP) Program
Scope of Work**

CONTRACTOR: Turning Point of Central California, Inc.

CONTACT: Ryan Banks, CEO Elect
ryanbanks@tpocc.org
Elizabeth Escoto, Regional Director
eescoto@tpocc.org

SITE ADDRESS: Program Site #1: Vista – 258 N. Blackstone Avenue, Fresno, CA 93701
Program Site #2: Sunrise – 3855 N. West Ave. Suite 110 Fresno, CA 93705

CONTRACT TERM: July 1, 2023 – June 30, 2024
July 1, 2024 – June 30, 2025, possible twelve-month extension

PROGRAM DESCRIPTION

CONTRACTOR's FSP programs are designed for adults who have been diagnosed with serious mental illness (SMI) and would benefit from an intensive service program. The foundation of FSPs is doing "whatever it takes" to help individuals on their path to recovery and wellness. CONTRACTOR's FSP program embraces individual-driven services and supports with each individual choosing services based on individual needs. CONTRACTOR's FSP program will feature a low case manager to person served ratio (1:15), 24/7 crisis availability, and a team approach that is a partnership between behavioral health program staff and individuals.

CONTRACTOR's FSP programs will continue to assist with housing, employment, and education in addition to providing behavioral health services and integrated treatment for individuals who have a co-occurring mental health and substance use disorder. Services shall be provided to individuals in their homes, the community, and other locations when clinically indicated. Peer and caregiver support groups are available to each individual served by the program. Embedded in CONTRACTOR's FSP programs is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate. CONTRACTOR shall deliver, coordinate, supervise, and administer their FSP programs while clearly demonstrating principles of wellness and recovery, as well as Fresno County Department of Behavioral Health (DBH)'s Vision, Mission, and Guiding Principles.

A strengths-based, individual-directed care plan will be developed with every individual to "meet individuals where they are," and provide tailored treatment that focuses on engagement and is effective. In addition to management of primary and negative symptoms of individuals' mental illness, measurable attainable self-set goals in key areas such as financial management, education and employment shall be made available to each individual served by the program. While some symptoms may never be fully eliminated, the ability to manage and overcome them may ultimately be more empowering and essential for long-term recovery. CONTRACTOR believes individuals' self-achievements for control of their life to be the most important factor for overall life satisfaction and an essential component to the motivation to achieve ongoing recovery and growth.

CONTRACTOR will operate two (2) FSP program sites upon execution of this Agreement. One of the two sites will be the "Vista" FSP program. The second "Sunrise" site will provide for an

additional 180 individuals served. Both program sites will enable people who are diagnosed with a mental illness to be able to live, work, learn, and participate fully in community life. Recovery often means recovering aspects of life and fulfillment despite a disability. It can also mean reduction or elimination of symptoms. Resilience describes aspects of personal qualities, such as, optimism and traits of problem-solving skills, that lead to mastery and independence. Even negative experiences can build resilience as problems are overcome and learning leads to hope and self-reliance. Services that enable recovery and resilience are easy to access, integrated, seamless, individual-centered, multi-disciplinary, culturally competent, and chosen. All services described herein shall be recovery and resilience oriented. CONTRACTOR seeks to increase opportunities for individuals and families to have greater choice in service type and service providers as well as treatment strategies for service delivery. CONTRACTOR shall empower individuals served by the program autonomy in treatment, services, and support by emphasizing individuals' choice. Choices encourage personal responsibility, incentivize insight, self-monitoring, and accountability, while creating interest and benefit for sustaining recovery. Choices restore dignity and encourage quality of life.

LOCATION OF SERVICES

All sites listed below have been selected based on close proximity to the public bus stops to assist individuals with having geographic access to services both in the clinic and in the community. Every treatment plan will be geared with the intent of gradually decreasing each individual's dependence on the program while increasing their independence and ability to access a network of supports, services, and providers in the community.

CONTRACTOR has worked with many FSP programs and understands that flexibility in services is extremely valuable in ensuring engagement and allowing each individual to direct services. Locations of services shall be provided in the field, meeting the individuals where they are, as we utilize the "whatever it takes" approach to service delivery at every practical and clinically appropriate instance. Such locations would be individuals' home, shelters, business, (e.g., coffee shops, library, grocery store, etc.) school, work, and doctor's office, while taking measures to ensure privacy and attend to confidentiality. CONTRACTOR shall provide services in the most appropriate location for the individual and allowing the individual to decide what is best for them as opposed to the traditional outpatient delivery of services being office-based.

For many individuals living with severe mental illness, transportation is often a significant barrier to accessing treatment services, completing daily activities, and gaining independence. CONTRACTOR will assist all individuals with developing a means for stable transportation and transport individual as needed regardless of functional ability level. CONTRACTOR's staff shall be available to provide individuals served with transportation in agency vehicles with the intention of assisting each individual in becoming more self-sufficient over time. CONTRACTOR's staff shall provide education around the public transportation options and financial assistance to access transportation.

CONTRACTOR shall abide by all Final Rule mandates, or any other federal, state, or county regulatory requirements regarding timely appointment standards, and shall provide the following:

- Urgent care appointment for services that do not require prior authorization – within 48 hours of a request
- Urgent appointment for services that do require prior authorization – within 96 hours of a request

- Non-urgent appointment with a non-physician mental health care provider – within ten (10) business days of request
- Non-urgent appointment with a psychiatrist – within fifteen (15) business days of request
- Opioid treatment program – within three (3) business days of request
- Individuals who access outpatient specialty mental health services shall receive an appointment within ten (10) business days from request to appointment.

HOURS OF OPERATION

CONTRACTOR's FSP program sites shall have office hours of operation Monday through Friday from 8:00 am to 5:00 pm. In addition, the FSP program sites will be adequately staffed and will provide services in the field (program hours) until 7:00 pm Monday through Friday. The FSP program sites shall also have services available on Saturdays and Sundays from 8:00 am to 5:00 pm. This level of accessibility for the individual and/or family will help to reduce and prevent negative outcomes for individuals including unnecessary hospitalizations, incarcerations, or evictions.

DESCRIPTION OF SERVICES

Crisis Assessment and Intervention

CONTRACTOR's treatment teams shall be available to respond to individuals' served crises 24/7 including the ability to respond in the community and in person when appropriate. These services shall be delivered by the treatment teams, as needed. Services shall be delivered directly to the individual through direct assistance in the clinic or community when clinically appropriate. These services shall be provided in a culturally and linguistically appropriate manner with assistance from other treatment team staff or interpreter services as needed.

Program staff members are certified in CPR and First Aid, as well as Pro-Act training (which focus on verbal crisis intervention and de-escalation), Adverse Childhood Experiences (ACES) and the Columbia Suicide Severity Rating Scale. CONTRACTOR's clinicians are also trained in Recognizing and Responding to Suicide Risk (RRSR). CONTRACTOR's clinical and medical staff will seek certification by DBH Managed Care for the ability to write 5150's for individual.

Other crisis services

CONTRACTOR's 24/7 rapid response will be available for a number of crises including, but not limited to:

- Being stranded without transportation
- Experiencing a physical health emergency
- Experiencing exacerbated behavioral health symptoms
- Running out of needed medications
- Unexpected immediate/urgent housing need
- Roommate/family conflicts requiring support
- Experiencing heightened anxiety or fears surrounding safety
- Experiencing physical threats to safety

Medication Services

CONTRACTOR shall provide the following regarding medication services:

- Medication prescriptions/licensed psychiatrist
- Injectable medication services
- Medication education (provided by both psychiatrist and nursing staff)
- Monitoring medication delivery (nursing staff will deliver medications face-to-face)
- Labs (as ordered by the psychiatrist)

Hygiene

CONTRACTOR understands that for an individual to begin or continue working on their mental health symptoms, basic necessities must be taken care of first. The FSP program sites shall provide all those needs to assist the individual in stabilizing and providing support. Some of these items include hygiene packages, such as shampoo, soap, toothpaste/toothbrush, and deodorant. Other items in stock at the clinics are basic clothing items, such as socks, underwear, shirts and pants. CONTRACTOR shall maintain a stock of some basic necessity supplies at each of their FSP program sites at all times. If the program does not have immediate access, the staff shall purchase those items the same day the individual is identified in need. Other basic necessities, such as food and water, will be provided both in the office setting and at placement or their current housing as needed.

Housing

CONTRACTOR shall ensure that each individual has appropriate housing. CONTRACTOR has many valued relationships with independent living home operators allowing for quick response from housing vendors to get individual placed in housing the same day they are enrolled in services or in need of housing. CONTRACTOR shall maintain positive communication and relationships with agencies supportive of housing needs.

Group Rehabilitation

The FSP program sites shall have access to daily groups, as many as four (4) a day, to encourage and teach new skills related to personal growth. Other opportunities for building personal growth shall be provided for in the community. These services shall be individualized and assisted by their Personal Service Coordinator and include, cooking classes, knitting, yoga, Zumba, gardening, etc.

Examples of group topics include:

- WRAP - Wellness and Recovery Action Plan
- Identifying and using strengths
- Education on socialization skills
- Positive self-care
- Communication skills and boundaries/assertiveness skills
- Healthy self-esteem/positive thinking
- Conflict resolution education and skills building
- Language/stigma of mental health
- Setting behavioral health goals
- Anger education and coping skills
- Creating healthy relationships

- Coping with stress/anxiety in public setting
- Coping with grief and loss
- Stages of change
- Craft and activities group
- Money management group

For many people living with a severe mental illness, the associated symptoms significantly interfere with social development, forming relationships, making friends, and relating with family members, employers, and landlords. Providing group rehabilitation services to assist individual to meet interpersonal goals and to increase social skills needed for effective interpersonal performance will be one of the most important responsibilities for the treatment team.

Social and Interpersonal Support

CONTRACTOR shall provide assistance with a wide range of social activities. The treatment teams will help each individual to develop, restore, and maintain social and interpersonal relationships, to engage in social and leisure-time activities, and to increase their social network by providing social and interpersonal support to individuals.

CONTRACTOR shall create opportunities for social networking by providing support groups, hosting program sponsored social activities, linking individuals to other community recreational programs, cultural ceremonies, or spiritual celebrations. Monthly social activities will be offered to further promote social development including movie and pizza days, local plays, trips to the zoo, trips to the County Fair, farmers markets, local art museums/events, barbeques at the park, and holiday events. In addition, individuals shall be linked to other community resources including, Blue Sky Wellness Center, Heritage Day Center, cultural and/or religious centers, and community centers where individuals can use learned social skills to further expand opportunities for social development. CONTRACTOR shall ensure that individualized feedback/intervention is available and provided in a clinically meaningful way during these opportunities.

Co-Occurring Services

CONTRACTOR shall provide a welcoming, safe environment for individuals with co-occurring diagnoses. Treatment shall be made available continuously to all individual regardless of their “readiness” for abstinence or ability to participate. Supportive and cognitive-behavioral treatment will be provided individually and in groups. The team will use directive methods to help individuals lessen substance use, to change associated attitudes and behaviors, and to develop new ways of coping and living. A Dual Diagnosis Specialist Case Manager along with the treatment teams will work towards developing a trusting relationship with the individual so that they are more willing to discuss substance use and its effects on behavioral health, physical health, and daily functioning. A Dual Diagnosis Specialist Case Manager will keep individuals engaged by providing counseling and supportive services in the office and in community settings. Further, a Dual Diagnosis Specialist Case Manager shall frequently combine this work with other treatment goals.

Courts and the Justice System

CONTRACTOR has experience in working with the Behavioral Health Court, the Public Defender’s Office, the District Attorney, Jail Psychiatric Services, Police Department, Sheriff’s Office, as well as County Probation Department. CONTRACTOR shall continue to work cooperatively with law enforcement, the Courts, and Probation Departments to assist individual to follow the law, comply with all of their legal requirements, and promote the best interests and recovery of the individual. Staff, particularly a Criminal Justice Case Manager, will work directly

with the individual to assist in resolving all criminal justice involvement. These services shall be delivered directly by a Criminal Justice Case Manager and other treatment team staff as appropriate.

A Criminal Justice Specialist shall work to minimize each individuals' involvement in the Criminal Justice System by: 1) helping the individual to identify precipitants to each individuals' criminal involvement, 2) providing necessary treatment, support, and education to help eliminate unlawful activities or criminal involvement that may be a consequence of individuals behavioral health symptoms, 3) collaborate with police, court, and jail officials to ensure appropriate use of legal and behavioral health services.

A cognitive behavioral approach shall be used in examining how thoughts lead to behavior and will examine how erroneous thinking leads to criminal behavior. Staff will work cooperatively with probation, parole, court, and law enforcement agencies to meet supervision requirements. Cognitive behavioral approaches/interventions assist the individual to change thinking that leads to criminal activities and lifestyles. Staff will also assist the individual to understand how the effects/symptoms of their behavioral health can lead to commission of crime, and to develop a plan of crime prevention for their own lifestyle/behaviors. Staff will help the individual to develop alternatives to the functions or individual perceived "benefits" that the criminal behavioral has provided the individual.

CONTRACTOR's Criminal Justice Case Managers shall apply for Fresno County jail passes that will enable them to have the ability to contact individuals while incarcerated inside the jail. It is beneficial to develop a relationship with the jail's clinical assessment team and detention facility personnel. Obtaining access to the jail assists in discharge planning for the individuals served. A Criminal Justice Case Manager shall work directly with any individual who becomes involved in the criminal justice system. Services shall include assistance in the following:

- Maintaining contact with individuals while incarcerated
- Supporting individual throughout any criminal justice involvement
- Advocating with jail medical services for any medical needs the individual may have (this task will be done in collaboration with the nursing staff who will ensure that all pertinent medical information is made available to jail medical staff including current medication regimen)
- Advocacy with the courts
- Linking individual to legal aid
- Assisting individuals with arranging payment of fines as needed
- Providing an overview of Behavioral Health Court if this is an option for the individual

Behavioral Health Court (BHC)/Other Collaborative Mental Health Courts Support

Collaborative Court support services delivered to individuals shall include:

- Conducting regular case conferences in conjunction with the Collaborative Court team to determine progress and to problem solve barriers
- Supporting the individual during case conferences
- Assistance/support during court appearances
- Specialized treatment planning which includes input from the Collaborative Court team
- Assistance in meeting all court participation requirements
- Assistance/support during meetings with probation officers and ongoing
- communication with probation officers

- Linkage to and financial assistance (as needed) for mandatory drug testing as appropriate/ordered by the court
- Referral/linkage to residential substance use disorder treatment as needed/ordered by the court
- Court advocacy in conjunction with Collaborative Court team

LEVELS OF CARE

CONTRACTOR's services are designed in a framework which allows the individual to move fluidly through different levels of care as the individual's recovery and wellness dictates. In addition to the four (4) levels of care, all individuals will be able to receive targeted support services as needed. Each individual served by the program shall be continuously assessed and evaluated for appropriate level of care placement and transitioned when clinically indicated. The four (4) levels of care starting with the level of highest intensity are:

- Level 1 - Engagement and Stabilization
- Level 2 - Recovery and Discovery
- Level 3 - Empowerment and Strength
- Level 4 - Forward Bound

CONTRACTOR shall implement principles and practices of the assertive community treatment (ACT) model of care within the FSP program sites and will continue to use this model in delivery of services. The FSP services are collaborative and shall be integrated with community services. Linkage to family therapy and education on community supports such as NAMI, and Fresno County Family Support Group, will be made available to families and individual support partners as individuals move through all phases of service delivery. Twenty-four (24) hour on-call services and crisis services shall be made available to all individuals throughout their enrollment in the CONTRACTOR's program.

The following are service descriptions that shall be provided by CONTRACTOR in each level of care:

Level 1 - Engagement and Stabilization

Engagement and Stabilization (Level 1) is the highest level of support and most intensive level of services for an individual. During this time, an individual will be offered services according to individualized needs and the intensity of the services can be adjusted to meet each individuals' changing needs during this period. It is very important that the services be hands-on and frequent during this initial level. During each individuals' engagement and stabilization period the individual is making many adjustments and changes which may require flexibility in frequency of services. As such, the services in Level 1, while intense, will have an ebb and flow based upon individual individualized acceptance and need—there may be some periods where an individual needs services daily, followed by periods of lesser need. Individuals often enter the program and are experiencing distress and need support across multiple domains. The intention of this level of care is to provide support for the individual's needs and increase the individual's stabilization. A "whatever it takes" approach will be the focus for delivery of these services.

Level 2 - Recovery and Discovery

Recovery and Discovery (Level 2) continues with a focus on recovery and wellness goals and will begin to address stabilization across multiple domains. Some of the areas of focus are self-discovery/increased awareness and insight into mental health, sustained management of mental health symptoms, exploring education and employment goals, increased socialization skills, permanent housing, and increased engagement in individual recovery. This is the level where the majority of the stabilization work will be addressed and there are many tasks to be completed. This is a level where an individual can experience both recovery and discovery of self and their own strengths. This is expected to be the longest level of care due to the nature of the tasks to be completed. Each individuals' participation in this level shall be reviewed at a minimum every six (6) months and informed by Reaching Recovery outcomes. Services at this level remain frequent and the expectation is that there will be increased individual engagement and participation in a variety of services.

Level 3 - Empowerment and Strength

Empowerment and Strength (Level 3) maximizes focus on recovery and wellness goals. In this level, an individual will have experienced sustained stability and will be well on their way to independent living. This level will provide fewer intensive services as it allows an individual to “test the water” of independence and experience life with their own strengths. The program recognizes that this is an important area of growth and will remain available to the individual as needed while continuing to support the individual as needed. An additional focus in this level will be educating the individual on how to meet their needs through community resources and to independently access help when needed. Individuals in Level 3 are now being prepared for the final level of services. There is now a decrease in the number of case management, physician, therapist, and nursing contacts based upon the individualized functioning of the individual. It is anticipated that housing is stable, the individual has not required crisis services, monthly income has become stable, and the individual has made progress in the management of mental health symptoms (with or without medication support). The individual is now encouraged to move closer to independence utilizing the individual own strengths.

Level 4 - Forward Bound

Forward Bound (Level 4) is intended to be a safety net and monitoring level of services. When an individual has successfully transitioned to Level 4 it is assumed that the individual has reached baseline and is stable across multiple domains. The individual has learned recovery and wellness goals and has achieved some success at mastering independent living goals. CONTRACTOR shall ensure that individuals' housing is stable prior to discharge from Forward Bound. Times of transition can produce anxiety which can exacerbate an individual's symptoms. Support at Level 4 will allow the individual a safety net of services while they are attempting to assert their independence and receive services in the community. CONTRACTOR has experienced that sometimes when an individual is linked to a lower level of care, individuals experience significant anxiety, which results in decompensation. Level 4 will mirror the less intensive services that the individual will be transitioned to and will allow the individual to adjust to less program contact, while becoming engaged in other community services. This is a hands-on level of care as the individual will be supported throughout the transition to another provider. The expected time frame for this level is three (3) months; however as long as the transition is not complete the individual will remain in this level.

In addition to these four levels of care we will have four special “in addition” categories. Regardless of the level of care, an individual will be given an additional level of supported services as appropriate.

- Hospitalization/Post Hospitalization Support Level

- Incarceration/Post Incarceration Support Level
- Homelessness Support Level
- Dual Diagnosis Support Level

HOSPITALIZATION/POST HOSPITALIZATION SUPPORT LEVEL

Being hospitalized is often a very traumatic experience. CONTRACTOR understands that extra support during this time has proven to have a positive influence on individuals' recovery. This level of care is not a stand-alone level. This level shall be added as an additional level of support whenever an individual is placed in an inpatient psychiatric setting or evaluated and discharged without admission. These services shall be delivered directly by members of the treatment team and will be coordinated by the individual's primary case manager. Services shall be delivered to the individual and to the individual's support persons (per individual preference). The services delivered in this supplementary support level are:

- When an individual's application for up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (a.k.a., DHCS 1801 Application, or "515 0 hold") is being written by CONTRACTOR's staff, before initial placement in the hospital the individual will receive explanation from their trusted Treatment Team regarding what is occurring and why. CONTRACTOR shall maintain compliance with any regulation specified or referenced on the most current version of said form.
- CONTRACTOR shall always contact the inpatient hospital to provide collateral information (e.g., current medications, allergies if applicable and medication history, circumstance of the initiation of the hold).
- The individual's case manager shall maintain contact with the inpatient hospital, psychiatric health facility, or crisis stabilization unit as applicable throughout the individual's stay. CONTRACTOR shall begin discharge planning immediately following the detainment advisement.
- If the individual has given permission for family/support person involvement, collateral services shall be offered to the family/support person during this time.
- A case staffing shall take place to determine the options of placement and treatment for the individual upon discharge; if appropriate the involved family/support person will be invited to this case staffing.
- During the time the individual is placed in the inpatient hospital, psychiatric health facility, or crisis stabilization unit, a member of the treatment team will maintain contact with the individual, letting the individual's level of functioning dictate the frequency of these contacts.
- Upon discharge from the hospital, a Treatment Team member will ensure the individual is transported to the appropriate destination and that housing arrangements have been made.
- After discharge, a psychiatrist appointment will be made immediately for the medication regimen to be evaluated with the individual. If the individual is not taking medications, the option of taking medications will be discussed at this time.
- After discharge from the hospital, a case staffing with the individual's team will take place. The purpose of the staffing will be to identify triggers that resulted in the hospitalization and to determine ways to provide more support for the individual. This will be an opportunity to explore what is working or not working in the treatment plan and what needs to be increased or added to the plan. The individual's current level of care will also be evaluated.
- The individual will be invited to be included in this staffing and the individual's input will be solicited. If the individual chooses not to attend this staffing the results of staffing will be discussed with the individual and the individual's input sought at that time.
- If the individual has support persons or family who are involved in treatment, the support pe

Persons/family will be invited (with the individual's permission) to attend the case staffing team meeting. Family/support person involvement is highly valued and every opportunity to empower the family and include the individual's support persons in treatment will be utilized.

- Service contact and delivery increases to five (5) contacts a week for a minimum of three (3) weeks. This will be all face-to-face contact, whenever possible. The goal is to give extra support to the individual and to assist the individual in handling stressors immediately. This increased contact has proven to be one of the most valued and effective of post-hospitalization services.
- During this time, the individual's placement will be re-evaluated. Steps are taken to ensure that the individual is in the least restrictive most appropriate housing available. It may be determined that a higher or lower level of housing supervision is appropriate. It may be determined that the same level of housing in a different location would be appropriate.
- After three (3) weeks there will be another staffing which the individual and family and support persons are invited to attend. At this meeting, it will be decided if the current level of care is appropriate or if there are changes needed to be made. It will also be an opportunity to discuss what has been working and what hasn't been working. Any adjustments needed will be made to the Individual Service and Support Plan (IS SP) at this time.

Throughout these first three (3) post hospitalization weeks, the individual will remain within the same level of care. During the case staffing following this three (3) week period, an evaluation of the appropriateness of the level of services can be made. Hospitalization will not be the only factor in determining the need for change in the level of care. Sometimes individuals have circumstances which create a temporary crisis or have a relapse which triggers the hospitalization. Many aspects of the individual's life and level of functioning will be explored to determine the individual's service needs. Review of the individual's current functioning and can help determine appropriate level of care.

INCARCERATION/POST INCARCERATION SUPPORT

Being incarcerated is often a very traumatic experience. CONTRACTOR knows that extra support during this time has proven to have a positive influence on the individual's recovery. This level of care is not a stand-alone level. This level will be added as an additional level of support whenever an individual is incarcerated or arrested and released without incarceration. These services will be delivered directly by a Criminal Justice Specialist and coordinated by the individual's primary case manager while the individual is incarcerated. Upon discharge from the Jail, all appropriate team members will deliver services. Services will be delivered to the individual and to individual family and partners (per individual preference). The services delivered at this supplementary support level are:

- If an individual becomes incarcerated, the individual will be added to a Criminal Justice Case Manager case load as well as remaining with their current primary case manager.
- The Criminal Justice/Case Manager will visit the individual in jail as soon as possible (this position will have obtained the necessary jail clearance.)
- The Criminal Justice/Case Manager will also act as a court liaison to assist and support the individual.
- If the individual is incarcerated for an extended period (seven days or more), the Mental Health Specialist Criminal Justice/Case Manager will work collaboratively with the individual's primary case manager so that the individual will have weekly contact, engagement, and support while incarcerated.
- After release from jail, a psychiatrist appointment will be made immediately for the

medication regimen to be evaluated with the individual. If the individual is not taking medications, the option of taking medications will be discussed at this time.

- When an individual is released from incarceration, a case staffing with the individual's Treatment Team will take place. The purpose of the staffing will be to identify triggers that resulted in the incarceration and to determine ways to provide more support for the individual. This will be an opportunity to explore what is working or not working in the treatment plan and what needs to be increased or added to the plan.
- The individual will be invited to be included in this staffing and the individual's input will be solicited. If the individual chooses not to attend this staffing, the results of staffing will be discussed with the individual and the individual's input sought at that time.
- If the individual has support persons or family who are involved in treatment, the support persons/family will be invited to attend this staffing. Family/support person involvement is highly valued and every opportunity to empower the family and include the support persons in treatment will be utilized. If the individual has a probation officer, the probation officer will also be invited to the staffing with the individual's permission.
- Housing services will be adjusted, as necessary, to the individual's need.
- Depending upon the triggers that resulted in the charges, the individual will be encouraged to attend the appropriate groups and seek counseling services at the program.
- Staff will work closely with the courts and probation to ensure that the individual is cooperating to the best of individual's ability.

HOMELESSNESS SUPPORT LEVEL

CONTRACTOR understands that housing is one of the most important needs for all persons and holds the belief that persons living with a SMI diagnosis can successfully live in and maintain normal housing with frequent and consistent team contact and support. Sometimes even with these supports an individual may have difficulty maintaining housing and will become homeless. This is a traumatic experience for the persons served and can exacerbate the individual's behavioral health symptoms. CONTRACTOR knows that extra support during this time has proven to have a positive influence on the individual's recovery. This level of care is not a stand-alone level. This level will be added as an additional level of support whenever an individual becomes homeless. These services will be delivered directly by members of the Treatment Team and will be coordinated by the individual's primary case manager in collaboration with the Housing Coordinator. Services will be delivered to the individual and to individual family and partners (per individual request). The services delivered at this level are:

- Emergency case staffing with the individual (and individual family if appropriate), Case Manager, and Housing Coordinator to explore housing options available for individual.
- The individual will be offered Emergency or Temporary housing and linked to this housing.
- The individual's contact information will be changed on the caseload.
- A Key Event Tracking (KET) form will be completed, as appropriate, and the information entered into the tracking system.
- The circumstances which resulted in the individual becoming homeless will be explored and the individual will be supported and educated on how to maintain housing, as needed.
- If the individual has given permission for family/support person involvement collateral services will be offered to the family/support person during this time.
- A psychiatrist appointment will be made for the medication regime to be evaluated with the individual. If the individual is not taking medications, the option of taking medications will be discussed at this time.

- A case staffing with the individual's team will take place. The purpose of the staffing will be to identify triggers that resulted in the homelessness and to determine ways to provide more support for the individual. This will be an opportunity to explore what is working or not working in the treatment plan and what needs to be increased or added to the plan. The individual's current level of care will also be evaluated.
- The individual will be invited to be included in this staffing and the individual's input will be solicited. If the individual chooses not to attend this staffing, the results of staffing will be discussed with the individual and the individual's input sought at that time. If the individual has support or family who are involved in treatment, the support/family will be invited with the individual's permission to attend this staffing. Family/support and involvement is highly valued and every opportunity to empower the family and include the family in treatment will be utilized.
- Service contact and delivery may be increased to three (3) contacts per week for a minimum of three (3) weeks. This will be all face-to-face contacts when possible. The goal is to give extra support to the individual and to assist the individual in handling stressors immediately.
- During this time the individual's placement is re-evaluated. Steps are taken to ensure that the individual is in the least restrictive most appropriate housing available. It may be determined that a higher or lower level of housing supervision is appropriate. It may be determined that the same level of housing in a different location would be appropriate.
- After approximately three (3) weeks there will be another staffing where the individual and family/support are invited to attend. At this meeting, it will be decided if the current level of care is appropriate or if there are changes needed to be made. It will also be an opportunity to discuss what has been working and what has not been working. Any adjustments will be made to the ISSP at this time.

Throughout these first three (3) post homelessness weeks the individual will remain in the same level of care and during the case staffing an evaluation of the appropriateness of the level of services can be made. Homelessness will not be the only factor in determining the need for change in the level of care. Sometimes individuals have circumstances which create a temporary crisis or have a relapse which triggers the homelessness. Many aspects of the individual's life and level of functioning will be explored to determine individual's service need. Review of the individual's current functioning and can help determine appropriate level of care.

DUAL DIAGNOSIS SUPPORT LEVEL

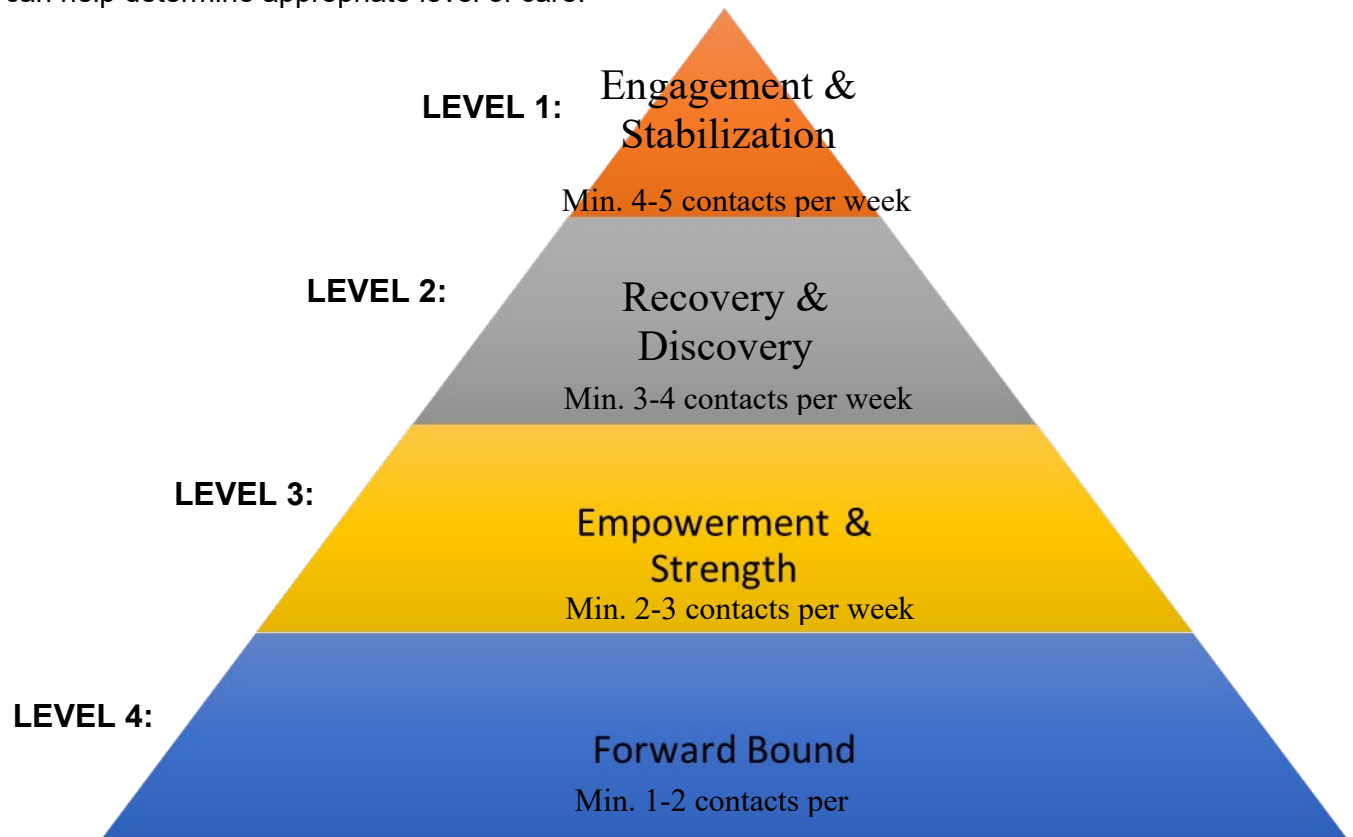
Delivery of services and approaches for individuals with SMI diagnoses and co-existing substance use disorders will be a vital part of the recovery and wellness process. Treatment is made available continuously to all individuals regardless of their "readiness" for abstinence or ability to participate. The Dual Diagnosis Specialist will combine the use of harm reduction practices with motivational interventions to transition individuals through stages of change. The five stages of change include pre-contemplation, contemplation, preparation, action, and maintenance. The five stages of change follow the individual from the initial stage in which the individual sees no need to change, to the final stages where the individual makes the change and then maintains it. In the preparation and action phases the Dual Diagnosis Specialist will assist the individual in developing a plan to become and stay clean and sober. The plan may include detoxification, inpatient treatment, outpatient treatment, AA/NA groups, sober living residences, and positive social supports for sobriety. It is during this stage that individuals will often reach out for assistance. Whenever an individual requests help to maintain sobriety, it will be made available to the individual. Relapse is expected as part of the change process. When relapse occurs, the Dual Diagnosis Specialist and Case Manager will assist the individual in not catastrophizing the relapse in order to limit the length and damage, including returning to treatment if needed. The Treatment Team will selectively use

outside treatment services as appropriate. Outside providers will be enlisted when inpatient services are needed for individual detoxification, induce remission of heavy substance use, or to establish linkage to outpatient treatment.

This is a traumatic experience and can exacerbate the individual's behavioral health symptoms. CONTRACTOR knows that extra support during this time has proven to have a positive influence on the individual's recovery. This level of care is not a stand-alone level. This level will be added as an additional level of support whenever an individual agrees to dual diagnosis services. These services will be delivered directly by a number of members of the Treatment Team and will be coordinated by the individual's primary Case Manager in collaboration with the Dual Diagnosis Specialist. The services delivered at this level are:

- Emergency case staffing with the individual (and individual family if appropriate), Case Manager, and Dual Diagnosis Specialist to explore treatment options available for the individual.
- The individual will be offered and linked to substance use disorder treatment based upon individual's acceptance of these services.
- The individual's housing options will be explored, and a change made as appropriate (sober living, residential treatment care, detoxification).
- After the treatment options has been determined, a case staffing with the individual's Treatment Team will take place. The purpose of the staffing will be to identify triggers and to determine ways to provide more support for the individual. This will be an opportunity to explore what is working or not working in the treatment plan and what needs to be increased or added to the plan. The individual's current level of care will also be evaluated. The individual will be invited to be included in this staffing and the individual's input will be solicited. If the individual chooses not to attend this staffing the results of staffing will be discussed with the individual and the individual's input sought at that time. If the individual has support or family who are involved in treatment the support/family will be invited with the individual's permission to attend this staffing. Family/support and involvement is highly valued and every opportunity to empower the family and include the family in treatment will be utilized.
- If the individual has given permission for family/support person involvement collateral services will be offered to the family/support person during this time.
- A psychiatrist appointment will be made for the medication regime to be evaluated with the individual. If the individual is not taking medications, the option of taking medications will be discussed at this time.
- Service contact and delivery is maintained while individual is in residential treatment. This will be all face-to-face contact when possible. The goal is to give extra support to the individual and to assist the individual in handling stressors immediately.
- During this time the individual's placement will be re-evaluated. Steps will be taken to ensure that the individual is in the least restrictive most appropriate housing available. It may be determined that a higher or lower level of housing supervision is appropriate. It may be determined that the same level of housing in a different location would be appropriate.
- After approximately three (3) weeks, there will be another staffing where the individual and family/support are invited to attend (as appropriate). At this meeting, it will be decided if the current level of care is appropriate or if there are changes needed to be made. It will also be an opportunity to discuss what has been working and what hasn't been working. Any adjustments needed will be made to the ISSP at this time.

Throughout these first three (3) post dual diagnosis weeks the individual will remain in the same level of care and during the case staffing an evaluation of the appropriateness of the level of services can be made. Substance use or relapse will not be the only factor in determining the need for change in the level of care. Many aspects of the individual's life and level of functioning will be explored to determine individual's service need. Review of the individual's current functioning and can help determine appropriate level of care.



*The contact frequency is approximate and may be adjusted according to individual need.

**For details regarding service intensity, see the previous section.

LEVEL ELIGIBILITY/TRANSITION CRITERIA

Individuals and Case Managers will together assess “Recovery and Wellness” goals as written into the ISSP every six (6) months and will be updated as needed.

Level 1 - Engagement and Stabilization

Engagement and Stabilization begins with focus on recovery and wellness goals. All individuals will enter the program at this level. An individual will be objectively stable in the following domains for at least six (6) months before transitioning to Level 2 - Recovery and Discovery.

1. Individual has begun to show engagement in the program. *(The individual will have successfully attended all scheduled psychiatric, nursing and therapy appointments (or cancelled appropriately) for at least three (3) months. Individual will have participated in case management contact in the community at an appropriate level for at least three (3) months. Individual will have several instances of initiating contact with the treatment team.)*

2. Individual crisis or crisis visits will have decreased during the last six (6) months. *(It is anticipated that individuals will have crisis of many types during the enrollment in the program therefore the goal is to see a decrease in crisis rather than an elimination of crisis.)*
3. Individual has been hospitalized less than once in the last six (6) months. *(During this initial period of program enrollment frequent hospitalizations are sometimes experienced however as the individual becomes engaged and stable in a variety of domains these hospitalizations are anticipated to decrease as enrollment in the program continues.)*
4. Individual has not been incarcerated in the last six (6) months. *(If an individual becomes incarcerated and access to the program is restricted it will take a longer period of time for individual to accomplish the tasks of this level.)*
5. Housing in the community has remained stable for a minimum of three (3) months *(It is anticipated that there is housing movement when an individual first enters a program and housing can be considered stable for this level when it is maintained for three (3) months.)*
6. Individual has been able to consistently access food and clothing resources with or without the assistance of the case manager. *(It is anticipated that as an individual's finances stabilize and management of symptoms improves, they will become more independent in this area.)*
7. Medication concerns have been addressed and individual adheres to medication regime in accordance with individual level of functioning. *(Some individuals will choose not to take medication and not taking medications alone will not prevent transition.)*
8. Individual has applied to all appropriate entitlements and finances have begun to stabilize. *(Individual has applied for benefits upon enrollment however obtaining these can take a longer period of time.)*
9. Individual will have been referred to a Primary Care Physician and any medical concerns have been addressed.
10. Evaluation indicates lower level of care.

Level 2 - Recovery and Discovery

Recovery and Discovery continues with focus on recovery and wellness goals and begins to focus on stabilization across multiple domains. Some of the areas of focus are: (1) self-discovery, increased awareness and insight into mental health, (2) sustained management of mental health symptoms, (3) exploring education and employment goals, increased socialization skills, (4) permanent housing, and (5) increased engagement in individual recovery. This is the level where the majority of the stabilization work will be addressed and there are many tasks to be completed. This is the level where an individual can experience both recovery and discovery of self and their own strengths. This is expected to be the longest level of care due to the nature of the tasks to be completed. An individual's participation in this level will be reviewed at a minimum every six (6) months. An individual will be objectively stable in the following domains for at least six (6) months before transitioning to Level 3 - Empowerment and Strength.

1. Individual has shown engagement and progress in the program. *(Individual is regularly accessing Case Management services, Rehabilitation services, and attending Groups and/or Individual Therapy through the program. The individual successfully attends all scheduled psychiatric, nursing and therapy appointments (or cancelled appropriately) for at least six (6) months.)*

2. Individual crisis or crisis visits will have decreased to less than once in the last six (6) months. *(It is anticipated that individuals will have crisis of many types during the enrollment in the program therefore the goal is to see a decrease in crisis vs. an elimination of crisis. At this level there should be a major decrease in crisis instances.)*
3. Individual has not been hospitalized in the last six (6) months. *(The expectation is that during this level the individual will have learned coping skills to handle crisis and will utilize the treatment team services to assist in times of crisis.)*
4. Individual has not been incarcerated in the last six (6) months. *(If an individual becomes incarcerated and access to the program is restricted it will take a longer period of time for individual to accomplish the tasks of this level.)*
5. Housing in the community remained stable for a minimum of six (6) months and is becoming or has become self-sustaining.
6. Individual has been able to consistently access food and clothing resources and is self-sustaining.
7. Medications are stable and self-administered/monitored and the individual adheres to appropriate medication regimen. *(Some individuals will choose not to take medication and not taking medications alone will not prevent transition.)*
8. Monthly income is stable and self-sustaining (Medi-Cal/SSI) or stable financial arrangement in place.
9. Individual has been successfully linked to community resources and/or has an understanding of how to access these resources.
10. Individual has been given the opportunity to become involved in education or employment and works towards those goals and is accessing these services.
11. Individual is able to attend pertinent appointments without assistance.
12. Individual has begun to learn to advocate for themselves in the community.
13. Evaluation indicates lower level of care.

Level 3 - Empowerment and Strength

Empowerment and Strength maximizes focus on recovery and wellness goals. In this level an individual will have experienced sustained stability and will be well on the way to independent living. This level will provide less intensive services as it allows an individual to “test the water” of independence and experience life with their own strengths. The program recognizes that this is an important area of growth and will remain available to the individual as needed and will continue to support the individual as needed. An additional focus in this level will be ensuring the individual understands how to have their needs met through community resources and is aware of where to find help when needed. An individual will be objectively stable in the following domains for at least six (6) months before transitioning to Level 4 - Forward Bound.

1. Individual has shown engagement and progress in the program and community.
2. No crisis or crisis visits in the last three (3) months.
3. Individual has not been hospitalized in the last six (6) months.
4. Individual has not been incarcerated in the last six (6) months.
5. Housing in the community remained stable for a minimum of six (6) months and is self-sustaining.
6. Individual has been able to consistently access food and clothing resources and self-sustaining.

7. Medications are stable and self-administered/monitored and the individual adheres to appropriate medication regimen. (*Some individuals will choose not to take medication and not taking medications alone will not prevent transition.*)
8. Monthly income is stable and self-sustaining (Medi-Cal/SSI) and individual is able to budget or stable financial arrangements are in place.
9. Individual has been successfully linked to community resources and/or has an understanding of how to access these resources.
10. Individual has been given the opportunity to become involved in education or employment and is working towards those goals and is accessing these services.
11. Individual is able to attend pertinent appointments without assistance.
12. Individual is able to advocate for themselves in the community when appropriate.
13. Individual no longer requires services beyond medication monitoring, therapy and groups.
14. Evaluation indicates a lower level of care.

Level 4 - Forward Bound

Forward Bound is intended to be a safety net and a monitoring level of service. When an individual has successfully transitioned to this level it is assumed that the individual has reached baseline and is stable across multiple domains. The individual has learned recovery and wellness goals and has achieved some success at mastering independent living goals. However, transition is often an anxiety producing time and often exacerbates individual's symptoms. Providing this level will allow the individual a safety net of services while they are attempting to assert their independence and receive services in the community. CONTRACTOR has experienced that sometimes when an individual is linked to a lower level of care, the individual experiences great anxiety which results in decomposition. This level of care will mirror the less intensive services that the individual will be transitioned to and will allow the individual to adjust to less program contact, while becoming engaged in other community services. This is a hands-on level of care as the individual will be supported throughout the transition to another provider. The expected time frame for this level is three (3) months; however, as long as the transition is not complete the individual will remain in this level.

1. Individual has been stabilized across multiple domains and has been referred to another provider.
2. There are no hospitalizations, no incarcerations, no homelessness, and no individual crisis.
3. Housing in the community has remained stable.
4. There are no medication concerns.
5. Evaluation indicates a lower level of care.

The individual's level of care will be formally reviewed at a minimum of every six (6) months from the last level review and may be reviewed at any time as treatment dictates. This review will be a case staffing with the Treatment Team and the individual and individual/family/support persons will be invited to attend (dependent upon individual preference). During this staffing, the individual's input will be sought as well as the input from the other treatment team staff to determine what is working and what needs to be improved. This staffing will be done in conjunction with the ISSP, which will allow adjustments to be made to the plan as well if appropriate. The criteria for each level will be reviewed so an objective decision based upon individual's readiness for transition can be made. The criteria will be discussed with the individual upon entrance to the level and will be provided in written format for the individual as well as support persons to review.

In addition to this regularly scheduled six (6) month review, an individual's level of care will be reviewed when any of the following occur:

1. The therapist, psychiatrist, case manager or other treatment team members express concern that the level of care may need to be adjusted.
2. The individual experiences one of the following triggering events: hospitalization, crisis services, incarceration, homelessness or significant substance use concerns. *(These individual experiences will trigger a review to assess the individual's ongoing needs to determine if the individual needs to have a level change. In addition, for any these triggering events the individuals will automatically have an increase in supportive services as described under program services. These supportive services temporarily increase the intensity and frequencies of individual services to support the individual through these events. After these supportive services have been in place for three weeks a case staffing will take place to determine the appropriate level of care for the individual.)*

The individual's level of care will be tracked on the master caseload spreadsheet (a HIPAA compliant encrypted document for use internally in the program). This spreadsheet is accessible to appropriate staff and contains information important to individual care. Some of the types of information in addition to individual demographic information are program enrollment date, assessment date, Plan of Care due date, diagnosis, last psychiatrist appointment, insurance information, financial information, Primary Care Physician appointments, last hospitalization, last incarceration, housing status and primary case manager and primary therapist. CONTRACTOR has found that having this information in a spreadsheet has been a benefit to individual care. CONTRACTOR propose to add another domain on this master caseload which will list individual levels of care and enrollment into that level, the caseload will also show the next review date to adjust the level if needed. It will also track hospitalization, crisis services, incarceration, homelessness and instances of significant substance use concerns. There will be an additional tracking sheet created that will track every level case staffing the individual has had to allow the treatment team an overall understanding of the individual's progress through the program. This additional spreadsheet will also track hospitalization, crisis services, incarceration, homelessness and instances of significant substance use concerns.

PROGRAM OBJECTIVES, DELIVERABLES AND OUTCOMES

CONTRACTOR will utilize a computer tracking system with which outcome measures and other relevant data will be maintained.

Program objectives will include:

1. A 70% reduction in hospitalization frequency for each individual after one year of receiving services or upon discharge.
2. An 80% reduction in days spent homeless after one year of receiving services or upon discharge.
3. An 80% reduction in days spent incarcerated after one year of receiving services.

Program deliverables will include:

1. All individuals receiving the appropriate level of housing support.
2. Individual satisfaction with services and timely, efficient resolution of complaints.

3. All individuals receiving the level of service and support that addresses their unique needs.
4. All individuals receive services that help them achieve a level of recovery, stability and independence that will allow transition to the least restrictive level of care possible as appropriate for their individual needs.
5. The collaborative development and achievement of meaningful treatment and wellness goals for all individuals.
6. Collaborative relationships will be established and maintained between CONTRACTOR and community partners who have frequent contact with hospitalized, homeless or incarcerated adults.
7. Timely submission of all required reports through the DCR system.
8. Minimum of 65% productivity for direct service staff.
9. CONTRACTOR will identify services provided to each individual on a monthly basis.

TARGET CATEGORIES:

The following outcome measures will be collected during the implementation of this program: **(1)** Effectiveness, **(2)** Efficiency, **(3)** Access, **(4)** Satisfaction and Feedback of Persons Served as well as Stakeholders. These outcomes are evidenced by a reduction in hospitalizations, incarcerations, homelessness and medical hospitalizations as well as increased participation in education, employment or volunteerism.

1. Effectiveness-

A. Psychiatric Hospitalization

Hospitalization refers to any hospital admission captured in COUNTY's electronic health record. Data may be entered by any hospital that utilizes the COUNTY's EHR including COUNTY's PHF, Community Behavioral Health Center (CBHC), and Kaweah Delta Psychiatric Hospital. The goal of this measure is to assess the degree of effectiveness for FSP level services. CONTRACTOR will track decreases in the number of days hospitalized post enrollment and compare to the total number of days spent in a psychiatric setting 12 months prior to program enrollment.

- i. Objective: To prevent and reduce the total number of individuals and days spent in a psychiatric hospital setting compared to the total number of individuals and days spent hospitalized 12 months prior to program enrollment.
- ii. Indicator: Percentage of individuals that experienced no psychiatric hospitalizations, and total number of individuals and days spent in a hospital setting compared to pre-enrollment.
- iii. Eligible Individuals: FSP individuals served by the program for a minimum of one year.
- iv. Time of Measure: One fiscal year
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of psychiatric hospitalization. The number of individuals and days spent in a psychiatric hospital setting will be reduced when compared to the number of days hospitalized prior to program enrollment.
- vii. Outcome: Will be measured annually.

B. Incarcerations

Incarceration refers to individuals confined in a jail or prison setting. The goal is to reduce the number of days spent confined in a jail or prison setting compared to the number of days spent incarcerated 12 months prior to program enrollment.

- i. Objective: To prevent and reduce the total number of individuals and days spent incarcerated compared to the total number of days spent incarcerated 12 months prior to program enrollment.
- ii. Indicator: Percentage of individuals that experienced no incarcerations and the total number of individuals and days spent incarcerated compared to pre-enrollment.
- iii. Eligible Individuals: FSP individuals served by the program a minimum of one year.
- iv. Time of Measure: one fiscal year
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of incarceration. The total number of individuals and days incarcerated will be reduced when compared to 12 months prior to enrollment.
- vii. Outcome: Will be measured annually.

C. Homelessness

Homelessness refers to individuals without a place to live, who are living in a place not meant for human habitation, or who are living in an emergency shelter. The goal is to reduce the total number of days spent homeless compared to the total number of days spent homeless 12 months prior to program enrollment.

- i. Objective: To prevent and reduce the total number of individuals and days spent homeless compared to the total number of individuals and days spent homeless 12 months prior to program enrollment.
- ii. Indicator: Percentage of individuals that experienced no episodes of homelessness and the total number of individuals and days spent homeless compared to pre-enrollment.
- iii. Eligible Individuals: FSP individuals served by the program a minimum of one year.
- iv. Time of Measure: one fiscal year
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of homelessness. The total number of individuals and days spent homeless will be reduced when compared to 12 months prior to program enrollment.
- vii. Outcome: Will be measured annually.

D. Medical Hospitalizations

Medical hospitalization refers to individuals who frequently require hospitalization at a local hospital or emergency department as a result of chronic or untreated physical health related conditions. The goal is to reduce the total number of days spent in a hospital or emergency department setting compared to the total number of days spent hospitalized 12 months prior to program enrollment.

- i. Objective: To prevent and reduce the total number of individuals and days spent in a hospital or emergency department (ED) setting compared to 12 months prior to program enrollment.
- ii. Indicator: Percentage of individuals that experienced no episodes of medical hospitalizations or ED admissions, and the total number of individuals and days admitted in a medical hospital or ED compared to pre-enrollment.
- iii. Eligible Individuals: FSP individuals served by the program for a minimum of one year.
- iv. Time of Measure: one fiscal year
- v. Data Source: DCR/ITWS State database.

- vi. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of medical hospitalizations or ED admissions. The total number of individuals and days admitted in a medical hospital or ED will be reduced when compared to 12 months prior to program enrollment.
- vii. Outcome: Will be measured annually.

E. Participation in Educational Settings

Educational setting refers to any learning environment or institution that offers educational services and curriculum according to specific objectives. Examples may include adult schools, vocational schools, community colleges, on-line coursework and universities. The goal is to increase the annual percentage of participants enrolled in educational settings.

- i. Objective: To increase the annual percentage of FSP participants enrolled in educational settings.
- ii. Indicator: Annual percentage of FSP individuals enrolled in educational settings.
- iii. Eligible Individuals: FSP individuals served by the program enrolled in educational settings.
- iv. Time of Measure: one fiscal year
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: 15% of FSP individuals will be enrolled in educational settings.
- vii. Outcome: To be measured annually.

F. Participation in Employment or Volunteerism

Employment refers to work environments where individuals are paid competitive wages in exchange for job related activities performed. Volunteerism refers to environments where individuals willingly provide services or complete tasks without any expectation of financial compensation but may gain work experience and job-related skills. The goal is to increase the annual percentage of participants engaged in employment or volunteer activities.

- i. Objective: To increase the annual percentage of FSP individuals engaged in employment or volunteer activities.
- ii. Indicator: Annual percentage of FSP individuals engaged in employment or volunteer activities.
- iii. Eligible Individuals: FSP individuals served by the program engaged in employment or volunteer activities.
- iv. Time of Measure: one fiscal year
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: To have a minimum of 15% of FSP individuals engaged in employment or volunteer activities annually.
- vii. Outcome: To be measured annually.

2. Efficiency-

A. Cost per Individual

Costs include all staffing and overhead costs associated with the operation of each FSP Program Site. The goal is to efficiently use resources and maintain or minimize costs per individual.

- i. Objective: To efficiently use resources and maintain or minimize cost per individual.
- ii. Indicator: Total program costs compared to number of unique individuals served.
- iii. Eligible Individuals: FSP individuals served by the program.
- iv. Time of Measure: one fiscal year
- v. Data Source: Avatar and Financial Records
- vi. Target Goal Expectancy: To keep within budgeted costs for the program.
- vii. Outcome: To be measured annually.

3. Access-

A. Length of time from referral to first contact

Each FSP program site will receive referrals from multiple community entities for individuals seeking treatment for co-occurring disorders. The goal of the programs is to act promptly for each referral and to provide timely service for individuals requesting services. The target wait time from referral to first contact is within two (2) business days.

- i. Objective: To provide timely service for individuals requesting mental health care.
- ii. Indicator: Percentage of individuals that received first contact attempts within seven (7) business days of the referral date.
- iii. Eligible Individuals: Individuals referred to the program.
- iv. Time of Measure: one fiscal year
- v. Data Source: Avatar
- vi. Target Goal Expectancy: 70% of individuals will attempt to be contacted within seven (7) business days of the referral date.
- vii. Outcome: To be measured annually.

B. Length of time from first contact to first assessment appointment offered

Each FSP program site will receive assessment referrals from multiple community entities. The goal of the programs is to act promptly for each referral and the goal wait time from referral to first intake/assessment appointment is within ten (10) business days.

- i. Objective: To provide timely service for individuals requesting mental health care.
- ii. Indicator: Percentage of individuals offered their first assessment appointment within ten (10) business days of the first contact date.
- iii. Eligible Individuals: Individuals referred to the program and offered an assessment appointment.
- iv. Time of Measure: one fiscal year
- v. Data Source: Avatar
- vi. Target Goal Expectancy: 70% of individuals will be offered their first assessment appointment within ten (10) business days of the first contact date.
- vii. Outcome: To be measured annually.

C. Length of time from assessment to the first psychiatry appointment offered

Each FSP program site will receive referrals from multiple community entities for psychiatry appointments. The goal of the programs is to act promptly for each referral. The goal wait time from referral to first scheduled psychiatry appointment is within fifteen (15) business days.

- i. Objective: To provide timely service for individuals requesting psychiatric care and medications.
- ii. Indicator: Percentage of individuals offered their first psychiatry appointment within fifteen (15) business days of their assessment appointment.
- iii. Eligible Individuals: Individuals assessed and enrolled into program services.
- iv. Time of Measure: one fiscal year
- v. Data Source: EHR
- vi. Target Goal Expectancy: 70% of individuals will be offered their first psychiatry appointment within fifteen (15) business days of their assessment date.
- vii. Outcome: To be measured annually.

4. Satisfaction & Feedback of Persons Served & Stakeholders-

Consumer Perception Survey

Consumer Perception Surveys (CPS) are conducted every six (6) months. FSP individuals and their family members will be encouraged to complete the CPS surveys made available to them at County and contracted provider organizations.

- i. Objective: To gauge satisfaction of individuals and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of individuals who complete the survey and response was 'Agree' or 'Strongly Agree' for the following domains: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Treatment Participation, Perception of Outcomes of Services, Perception of Functioning, and Perception of Social Connectedness.
- iii. Eligible Individuals: Individuals who agree to complete the survey.
- iv. Time of Measure: The survey will be conducted in May of each year.
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The program would like to see a majority of individuals satisfied for each domain.
- vii. Outcome: To be measured annually.

**Assisted Outpatient Treatment (AOT)
Scope of Work**

CONTRACTOR: Turning Point of Central California, Inc.

CONTACT: Ryan Banks, CEO Elect
ryanbanks@tpocc.org

Elizabeth Escoto, Regional Director
eescoto@tpocc.org

SITE ADDRESS: Program Site #4: Vista AOT Program
258 N. Blackstone Avenue, Fresno, CA 93701

SERVICES: Assisted Outpatient Treatment Services

CONTRACT TERM: July 1, 2023 – June 30, 2024

July 1, 2024 – June 30, 2025, possible twelve-month extension

PROGRAM DESCRIPTION

On September 28, 2002, Assembly Bill (AB) 1421 established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law, which provides court-ordered community treatment for individuals with a history of violence or repeated hospitalizations. AOT permits California Counties to utilize courts, probation, and mental health systems to address the needs of individuals unable to participate in community mental health treatment programs without supervision. On September 25, 2020, AB 1976 was chaptered into law amending the current legislation associated with AOT to require all California Counties to begin AOT implementation effective July 1, 2021. On September 30, 2021, Senate Bill (SB) 507 amended the current legislation to expand criteria for individuals who are qualified to be petitioned to receive court ordered AOT services. This law also repealed the sunset date of Laura's Law extending it indefinitely.

The California Department of Health Care Services (DHCS) required all counties to begin implementation of AOT services to begin July 1, 2021, with actual services to begin July 1, 2022. Fresno County Department of Behavioral Health (DBH) began the implementation process for AOT services during FY 2021-22, as required by the State. DBH made the determination that AOT services shall be provided at the Full Service Partnership (FSP) level.

DBH's intention is to be able to serve individuals who historically have refused voluntary treatment services and whose safety in the community continues to deteriorate as a result of their mental illness. The primary goal of AOT is to encourage the development of an ongoing positive relationship between the treatment team and the participant so that, in time, the person served engages in voluntary treatment.

CONTRACTOR shall provide the following services, further described herein:

- Training and education regarding AOT Services to all of the stakeholders in the community
- Assertive outreach and engagement
- AOT petition processing
 - Including investigations
- Court processes
- Care coordination meetings
- FSP treatment services
- AOT program objectives and deliverables
- Data collection and tracking for DHCS annual reporting requirements

AOT involves a process of determining whether an individual meets specific criteria [Welfare & Institutions Code (W&IC) 5346] for court ordered outpatient treatment and monitoring specifically for those with severe and persistent mental illness. AOT is a tool which utilizes a community-based service delivery model designed for individuals most at risk for the negative consequences of untreated mental illness. AOT is a civil (not criminal) legal procedure. The goal is to help participants engage in treatment, not to punish them when they do not.

The first step of the AOT process shall begin with an Assertive Outreach and Engagement (AOE) level of service to help engage individuals. Immediately upon receipt of the referral, the provider will work to support the individual served in accepting voluntary services. If voluntary services continue to be refused, the individual may be approved for an AOT petition for treatment.

CONTRACTOR shall be responsible to file the AOT petition with Superior Court. They will also be responsible to walk the individual who is the subject of the petition through the court process and attend all court hearings with them. If AOT is implemented by the judge, the CONTRACTOR will begin to provide FSP treatment services. The CONTRACTOR will be responsible for all treatment components related to the individual's care and will assist with oversight in the court process for hearings and evaluations.

TARGET POPULATION:

The target population for AOT services includes any adult (18 years and older) within Fresno County who has been historically unwilling to engage in treatment services voluntarily. The individual must also meet all nine (9) of the criteria (W&IC 5346) required before an AOT petition can be considered.

The typical characteristics of the target population include the following:

- Having an untreated severe and persistent mental illness that severely affects the individual's ability to function in the community including, but not limited to mental health disorders such as bipolar disorder, schizophrenia, schizoaffective disorder
- Among common symptoms: paranoia, delusions, hallucinations, mania, depressive mood
- Unable to participate in treatment voluntarily due to severe symptoms and severe lack of awareness of one's own illness (anosognosia)
- Frequent emergency contacts
- Homeless, or at risk of homelessness
- Increased risk of victimization

- Decompensating (grave disability)
- Possible extensive history of psychiatric hospitalizations
- Likelihood of co-occurring substance use disorder
- Recent or past history of criminal justice involvement due to symptoms and substance use disorder
- Unmet 5150 threshold, despite significant distress
- LPS conserved individuals may be considered, as appropriate, as part of transitional plan to a lower level of restrictive treatment and support

LOCATION OF SERVICES

Services shall be provided wherever the individual is at (e.g., home, community-based location, or court). Telehealth, mobile services, and co-location in natural supports and gathering places for the intended population are additional options to increase the frequency of individuals obtaining needed services.

HOURS OF OPERATION

The hours of operation for the AOT services will coincide with the FSP contract's existing office hours. The proposed hours of operation must ensure availability to individuals and families, as needed. A minimum of eight (8) hours, five (5) days per week is required. Should individuals/family members require services during non-traditional office hours, CONTRACTOR will work to accommodate them in the most appropriate manner. CONTRACTOR shall provide details of business hours made available outside of traditional business hours.

The hours of operation for the AOE services shall be made available at all times of the day. The intention for AOE services is to engage those typically unwilling to be engaged; therefore, the providers need to be available any time of the day, whenever the individual may be ready to engage. This falls in line with FSP programs' regulatory requirement for 24 hours/day and 7 days/week (24/7) access to services. CONTRACTOR must provide a plan to detail 24/7 coverage and support, as appropriate for the individuals served. CONTRACTOR shall provide clinic hours for the highest need for this target population. On-call hours staffed with program staff shall be proposed; hotlines will not suffice.

For after-hours needs, services will be continuously available to individuals with the first point of access being a phone call to the program. Exempt staff will rotate through an on-call schedule on a regular basis so that the persons served are able to reach program staff directly, 24 hours per day, 7 days per week. Phone-calls to the program after-hours will connect with these exempt staff who will determine the type of service required by the person served or family member and ensure that those services are provided with minimal wait time. Because cases are discussed in the context of High-Risk Resource Team meetings, and because persons served enjoy the welcoming environment of the clinic setting and choose to engage in social activities there, the individuals are known to all case managers, nursing staff, clinicians and supervisors. On-call shifts after hours are staffed with these same people, therefore the persons served will be able to reach someone who knows them, any time of day.

SERVICES START DATE:

The AOT services, as identified herein, shall begin October 1, 2022. The CONTRACTOR's ramp-up period will be from May 1, 2022 to September 30, 2022 during which CONTRACTOR will be reimbursed for ramp-up expenditures such as recruiting and hiring additional staff, procuring office space and equipment, establishing any additional business/clinical operations required of the new service lines, developing the AOT-specific training and education, as well as beginning to meet with all necessary stakeholders.

DBH requires that CONTRACTOR begin attending meetings with stakeholders immediately. Implementation for training and education (as further defined herein) regarding AOT services to the community stakeholders shall begin May 1, 2022. Trainings and/or flyers shall be made available to the stakeholders prior to the official start of services on October 1, 2022.

DESCRIPTION OF SERVICES

CONTRACTOR shall provide the following services as described herein in an individual centered, recovery oriented, trauma informed manner. Individuals shall be served with cultural humility and shall support the individual systematically (family support, physical health, housing, vocational services, etc.).

TRAINING AND EDUCATION PLAN

According to DHCS requirements and W&I Code 5349.1(a), all counties implementing AOT must have a training and education development plan established prior to implementation of AOT services. CONTRACTOR will be required to develop a training and education plan as one of the first services performed in preparation for providing AOT services.

The training and education plan shall be developed in collaboration with DHCS, persons served and family advocacy agencies, County Counsel, and other stakeholders regarding appropriateness of the training/curriculum. The plan shall highlight the potential partners in AOT services, type of trainings needed for AOT, potential resources, and means to inform stakeholders and making information on AOT services available. The training and education plan must describe how training will be provided to mental health treatment providers and to other stakeholders in the community, including, but not limited to, law enforcement officials and certification hearing officers involved in making treatment and involuntary commitment decisions. The training will inform not just the program design, but process, eligibility, legal considerations, as well as public and system education, and service evaluation. The plan shall inform stakeholders what AOT is and is not, the eligibility criteria for AOT in Fresno County, the referral process in Fresno County, and alternative resources (info on substance use treatment services, housing services, crisis, and other supports). General public information will be available as collateral materials (such as brochures, flyers, and other specific materials in the COUNTY's threshold languages).

DHCS requires that the training must include the following:

- Information relative to legal requirements for detaining a person for involuntary inpatient and outpatient treatment, including criteria to be considered with respect to determining if a person is considered to be gravely disabled.

- Methods for ensuring that decisions regarding involuntary treatment as provided in AOT, directs individuals toward the most effective treatment. Training shall include an emphasis on each individual's rights to provide informed consent for assistance.

Community Stakeholders

CONTRACTOR shall work with an array of community partners including, but not limited to the following:

Legal and Justice Partners

- County Counsel
- District Attorney's Office
- Superior Court
- Office of the Public Defender
- Central California Legal Services
- Fresno and Metro CIT teams
- Sheriffs (Corrections)
- Probation

Community Partners

- NAMI-Fresno
- Patients' Rights Advocate
- Family Advocacy
- FSP Providers
- Crisis Providers
- Board of Supervisors

Public Partners

- Family Members
- Peers and Peer Support
- Persons Served
- Behavioral Health Board

ASSERTIVE OUTREACH AND ENGAGEMENT

CONTRACTOR shall provide Assertive Outreach and Engagement (AOE) to all individuals for whom a referral for AOT has been received. The goal is to motivate the individuals to engage into voluntary services before any legal proceedings need to be implemented. DBH's definition of Assertive Outreach and Engagement is the following:

“Outreach attempts that are persistent, thorough, and are sensitive to readiness and present stage of change and acknowledges that individuals might not be ready to engage with the system of care. Attempts are specific and tailored to the individual and may include attempts to visit the individual's residence, or other places the individual is known to frequent such as places of work, leisure, or worship. Outreach may include consulting with wellness centers, crisis centers/programs, local inpatient units, previous providers, homeless shelters, and other agencies to determine if the individual has been seen at those locations or in the community. All efforts and types of attempts are specific to the individual, are clinically based (not protocol-based), are person centered

and are clearly documented in the chart. The individuals should be encouraged to accept services and supports that they perceive as beneficial and will be the driving force in planning in their recovery process respecting the stages of change.”

AOE services shall be initiated immediately upon receiving a referral from DBH that has been triaged and vetted to be an appropriate referral for possible AOT services. Every effort at fostering engagement should occur prior to the initiation of the AOT petition process. Parties acknowledge that CONTRACTOR has up to thirty (30) days to provide AOE services prior to initiating the AOT Petition Processing steps. On a case-by-case basis, CONTRACTOR may opt to provide an additional thirty (30) days of AOE services if in their clinical judgment the person served may be considering the possibility for voluntary services. CONTRACTOR may opt up to provide two (2) additional thirty (30) days extensions of AOE services, for a total of no more than ninety (90) days of AOE services.

Engagement is the foundation of continued program involvement and continued program involvement is a key aspect to success. This service will be provided directly by different members of the CONTRACTOR’s treatment team, through direct contact with the person served. Services will be delivered in a culturally and linguistically appropriate manner. The services will be provided through direct face-to-face contact with the individual and their family/support person when appropriate. Due to the importance of engagement, it is a prominent part of all levels of service. The importance of engagement is increasingly vital before an individual has accepted services and during the initial stages of service. Individuals who may be referred for AOT services will likely be ambivalent to accept services or to be involved with the program, so it is the task of the program to work to engage these individuals. This may be accomplished by, and not limited to, allowing the referred individual the opportunity to visit the program, to meet with various members of the team, learn about the services, understand the program benefits, and to move at their own pace while being provided culturally appropriate outreach as needed.

The AOT program is voluntary and as such it becomes the task of the program to engage the individual as well as to assist the individual in discovering the value of participating in services. CONTRACTOR shall follow the “whatever it takes” model in engaging persons served. This may often require multiple contacts with an individual at a variety of community settings to create a level of trust with the individual. The goal of engagement is to assist the individual in exploring the benefits of participating in the program. Some may be initially hesitant to accept services, but after a period of attempted engagement an individual may agree to partial services. An individual’s agreement to partial services is acceptable and additional services will continue to be offered. This agreement to partial services is viewed as an opportunity to continue to engage the individual. CONTRACTOR understands that some are hesitant, due to a number of factors, to readily embrace the program and often require additional engagement time and/or attempts before fully accepting all offers of support.

The choice of service acceptance is always the individual’s prerogative, and the responsibility of the program is to assist them in understanding the values of the variety of services. CONTRACTOR shall meet the individual where they are with a culturally sensitive approach and with full understanding that an individual’s willingness to participate in a program can change.

AOT PETITION PROCESSING

The AOT petition process is initiated when it is determined that the individual subject to the referral received by a qualified requestor continues to refuse engagement and it is the determination of CONTRACTOR that no further AOE services will likely result in the individual engaging voluntarily. An AOT referral can be requested by concerned family members, caregivers, or other qualified referral sources for people who may be too ill to recognize the need for services.

Requestors of an AOT Petition

Per W&I Code 5346(b)(2), only the following are considered a “qualified party” to be able to submit a referral for possible AOT petition:

- A person 18 years of age or older
- A person who is the parent, spouse, or sibling or child 18 years of age or older
- The director of a public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services
- The director of a hospital where the person is hospitalized.
- A licensed mental health treatment provider
- A peace officer, parole officer, or probation officer
- A judge of a superior court before whom the person who is the subject of the petition appears.

With the passage of SB 317, community-based programs working with incarcerated individuals who are deemed Misdemeanor Incompetent to Stand Trial (MIST) are considered an appropriate referral source for an AOT petition. Courts reviewing MIST individual cases can also make referrals to AOT if the court has determined that they are ineligible for mental health diversion.

Investigation

While AOE services are provided, CONTRACTOR will simultaneously conduct an investigation to determine if the individual in question meets the criteria for an AOT petition. If the individual meets criteria, the CONTRACTOR will generate the AOT petition, which must be signed by the DBH Director (or designee) and then be submitted to the court. It should be noted the DBH Director (or designee) can only file an AOT petition if there is a reasonable likelihood that the elements can be proven by clear and convincing evidence. Once evidence is confirmed, the provider will notify the DBH Director (or designee) that a petition can be filed.

Petition

The petition will be signed and submitted by the DBH Director (or designee) to the Fresno County Superior Court shall be accompanied by an affidavit of a licensed mental health treatment provider designated by the local mental health director who shall state, if applicable, either of the following:

1. That the licensed mental health treatment provider has personally examined the person who is the subject of the petition no more than ten (10) days prior to the submission of the petition, the facts and reasons why the person who is the subject of the petition meets the criteria in subdivision (a), that the licensed mental health treatment provider recommends assisted outpatient treatment for the person who is the subject of the petition, and that the licensed mental health treatment provider is willing and able to testify at the hearing on the petition.

2. That no more than ten (10) days prior to the filing of the petition, the licensed mental health treatment provider, or designee, has made appropriate attempts to elicit the cooperation of the person who is the subject of the petition, but has not been successful in persuading that person to submit to an examination, that the licensed mental health treatment provider has reason to believe that the person who is the subject of the petition meets the criteria for assisted outpatient treatment, and that the licensed mental health treatment provider is willing and able to examine the person who is the subject of the petition and testify at the hearing on the petition.

The individual who is the subject of the petition shall have the right to be represented by counsel at all stages of an AOT proceeding commenced. If the person so elects, the court shall immediately appoint the public defender or other attorney to assist the person in all stages of the proceedings. The individual shall pay the cost of the legal services, if able.

Petition is Reviewed

The court will review the submitted AOT petition to determine if there is sufficient evidence to proceed to a hearing. If necessary, the Court may order that the respondent (person described in the petition) be evaluated.

COURT PROCESSES

There are three (3) stages to the court processes for AOT. CONTRACTOR will be responsible to walk the individual through each stage.

Pre-Hearing

If the AOT petition is deemed valid and the Court decides to proceed with the case, the Court will set a date for the hearing. If petition is not contested, the hearing will be set within five (5) court days of receiving the petition.

Court Hearing and Due Process Requirements

The individual subject to the AOT petition is entitled to full due process protections. It is the responsibility of the petitioner to convince the judge (or person representing the court) that the respondent meets the AOT commitment criteria. In other words, the “the burden of proof” is on the petitioner. Experts, including psychiatrists and/or other licensed mental health professionals, shall provide testimony in support or opposition to the petition. If the evidence is “clear and convincing,” the judge may order the person to receive involuntary treatment for a period of time called “commitment” of which FSP treatment services will be provided to the individual.

Court Settlement Process:

If an individual elects to voluntarily engage in services after an AOT petition is officially filed, a Settlement Agreement will need to be written. It is still considered a legal court order, but identifies the individual is willingly agreeing to services. Court reports are still required every 60 days as long as the Settlement Agreement is valid.

Court Progress Reports

The CONTRACTOR’s treatment team will present regular progress reports or status summaries, to the court at a timeline to be determined by the judge, but no less than every sixty (60) days. Prior to the expiration of the period of court ordered AOT services (commitment), the

treatment team will decide whether to ask the court to extend the period of court-ordered services. The court must find clear and convincing evidence that the person meets criteria before it can order the person to continue receiving court ordered AOT services.

The length of time a person is required to participate in AOT services will vary from person to person. CONTRACTOR's FSP treatment team may recommend dismissal of the individual's case at any time prior to the expiration of the court order if it is determined that the person will voluntarily consent to treatment. The FSP treatment team may let the commitment period expire without requesting a continuation or they can also request a period of an additional 180 days.

DISCHARGE PLANNING

Once an individual has successfully completed their court ordered AOT services, CONTRACTOR will work with the individual to assist them with either continuing FSP services with CONTRACTOR or connecting via warm handoff to other outpatient services, as their identified level of care requires.

FSP TREATMENT SERVICES

If AOT services are court-ordered, the individual will be assigned to CONTRACTOR's Vista FSP Program, described herein in Exhibit B-1. Beginning August 15, 2022, CONTRACTOR will be assigned a maximum capacity of twenty (20) slots for AOT-court ordered specific individuals.

FSP Services:

CONTRACTOR shall provide comprehensive mental health services, including housing and community supports, to their AOT-specific individuals. The FSP treatment services will encompass a unified team approach, in which the provider shall commit to do "whatever-it-takes" and "meet the individual where they are" to assist them to reach their personal recovery, resiliency and wellness goals and aim to reduce the number of days of hospitalization, incarceration and/or homelessness. The individual will be encouraged to actively participate in the establishment of goals and objectives, with specific criteria for evaluating progress toward meeting those goals and objection. All FSP services shall follow all terms and conditions provided for within this Agreement.

Staffing:

The staffing pattern for the provision of AOT services shall meet all State licensing and regulatory requirements for an FSP provider. All licensed or certified staff must be licensed or certified within the State of California. Staff should be reflective of and responsive to the needs of the target population and shall be comprised of a community-based, multidisciplinary, highly trained mental health team.

Staffing for AOT-court ordered specific individuals must be provided treatment by a staff-to-individual ratio must be no more than ten (10) individuals served per team member (W&IC 5348). CONTRACTOR must staff a licensed mental health professional assigned to the caseload who will be responsible for all of the court appearances on behalf of the AOT-petitioned individuals.

Medications

Most individuals who will be engaged in AOT services will require medications while receiving FSP treatment services; however, the provider cannot force medications on any individual receiving court ordered AOT services.

AOT PROGRAM OBJECTIVES AND DELIVERABLES

CONTRACTOR shall meet the following objectives and deliverables as defined in W&IC 5348:

- A. Provision for services to meet the needs of persons who are physically disabled.
- B. Provision for services to meet the special needs of older adults.
- C. Provision for family support and consultation services, parenting support and consultation services, and peer support or self-help group support, if appropriate.
- D. Provision for services to be individual-directed and that employ psychosocial rehabilitation and recovery principles.
- E. Provision for psychiatric and psychological services that are integrated with other services and for psychiatric and psychological collaboration in overall service planning.
- F. Provision for services specifically directed to young adults with serious mental illness (18 to 25 years of age) who are homeless or at significant risk of becoming homeless. These provisions may include continuation of services that still would be received through other funds had eligibility not been terminated as a result of age.
- G. Services reflecting special needs of women from diverse cultural backgrounds, including supportive housing that accepts children, personal services coordinator therapeutic treatment, and substance treatment programs that address gender-specific trauma and abuse in the lives of persons with mental illness, and vocational rehabilitation programs that offer job training programs free of gender bias and sensitive to the needs of women.
- H. Provision for housing for individuals that is immediate, transitional, permanent, or all of these.
- I. Provision for individuals who have been suffering from an untreated severe mental illness for less than one year, and who do not require the full range of services, but who are at risk of becoming homeless unless a comprehensive individual and family support services plan is implemented. These individuals shall be served in a manner that is designed to meet their needs.
- J. Each individual shall have a clearly designated mental health personal services coordinator who may be part of a multidisciplinary treatment team that is responsible for providing or ensuring needed services. Responsibilities include complete assessment of the individual's needs, development of the personal services plan, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure each individual receives those services that are agreed to in the personal services plan. Each individual shall participate in the development of their personal services plan, and responsible staff shall consult with the designated conservator, if one has been appointed, and, with the consent of the individual, shall consult with the family and other significant persons as appropriate.
- K. The individual personal services plan shall ensure that persons subject to assisted outpatient treatment programs receive age-appropriate, gender-appropriate, and

culturally appropriate services, to the extent feasible, that are designed to enable recipients to:

- a. Live in the most independent, least restrictive housing feasible in the local community, and, for those with children, to live in a supportive housing environment that strives for reunification with their children or assists persons served in maintaining custody of their children, as is appropriate.
- b. Engage in the highest level of work or productive activity appropriate to their abilities and experience.
- c. Create and maintain a support system consisting of friends, family, and participation in community activities.
- d. Access an appropriate level of academic education or vocational training.
- e. Obtain an adequate income.
- f. Self-manage their illnesses and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives.
- g. Access necessary physical health care and maintain the best possible physical health.
- h. Reduce or eliminate serious antisocial or criminal behavior, and thereby reduce or eliminate their contact with the criminal justice system.
- i. Reduce or eliminate the distress caused by the symptoms of mental illness.
- j. Have freedom from dangerous addictive substances.

ADMINISTRATIVE REQUIREMENTS

1. CONTRACTOR shall meet with COUNTY staff monthly, or as often as needed, for monitoring of program services, capacity trends, staffing levels and to exchange pertinent operational information, resolve problems, and coordinate services.
2. CONTRACTOR shall participate in a joint meeting with COUNTY staff and other providers of FSP services on a quarterly basis, or as often as needed, to discuss program trends and resolution of concerns and problems across all providers.
3. CONTRACTOR shall attend bi-monthly Mental Health Contracted Provider Meetings held by DBH.
4. CONTRACTOR will complete and submit monthly activity reports in a manner determined by DBH.
5. CONTRACTOR will complete and submit annual outcome reports, as determined by DBH and as indicated by this Agreement.

PERFORMANCE OUTCOMES AND MEASURES

CONTRACTOR is required to submit measurable outcomes on a semi-annual basis, as identified in the DBH's Policy and Procedure Guide (PPG) 1.2.7 Performance Outcomes Measures. Performance outcome measures must be approved by DBH and satisfy all State and local mandates. DBH will provide technical assistance and support in defining measurable outcomes. All performance indicators will reflect the following four (4) domains:

Effectiveness - A performance dimension that assesses the degree to which an intervention or series have achieved the desired outcome/result/quality of care through measuring change over time. The results achieved and outcomes observed are for persons served.

Efficiency - Relationship between results and resources used, such as time, money, and staff. The demonstration of the relationship between results and the resources used to achieve them. A performance dimension addressing the relationship between the outputs/results of the resources used to deliver the service.

Access - Organizations' capacity to provide services to those who desire or need services. Barriers or lack thereof for persons obtaining services. The ability of individuals to receive the right service at the right time. A performance dimension addressing the degree to which a person needing services is able to access those services.

Satisfaction - Satisfaction measures are usually oriented towards individuals, family, staff, and stakeholders. The degree to which the individuals, the COUNTY, and other stakeholders are satisfied with services. A performance dimension that describes reports or ratings from persons served about services received from an organization.

DBH may adjust the performance and outcome measures periodically throughout the duration of this Agreement, as needed, to best measure the program as determined by COUNTY. CONTRACTOR must utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained.

DATA COLLECTION & TRACKING FOR DHCS ANNUAL REPORTING

Data Collection & Tracking

It is required by DHCS that all counties providing AOT services provide specific data requirements to be collected and tracked. CONTRACTOR shall track data outcomes for the following required elements, based on information that is available:

- Number of persons served by the program, and of those, the number who are able to maintain housing and the number who maintain contact with the treatment system
- Contacts with local law enforcement, and the extent to which local and state incarceration of persons in the program has been reduced or avoided
- Number of persons in the program participating in employment services programs, including competitive employment
- Days of hospitalization of persons in the program that have been reduced or avoided
- Adherence to prescribed treatment by persons in the program
- Other indicators of successful engagement, if any, by persons in the program

- Victimization of persons in the program
- Violent behavior of persons in the program
- Substance use by persons in the program
- Type, intensity, and frequency of treatment of persons in the program
- Extent to which enforcement mechanisms are used by the program, when applicable
- Social functioning of persons in the program
- Skills in independent living of persons in the program
- Satisfaction with program services both by those receiving them, and by their families, when relevant

DHCS Annual Reporting: AOT Survey Tool

CONTRACTOR shall assist DBH with the DHCS required annual submittal of an “AOT Survey Tool” containing requested data tracked and outcomes reported in a comprehensive evaluation report. The annual report is due to DHCS by October 1 of each year.

**Full-Service Partnership (FSP) Program
Scope of Work**

CONTRACTOR: Mental Health Systems, Inc., dba TURN Behavioral Health Services

CONTACT: James C. Callaghan, President & CEO
jcallaghan@turnbhs.org

SITE ADDRESS: Program Site #3: DART West FSP
2550 West Clinton Avenue, Bldg. W Fresno, CA 93705

CONTRACT TERM: July 1, 2023 – June 30, 2024

July 1, 2024 – June 30, 2025, possible twelve-month extension

PROJECT DESCRIPTION

CONTRACTOR's Daring to Achieve Recovery Together (DART) West program site will be recovery oriented, co-occurring disorder capable FSP programs consisting of three (3) levels of care: FSP, Heightened FSP, and Intensive FSP so that individuals have the support they require to remain engaged in services with the flexibility of moving from one level to another seamlessly. The program will provide comprehensive, dual diagnosis services staffed by teams which will be composed of qualified, culturally diverse professionals who mirror the cultures of the individuals to be served and who bring a variety of education, experience levels, lived experience, and expertise in the field of mental illness, substance use disorder recovery, supportive services and housing to the program.

The program design will provide community-based and culturally competent outpatient mental health treatment and substance use disorder treatment which increases the likelihood of individuals becoming productive members of society. DART West will provide the full spectrum of FSP services 24 hours per day, seven days per week (24/7).

With recovery as the primary goal, services will include a strong focus on skills building. DART West staff will meet individuals "where they are" and do "whatever it takes" to move the individuals served through the stages of change to empower each individual to achieve their goals.

The program's philosophy and values include the belief that every person has the potential for growth, regardless of disability; each Individual Services and Support Plan (ISSP) will be strength-based focusing on individual and family strengths with the firm belief that all persons served can achieve recovery goals, gain increased independence, self-sufficiency and achieve community integration with the necessary individualized supports.

The DART West FSP Program will incorporate a comprehensive array of evidence-based practices and models including the Housing First model, combined with a harm reduction model that ensures individuals face the fewest barriers to service as possible. The program will provide a wide variety of housing services to support the mantra: "it's not if the person served is ready for housing but is the housing ready for our individual" to ensure the ability to wrap the appropriate amount of care around each individual thus allowing them to successfully live in housing of their choice.

The DART West FSP Program will ensure that all services are:

- Recovery oriented;
- Individual-centered and built upon collaborations between each team, individual and family that emphasize individual ownership of the recovery process;
- Designed to incorporate strengths-based solutions to improve the individual's quality of life utilizing a broad array of integrated services;
- Linking individuals to supportive services in the community;
- Inclusive of the participation of family members and community support systems;
- Supportive of peer recovery networks; and
- Focused on reducing hospitalizations, incarcerations, homelessness and crisis episodes.

LOCATION OF SERVICES

To increase the frequency of individuals obtaining needed services within the community, CONTRACTOR will:

- 1) Utilize program vehicles to travel to outreach locations in order to provide services to individuals wherever they are residing or most comfortable;
- 2) Provide transportation to services, if needed;
- 3) Provide bus passes or access to Uber Health for those without their own transportation;
- 4) Provide care packages to meet immediate needs of individuals and to help with their engagement in services;
- 5) Each FSP team will provide services in a specific geographic area, with outreach taking place throughout Fresno in areas where individuals who may be in need of services are known to congregate;
- 6) Provide services in the field, including medical/psychiatric, at least 80% of the time;
- 7) Collaborate with other community agencies in order to connect and engage with potential individuals;
- 8) Include peers with lived experience or the experience of having lived with an individual who has struggled with homelessness, mental health, and/or substance use;
- 9) Include team members who reflect the demographics of the population;
- 10) Establish rapport by building relationships—the key to a successful program that effectively links individuals to needed services and to address common barriers.

DESCRIPTION OF SERVICES

Outreach and Engagement:

CONTRACTOR will have Peer Support Specialists on each of the Treatment Teams. All staff will be trained in and will use Motivational Interviewing (MI) to meet individuals where they are, establish rapport, and help individuals establish baseline goals for improving their circumstances. All services will be voluntary and individualized based on each individual's unique needs, challenges and level of functioning; "individual voice and choice" will always be respected. Outreach and engagement activities will respect the individual as the expert in their own life and will focus on strengths rather than deficits throughout the process of initial contact, engagement, and linkage with other providers. The Treatment Teams will work with individuals to establish what they want and will point them in the direction to achieve their objectives while honoring their preferences, including how often they wish to be contacted. In addition, CONTRACTOR will provide education on the choices or services available in the community which will help the individual and family to attain their goals.

Crisis Intervention:

FSP teams will be trained in crisis de-escalation and will incorporate crisis planning into each individual's ISSP. In order to best support FSP individuals when they are in crisis, CONTRACTOR will build upon and keep a strong network of resources available. The Program Manager (PM) for the DART West site will meet with entities such as the Kingsview Crisis Intervention Team (CIT), and the WestCare Supportive Overnight Stay Program, hospitals and emergency departments, crisis responders, faith-based and culturally-affiliated organizations serving specific religious or ethnic populations, as well as the LGBTQ+ community so that CONTRACTOR is able to coordinate warm handoffs when our individuals are in crisis. In addition, CONTRACTOR will operate a 24/7 crisis line to ensure that our individuals may always reach an understanding team member in times of duress.

Needs Assessment:

All individuals enrolled in CONTRACTOR's DART West FSP program will undergo continuous assessment of needs and strengths through the use of formal assessment tools, self-report and staff and family/support observations. The Personal Services Coordinator (PSC) conducts the initial intake and assessment at a location convenient to the individual in order to meet them where they are in terms of both geography and in terms of defining what they perceive as their most pressing issues.

Coordination of Services:

One of the primary tasks of the PSC is to coordinate services in order to optimize the overall health of FSP individuals. CONTRACTOR values such coordination of care, as well as the linkage of individuals to medical homes, per their service plans. Through strong relationships with physical healthcare providers CONTRACTOR assures quality coordinated care, integrated treatment, and bidirectional communication and referrals. Communication is critical for FSP individuals to receive the most comprehensive care possible. CONTRACTOR's FSP Program will request mandatory person served/guardian authorization to exchange information with primary care providers (PCPs) prior to releasing any information; then upon authorization, the program will communicate with primary care providers as required. Contact, at minimum, is made annually with each PCP per the individual's needs and contact is documented. Many times, due to the individual's changing needs, hospitalizations, lab results, or high-risk situations, contact is made

more frequently in the best interest of the individual. CONTRACTOR uses a Care Coordination form to track referrals to PCPs and the form is kept in the individual's chart. All contacts are documented, and ongoing evidence of collaboration is maintained in our clinical charts.

Collateral and Family/Peer Support and Education Services:

CONTRACTOR's FSP Treatment Teams will work to integrate family and peers supports into each individual's recovery to help support ongoing efforts and to assist with reintegration to the community. Collateral support begins with the assessment process when the PSC works to elicit information from the individual's natural supports. Throughout the individual's participation in the FSP program, Treatment Team members engage and teach family through psychoeducational groups, individual meetings, and by promoting the message of recovery and hope in all interactions utilizing language that represents their shared experiences rather than labels, diagnoses, and clinical terminology. This message of hope includes the vision that recovery is a process with no limitations, including going to school, volunteering, and employment. Through honest and open communication and sharing, team members assist individuals and family members in understanding that no matter how challenging the situation, "There is always hope." The presence of peers on each FSP team helps to reinforce this message, as well as to give individuals and family a relatable individual who can truly understand their journey.

Individual and Group Therapeutic Services:

CONTRACTOR's DART West FSP program will offer each individual treatment that is specific to their needs and goals. Individuals may engage in individual therapy sessions with a licensed or license-eligible clinician. CONTRACTOR will typically use Cognitive Behavioral Therapy (CBT) as a baseline treatment modality; however, CONTRACTOR's clinicians will use the most appropriate modalities based on the needs of the individual such as CBT for Psychosis (CBTp), Trauma-Focused CBT (TF-CBT), and Dialectical Behavior Therapy (DBT) as well as reinforcing skills learned in groups such as Cognitive Behavioral Social Skills group, DBT group, Seeking Safety, etc. A variety of group therapy options are offered at each program to include those focusing on specific therapeutic modalities, trauma, co-occurring disorders, wellness, life skills, etc. The FSP Program will have its own unique group schedule based on the individual population's needs and goals.

Treatment and Support for Co-Occurring Disorders:

All CONTRACTOR team members will be trained in co-occurring disorders including providing a welcoming environment for those with co-occurring disorders so that all individuals can feel comfortable discussing their substance use with staff. All staff will also be trained to provide co-occurring disorders services and will be able to provide both individual and group services to those individuals with co-occurring disorders. Including a Dual Recovery Case Manager and Peer Support Specialist is an additional strategy to ensure that individuals are comfortable with disclosing their substance use and feel that staff are empathetic with their experiences both with the positive and negative effects of substance use. While the goal of services will be to help individuals achieve an alcohol and drug free lifestyle if that is their choice, the program will also use harm reduction strategies as individuals move through the stages of change from denial, unless abstinence is mandated by the Court.

Rehabilitation/Activities of Daily Living:

CONTRACTOR's program rehabilitation services will support individuals in the improvement, maintenance, or restoration of functional skills, daily living skills, social and leisure

skills, grooming and personal hygiene skills, obtaining support resources, and medication education. Services to family members will provide support for those individuals and address the goals of the ISSP and their role and needed skills or skill development in supporting their family member. Many skills will be taught by CONTRACTOR team members as they work with individuals directly “in vivo,” in community-based workshops or groups. Rehabilitation services may take place individually or in groups, and in the home or other community location. Whether in individual meetings or small groups, team members will work with the individual to develop and use appropriate skills such as personal hygiene, house cleaning and household chores including housekeeping and laundry, using community and public transportation, shopping for and preparing/cooking healthy meals, money management skills, and care of physical health.

Medication Support Services:

CONTRACTOR has a great deal of experience providing comprehensive medication management and support services and working with Patient Assistance Programs. FSP program services will include medication evaluation, prescribing, Medication Assisted Treatment (MAT) for co-occurring disorders, medication education, consultation, prescription delivery, monitoring, linkage, and support provided at the program site or in the community based on the individual’s wishes.

Personal Service Care Coordination:

Each person served in the CONTRACTOR’s FSP program will have an identified single point of responsibility, the Personal Service Coordinator (PSC) who functions as the Case Manager to ensure that services are provided as appropriate, available in a timely manner and individualized. The PSC does initial outreach, engagement, and intake, ensuring that the individual’s basic needs are addressed including food, clothing, and shelter and serves as the individual’s main point of contact for service provision throughout their enrollment in the program.

Linkage and Consultation:

CONTRACTOR works in each community to establish a roadmap of referrals and linkages necessary to assist individuals in meeting their goals across all life domains both during and after program participation. Based on individual and family choice, team members will provide active linkage to community resources (e.g., faith-based, Legal Aid, etc.); other service providers including those providing primary care, mental health services, and substance use disorder services; self-help communities; Wellness Recovery Action Plan (WRAP) groups; ethnic organizations; peer-run programs, including NAMI and Recovery International and Clubhouses; recreational resources; and health and wellness providers. CONTRACTOR’s DART West program will provide “active linkage” which typically involves a Peer and Family Advocate or other identified team member going with the individual until the individual feels connected to the resource. Referrals and linkages are made with a “warm handoff” to ensure that the individual and provider have made a genuine connection.

Non-Behavioral Health Services and Supports:

Transportation, housing, flexible funds, and representative payee services are all addressed in each individual’s ISSP, coordinated by their PSC.

HOURS OF OPERATION

CONTRACTOR's FSP program site will be open from 7:00 am to 5:00 pm seven (7) days per week with after-hours services provided as necessary. When individual intervention is required between 5:00 pm and 7:00 am, the on-call team member will notify the Supervisor on Call and the team will respond in person, if necessary. The team members identified as most appropriate to respond will meet at the individual's location to address the crisis and do "whatever it takes" to ensure safety and to stabilize the situation. The Consultant Psychiatrist will also be available to assist, as needed. The team may also respond in the community, if it is determined to be safe, to transport the individual to another housing location such as the master leased unit set aside for respite care and late in the day referrals; for example, if the landlord is threatening to evict the individual that night. Typically, staff will then work with the landlord the next day to resolve the crisis and try to maintain the individual's housing.

LEVELS OF CARE

CONTRACTOR's FSP Program will utilize a multiple tiered model with three (3) levels of care to ensure maximum flexibility for individuals to move seamlessly between levels, as clinically indicated. Provision of these three (3) different levels of service within the FSP model allows for more individualized treatment and for better engagement and retention. The level system allows for individuals to move along at a pace that makes sense for them and their specific needs, incorporating successes in their recovery journey as they step down from one level to another. It also provides individuals and FSP staff with clear parameters for goal achievement to ensure that individuals are moving along in treatment at an appropriate pace.

The tiers/levels of care are:

- **FSP**
- **Heightened FSP**
- **Intensive FSP**

Intensive FSP services will be designed to meet FSP fidelity standards, including staffing levels and frequency/intensity of services. Individuals at the Intensive FSP level of care will have at least four (4) contacts per week, with group participation as determined by the ISSP. Each Intensive FSP level individual will receive at least 120 minutes of face-to-face services per week. Since individuals will typically be working on different areas of the ISSP such as symptom management, education, etc., each individual will typically be working with more than one team member in any given week (e.g., the nurse for ongoing medication monitoring, PSC for linkages, etc.) The Treatment Team will meet with individuals in person and/or on the phone as often as necessary to maintain them in the community and to avoid hospitalizations or a higher level of care. The team will work with individuals who are progressing toward the achievement of the goals in their ISSP to decrease the intensity of services. However, the team will consistently maintain contact with individuals and each individual will be discussed at the morning meeting. Therefore, the team will always be able to step in quickly to avoid symptoms worsening and to prevent minor problems from escalating into crises.

Heightened FSP will be similar to the Intensive FSP level in terms of intensity of services. Individuals at this level will receive services based on their individual needs with a minimum of three (3) weekly contacts, at least one of which will be face-to-face for a minimum of 90 minutes of face-to-face service per week. The frequency of individual services and individual clinical counseling will thus be less than at the Intensive FSP level of care. Services provided will begin to lay the groundwork for participation in more and varied types of groups to assist in addressing

individual-identified issues. For example, an individual may participate in individual counseling at the Heightened FSP level using Trauma Focused CBT to build a foundation for participation in Seeking Safety once they have transitioned down to FSP.

FSP individuals will have at least three (3) individual contacts per week, one of which will be face-to-face for a minimum of 60 minutes per week. Although services will be less frequent than at the Heightened FSP or Intensive FSP level, intensity and frequency will continue to be individualized to meet each individual's needs, including identifying the services that the individual will participate in at the FSP level, and responding promptly to any individual who has a crisis or event that necessitates immediate response, including increasing services or moving up a level of care until such time as the individual is re-stabilized and moving forward toward the individual's ISSP goal attainment.

The primary difference between services provided at the Intensive FSP level of care and those provided at the Heightened FSP and FSP level of care will be the frequency/intensity of services which will be decreasing as the individual moves towards the FSP level. The frequency of individual services and individual clinical counseling will be less intense and there will be more wraparound services as individuals step down through the levels of services. For example, individuals in the FSP level will have demonstrated improved capacity toward identifying strengths and barriers.

Intensive FSP criteria: individuals must meet criteria for a Serious Mental Illness (SMI). They must meet medical necessity and have significant impairment (e.g., paranoid and hearing voices, cannot leave the house, etc.) that impair their functioning. The individual must be a consistent user of emergency or crisis services due to assessed impairments in one (1) of five (5) domains:

- living arrangement (without permanent safe living situation),
- employment (without regular, sustainable income),
- daily activities (life is organized around survival needs),
- social relationships (estrangement from family/healthy supports), and/or
- health (co-occurring untreated, unmanaged medical conditions).

Heightened FSP criteria: individuals will have a persistent SMI, who are unstable or in crisis but with less impairment than those at the Intensive FSP level of DART West. They may have limited social skills, serious impairments across all life domains (including physical health problems), and histories of trauma. Many will face imminent risk of hospitalization, incarceration, and homelessness, and/or are frequent users of emergency psychiatric services many of whom have acute and long-term institutionalization backgrounds who are often difficult to engage in services, yet can succeed in the community with sufficient linkage, structure, and support.

FSP criteria: Individuals with an SMI who, by moving through the Intensive FSP and Heightened FSP levels of care, are beginning to explore their needs across all life domains who are open to exploring the resolution of barriers to a healthier lifestyle such as permanent, safe and stable housing, education/vocation, daily activities, lack of support system, and less than optimum health.

Transitions Among Levels of Care:

Individuals in the CONTRACTOR's DART West FSP program will experience seamless transitions from one level of care to another within the program. It is CONTRACTOR's primary goal to ensure that individuals remain engaged and on track with pursuit of the individual's ISSP objectives toward a healthier, more satisfying life. Each individual will be assisted to achieve a level

of recovery, stability, and independence that will allow them to transition to the least restrictive level of care possible. Some individuals may remain at the highest level of service for an extended period, others may demonstrate improvements in functioning that allow them to work with staff to titrate services down, moving to a lower level of care within the program. Other individuals may be assigned to a lower level of care within the program based on their initial assessment and continued evaluation. All services will be tailored to the individual's needs, wishes, and preferences.

CONTRACTOR's DART West program will re-evaluate every 90 days to determine the appropriate level of care for all individuals. In addition, staff will monitor individuals during their regular interactions, at all levels of care, to identify any potential crises or occurrences that may indicate that the individual needs a higher level of care or conversely is ready for a lower level of care as they demonstrate increased competency and higher skills levels in living successfully in the community, managing symptoms, etc.

As individuals move through the levels of care, staff will update the Plan of Care to reflect the services needed and the frequency and intensity of services with individuals. However, individuals may not be aware that they are being served in different levels of care; therefore, transitions should not impact the individual's perspective of where they are in their treatment trajectory. Individuals will experience working with staff on different services they need as they increase their competencies and work with staff to titrate down the frequency of services in preparation for stepping down to a lower level of care. Transitions will thus be seamless throughout all levels of care with individuals feeling no disruption or anxiety as they transition. Should individuals need to move to a higher level of service because of an increase in acuity of symptoms or circumstances, they will experience this as an increase in intensity of services and the addition of services as needed, rather than a formal transition.

PROGRAM OBJECTIVES AND OUTCOMES

CONTRACTOR will utilize its electronic health systems, including the County's EHR, to collect data to track metrics which inform individual outcomes.

1. 80% of individuals will demonstrate improved adult stability and decreased incarceration and psychiatric hospitalization as evidenced by information from Key Event Tracking (KET) and 3Ms;
2. 95% of individuals will demonstrate a positive individual services experience as evidenced by annual individual survey data reflecting scores of satisfied and very satisfied with services received.
4. All participants will have demonstrated decreased criminogenic risks/needs as evidenced by the Level of Service Inventory-Revised (LSI-R).

For the Intensive FSP tier within the DART West program, CONTRACTOR will meet outcomes in each of the following domains and has included more than one performance indicator for each of the domains.

Effectiveness:

1. Individuals served will experience a reduction in recidivism events (incarcerations, homelessness, crisis or inpatient hospitalization admissions) to no more than six (6) events within the first six (6) months after admission compared to events prior to admission as

evidenced by reports of the KETs completed for each individual whenever a key event takes place.

2. There will be a reduction of key events for recidivism tracked as:
 - a. A reduction in engagement in three (3) or less key recidivism events (incarcerations, homelessness, crisis or inpatient hospitalization admissions) during 6-12 months in the program compared to events prior to admission, as evidenced by reports of the KETs completed for each individual whenever a key event takes place.
 - b. A reduction in engagement in no more than one (1) key recidivism event (incarcerations, homelessness, crisis or inpatient hospitalization admissions) during 13-18 months in the program compared to events prior to admission, as evidenced by reports of the KETs completed for each individual whenever a key event takes place.
3. The program will demonstrate at least 75% reduction in inpatient psychiatric hospitalizations after being admitted to program services compared to inpatient days utilized the year prior to program admissions, as evidenced by the end of year Data Collection and Reporting (DCR) system report.
4. The program will demonstrate at least 75% reduction in incarceration days after being admitted to program services compared to inpatient days utilized the years prior to program admissions, as evidenced by the end of year DCR report.
5. The program will demonstrate at least 75% reduction in days of homelessness compared to events prior to admission, unless housing assistance is declined, as evidenced by the end of year DCR report.
6. The program will show at least 75% reduction in crisis episodes compared to episodes prior to program admission as evidenced by the end of year DCR report.
7. The program will demonstrate a significant increase in individual functioning, as evidenced by the above outcomes #3-6.

CONTRACTOR's DART West Program Manager will ensure that reports are run monthly from the DCR system and will review these reports to ensure that the program is on track to meet overall outcomes.

Efficiency:

1. The DART West Program direct services productivity rate is expected by CONTRACTOR to be at a minimum of 65% and will be reported in writing by the Program Manager at regularly scheduled meetings with DBH. Productivity shall be reviewed during the monthly meeting between the Program Manager and Program Supervisors/Team Leads.
2. Individuals in independent supportive housing and lower levels of housing such as Independent Living Homes will develop a plan to provide for their own housing costs. The team will work with individuals on payment issues. Individuals will assume responsibility for housing cost, when ready and as appropriate. A report regarding individual plans for housing costs will be submitted annually.

3. The program will conduct an assessment within 24 hours of initial appointment to assess for appropriate level of care and will conduct the ASAM within 72 hours of initial appointment to assess for the appropriate level of care for individuals with substance use disorder.

Access:

1. Within 24 hours of referral receipt, CONTRACTOR will make contact to schedule intake and enrollment. Initial appointments will be scheduled within 24 -72 hours from initial contact. If individual declines contact, CONTRACTOR will document accordingly and notify referral source, as evidenced by access logs delivered each month to DBH Managed Care.
2. Within 90 days of admission to DART West, at least 95% of individuals who do not have Supplemental Security Income (SSI) will have completed an SSI application, as evidenced by progress notes, a receipt in the individual's file, and the tracking log.
3. Within 60 days of admission to DART West, at least 95% of individuals will be linked to General Relief to establish supplemental income, as evidenced by progress notes, a receipt in the individual's file, and the tracking log.
4. Within six (6) months of being admitted to DART West, at least 95% of individuals served will have linkage to and documentation of a Primary Care Physician, as evidenced by the tracking log.
5. Within 30 days of enrollment, at least 95% of individuals will have participated in forming their individualized personal service care plan, as evidenced by the personal service care plan in the individual's file.
6. Within 120 days of enrollment, at least 95% of individuals will be provided/linked to supported employment activities, if desired, as evidenced by a referral placed in the team meeting binder and a progress note.

Satisfaction:

1. The program will develop a satisfaction survey that is approved by DBH's MHSA Coordinator, or designee, and will comply with mandated State performance outcomes and quality improvement reports/outcomes. At a minimum, 75% percent of individuals will report their satisfaction with program services provided by the DART West FSP Program twice annually.

The program will regularly implement Program Satisfaction - Consumer (PS-C) tools designed to track, measure, and evaluate individual, family, and community-partner satisfaction. The PS-C will be provided to the individual and family separately every six (6) months and during the discharge process. The PS-C is a 20-item scaled questionnaire that asks the individual and family about their experience with the CONTRACTOR's service, specific providers, ease of use, flexibility and satisfaction of results.

The California Brief Multi-Cultural Competency Scale (CBMCS) will be e-mailed annually to all staff to complete anonymously and submit to the Program Manager. Results are used to identify areas of training need, and to update the program's Cultural Competency Plan.

The Program Satisfaction – Community Partner (PS-CP) tool will be provided to partners who collaborate with the program. The Program Manager regularly reviews these tools,

recording them no less than quarterly into the Program Satisfaction Report regularly submitted to CONTRACTOR's Vice President of Clinical Services who collaborates with the Program Manager to build on identified strengths and mitigate identified concerns.

Outcome Tracking for the FSP levels of care:

Effectiveness

1. Psychiatric Hospitalizations: Frequency of hospitalizations will be reduced for each individual. Through an individual self-report tool, persons served will show a 70% reduction in hospitalization after one year of receiving services or upon discharge.
2. Homelessness: Frequency of homelessness will be reduced for each individual. Persons served will show an 80% reduction in days spent homeless after one year of receiving services or upon discharge. Each individual will obtain and maintain stable housing after one year or receiving services or upon discharge.
3. Housing: Each individual will be linked to the appropriate level of housing support, reflective of their individual needs. Persons served will receive assistance in housing placement and support, including emergency housing, contingent upon level of need and independent functioning. Each individual shall have stable and sustained housing upon discharge.
2. Each individual will be assisted to achieve a level of recovery, stability, and independence that will allow them to transition to the least restrictive level of care possible.
3. Personal wellness goals will be included in each individual's ISSP. Goals will be evaluated, monitored, and adjusted regularly and written reports will be submitted quarterly.
4. Direct Services Productivity Rate: The DART WEST Program services productivity rate will be at a minimum of 65%.
5. Supplemental Security Income: Within six (6) months of enrollment, 99% of individuals without SSI will have made SSI applications and a written report regarding these goals will be submitted semi-annually.

Efficiency

Cost per person served: The program will efficiently use resources and maintain or minimize the cost per person served.

Access

Persons served will begin receiving services within 24 hours of being transitioned to or from any level of care.

Satisfaction

Consumer Perception Survey: The DART West program will gauge satisfaction of individuals and collect data for service planning and quality improvement. The Consumer Perception Survey is conducted by DBH every six (6) months over a 1-week period. The program staff will encourage individuals to participate in completing the survey with the goal of a 75% satisfaction rate for each domain.

BEHAVIORAL 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 Plan (directly or through contract) providing Short-Doyle/Medi-Cal services have met applicable professional licensure requirements pursuant to Business and Professions and Welfare and Institutions Codes.

3. CONFIDENTIALITY

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

4. NON-DISCRIMINATION

A. Eligibility for Services

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

B. Employment Opportunity

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

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

5. PATIENTS' RIGHTS

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

STATE CONTRACTOR CERTIFICATION CLAUSES

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

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

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

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

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

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

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

6. **SWEATFREE CODE OF CONDUCT:**

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

Exhibit C

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

- b. Contractor agrees to cooperate fully in providing reasonable access to the Contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the Contractor's compliance with the requirements under paragraph (a).
7. **DOMESTIC PARTNERS**: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code Section 10295.3.
8. **GENDER IDENTITY**: For contracts of \$100,000 or more, Contractor certifies that CONTRACTOR is in compliance with Public Contract Code Section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

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

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

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

- a). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- b). No officer or employee shall contract on his or her own behalf as an independent Contractor with any state agency to provide goods or services.

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

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

Exhibit C

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

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

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

2. **LABOR CODE/WORKERS' COMPENSATION:** Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and CONTRACTOR affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)
3. **AMERICANS WITH DISABILITIES ACT:** Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)
4. **CONTRACTOR NAME CHANGE:** An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.
5. **CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:**
 - a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the CONTRACTOR is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.
 - b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate Contractor performing within the state not be subject to the franchise tax.
 - c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. **RESOLUTION:** A County, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body, which by law has authority to enter into an agreement, authorizing execution of the agreement.
7. **AIR OR WATER POLLUTION VIOLATION:** Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.
8. **PAYEE DATA RECORD FORM STD. 204:** This form must be completed by all Contractors that are not another state agency or other governmental entity.
9. **INSPECTION AND AUDIT OF RECORDS AND ACCESS TO FACILITIES:**

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

Federal database checks.

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

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

**CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CAL-AIM)
REQUIREMENTS**

1. SERVICES AND ACCESS PROVISIONS

a. CERTIFICATION OF ELIGIBILITY

- i. Contractor will, in cooperation with County, comply with Section 14705.5 of California Welfare and Institutions Code to obtain a certification of an individual's eligibility for Specialty Mental Health Services (SMHS) under Medi-Cal.

b. ACCESS TO SPECIALTY MENTAL HEALTH SERVICES

- i. In collaboration with the County, Contractor will work to ensure that individuals to whom the Contractor provides SMHS meet access criteria, as per Department of Health Care Services (DHCS) guidance specified in BHIN 21-073. Specifically, the Contractor will ensure that the clinical record for each individual includes information as a whole indicating that individual's presentation and needs are aligned with the criteria applicable to their age at the time of service provision as specified below.
- ii. For enrolled individuals under 21 years of age, Contractor shall provide all medically necessary SMHS required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered SMHS shall be provided to enrolled individuals who meet either of the following criteria, (I) or (II) below. If an individual under age 21 meets the criteria as described in (I) below, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (b) below.
 1. The individual has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by DHCS, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.
OR
 2. The individual has at least one of the following:
 - a. A significant impairment
 - b. A reasonable probability of significant deterioration in an important area of life functioning
 - c. A reasonable probability of not progressing developmentally as appropriate.
 - d. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal Managed Care Plan (MCP) is required to provide.

AND the individual's condition as described in subparagraph (II a-d) above is due to one of the following:

Exhibit C

- a. A diagnosed mental health disorder, according to the criteria in the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases and Related Health Problems (ICD).
 - b. A suspected mental health disorder that has not yet been diagnosed.
 - c. Significant trauma placing the individual at risk of a future mental health condition, based on the assessment of a licensed mental health professional.
- iii. For individuals 21 years of age or older, Contractor shall provide covered SMHS for clients who meet both of the following criteria, (a) and (b) below:
1. The individual has one or both of the following:
 - a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
 - b. A reasonable probability of significant deterioration in an important area of life functioning.
 2. The individual's condition as described in paragraph (a) is due to either of the following:
 - a. A diagnosed mental health disorder, according to the criteria in the current editions of the DSM and ICD.
 - b. A suspected mental disorder that has not yet been diagnosed.
- c. ADDITIONAL CLARIFICATIONS
- i. Criteria
 1. A clinically appropriate and covered mental health prevention, screening, assessment, treatment, or recovery service listed within Exhibit A of this Agreement can be provided and submitted to the County for reimbursement under any of the following circumstances:
 - a. The services were provided prior to determining a diagnosis, including clinically appropriate and covered services provided during the assessment process;
 - b. The service was not included in an individual treatment plan; or
 - c. The individual had a co-occurring substance use disorder.
 - ii. Diagnosis Not a Prerequisite
 1. Per BHIN 21-073, a mental health diagnosis is not a prerequisite for access to covered SMHS. This does not eliminate the requirement that all Medi-Cal claims, including SMHS claims, include a current Centers for

Medicare & Medicaid Services (CMS) approved ICD diagnosis code

d. MEDICAL NECESSITY

- i. Contractor will ensure that services provided are medically necessary in compliance with BHIN 21-073 and pursuant to Welfare and Institutions Code section 14184.402(a). Services provided to a client must be medically necessary and clinically appropriate to address the individual's presenting condition. Documentation in each individual's chart as a whole will demonstrate medical necessity as defined below, based on the client's age at the time of service provision.
- ii. For individuals 21 years of age or older, a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in Welfare and Institutions Code section 14059.5.
- iii. For individuals under 21 years of age, a service is "medically necessary" or a "medical necessity" if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code.

e. COORDINATION OF CARE

- i. Contractor shall ensure that all care, treatment and services provided pursuant to this Agreement are coordinated among all providers who are serving the individual, including all other SMHS providers, as well as providers of Non-Specialty Mental Health Services (NSMHS), substance use disorder treatment services, physical health services, dental services, regional center services and all other services as applicable to ensure a client-centered and whole-person approach to services.
- ii. Contractor shall ensure that care coordination activities support the monitoring and treatment of comorbid substance use disorder and/or health conditions.
- iii. Contractor shall include in care coordination activities efforts to connect, refer and link individuals to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.
- iv. Contractor shall engage in care coordination activities beginning at intake and throughout the treatment and discharge planning processes.
- v. To facilitate care coordination, Contractor will request a HIPAA and California law compliant client authorization to share the individual's information with and among all other providers involved in the individual's care, in satisfaction of state and federal privacy laws and regulations.

f. CO-OCCURRING TREATMENT AND NO WRONG DOOR

- i. Per BHIN 22-011, Specialty and Non-Specialty Mental Health Services can be provided concurrently, if those services are clinically appropriate, coordinated, and not duplicative. When a client meets criteria for both NSMHS and SMHS, the individual should receive services based on individual clinical need and established therapeutic relationships. Clinically appropriate and covered SMHS can also be provided when the individual has a co-occurring mental health condition and substance use disorder.
- ii. Under this Agreement, Contractor will ensure that individual s receive timely mental health services without delay. Services are reimbursable to Contractor by County even when:
 - 1. Services are provided prior to determination of a diagnosis, during the assessment or prior to determination of whether SMHS access criteria are met, even if the assessment ultimately indicates the individual does not meet criteria for SMHS.
 - 2. If Contractor is serving a individual receiving both SMHS and NSMHS, Contractor holds responsibility for documenting coordination of care and ensuring that services are non-duplicative.

2. AUTHORIZATION AND DOCUMENTATION PROVISIONS

a. SERVICE AUTHORIZATION

- i. Contractor will collaborate with County to complete authorization requests in line with County and DHCS policy.
- ii. Contractor shall have in place, and follow, written policies and procedures for completing requests for initial and continuing authorizations of services, as required by County guidance.
- iii. Contractor shall respond to County in a timely manner when consultation is necessary for County to make appropriate authorization determinations.
- iv. County shall provide Contractor with written notice of authorization determinations within the timeframes set forth in BHINs 22-016 and 22-017, or any subsequent DHCS notices.
- v. Contractor shall alert County when an expedited authorization decision (no later than 72 hours) is necessary due to an individual's specific needs and circumstances that could seriously jeopardize the individual s life or health, or ability to attain, maintain, or regain maximum function.

b. DOCUMENTATION REQUIREMENTS

- i. Contractor will follow all documentation requirements as specified in Article 4.2-4.8 inclusive in compliance with federal, state and County requirements.
- ii. All Contractor documentation shall be accurate, complete, and legible, shall list each date of service, and include the face-to-face time for each service. Contractor shall document travel and documentation time for each service separately from face-to-face time and provide this information to County upon request.

Services must be identified as provided in-person, by telephone, or by telehealth.

- iii. All services shall be documented utilizing County-approved templates and contain all required elements. Contractor agrees to satisfy the chart documentation requirements set forth in BHIN 22-019 and the contract between County and DHCS. Failure to comply with documentation standards specified in this Article require corrective action plans.

c. ASSESSMENT

- i. Contractor shall ensure that all individuals' medical records include an assessment of each individual's need for mental health services.
- ii. Contractor will utilize the seven uniform assessment domains and include other required elements as identified in BHIN 22-019 and document the assessment in the individual's medical record.
- iii. For individuals aged 6 through 21, the Child and Adolescent Needs and Strengths (CANS), and for individuals aged 3 through 18, the Pediatric Symptom Checklist-35 (PSC-35) tools are required at intake, every six months during treatment, and at discharge, as specified in DHCS MHSUDS INs 17-052 and 18-048.
- iv. The time period for providers to complete an initial assessment and subsequent assessments for SMHS are up to clinical discretion of County; however, Contractor's providers shall complete assessments within a reasonable time and in accordance with generally accepted standards of practice.

d. ICD-10

- i. Contractor shall use the criteria set forth in the current edition of the DSM as the clinical tool to make diagnostic determinations.
- ii. Once a DSM diagnosis is determined, the Contractor shall determine the corresponding mental health diagnosis in the current edition of ICD. Contractor shall use the ICD diagnosis code(s) to submit a claim for SMHS to receive reimbursement from County.
- iii. The ICD Tabular List of Diseases and Injuries is maintained by CMS and may be updated during the term of this Agreement. Changes to the lists of ICD diagnoses do not require an amendment to this Agreement, and County may implement these changes as provided by CMS

e. PROBLEM LIST

- i. Contractor will create and maintain a Problem List for each individual served under this Agreement. The problem list is a list of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters.
- ii. Contractor must document a problem list that adheres to industry standards utilizing at minimum current SNOMED International,

Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) U.S. Edition, September 2022 Release, and ICD-10-CM 2023.

- iii. A problem identified during a service encounter may be addressed by the service provider during that service encounter and subsequently added to the problem list.
 - iv. The problem list shall include, but is not limited to, all elements specified in BHIN 22-019.
 - v. County does not require the problem list to be updated within a specific timeframe or have a requirement about how frequently the problem list should be updated after a problem has initially been added. However, Contractor shall update the problem list within a reasonable time such that the problem list reflects the current issues facing the client, in accordance with generally accepted standards of practice and in specific circumstances specified in BHIN 22-019.
- f. TREATMENT AND CARE PLANS
- i. Contractor is not required to complete treatment or care plans for clients under this Agreement, except in the circumstances specified in BHIN 22-019 and additional guidance from DHCS that may follow after execution of this Agreement.
- g. PROGRESS NOTES
- i. Contractor shall create progress notes for the provision of all SMHS services provided under this Agreement.
 - ii. Each progress note shall provide sufficient detail to support the service code selected for the service type as indicated by the service code description.
 - iii. Progress notes shall include all elements specified in BHIN 22-019, whether the note be for an individual or a group service.
 - iv. Contractor shall complete progress notes within three business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours.
 - v. Providers shall complete a daily progress note for services that are billed on a daily basis, such as residential and day treatment services, if applicable.
- h. TRANSITION OF CARE TOOL
- i. Contractor shall use a Transition of Care Tool for any individual whose existing services will be transferred from Contractor to an Medi-Cal Managed Care Plan (MCP) provider or when NSMHS will be added to the existing mental health treatment provided by Contractor, as specified in BHIN 22-065, in order to ensure continuity of care.
 - ii. Determinations to transition care or add services from an MCP shall be made in alignment with County policies and via a person-centered, shared decision-making process.
 - iii. Contractor may directly use the DHCS-provided Transition of Care Tool, found at <https://www.dhcs.ca.gov/Pages/Screening-and->

[Transition-of-Care-Tools-for-Medi-Cal-Mental-Health-Services.aspx](#), or obtain a copy of that tool provided by the County. Contractor may create the Transition of Care Tool in its Electronic Health Record (EHR). However, the contents of the Transition of Care Tool, including the specific wording and order of fields, shall remain identical to the DHCS provided form. The only exception to this requirement is when the tool is translated into languages other than English.

i. **TELEHEALTH**

- i. Contractor may use telehealth, when it deems clinically appropriate, as a mode of delivering behavioral health services in accordance with all applicable County, state, and federal requirements, including those related to privacy/security, efficiency, and standards of care. Such services will conform to the definitions and meet the requirements included in the Medi-Cal Provider Manual: Telehealth, available in the DHCS Telehealth Resources page at:
<https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx>.
- ii. All telehealth equipment and service locations must ensure that client confidentiality is maintained.
- iii. Licensed providers and staff may provide services via telephone and telehealth as long as the service is within their scope of practice.
- iv. Medical records for individuals served by Contractor under this Agreement must include documentation of written or verbal consent for telehealth or telephone services if such services are provided by Contractor. Such consent must be obtained at least once prior to initiating applicable health care services and consent must include all elements as specified in BHIN 22-019.
- v. County may at any time audit Contractor's telehealth practices, and Contractor must allow access to all materials needed to adequately monitor Contractor's adherence to telehealth standards and requirements.

3. CLIENT PROTECTIONS

a. **GRIEVANCES, APPEALS AND NOTICES OF ADVERSE BENEFIT DETERMINATION**

- i. All grievances (as defined by 42 C.F.R. § 438.400) and complaints received by Contractor must be immediately forwarded to the County's Managed Care Department or other designated persons via a secure method (e.g., encrypted email or by fax) to allow ample time for the Managed Care staff to acknowledge receipt of the grievance and complaints and issue appropriate responses.
- ii. Contractor shall not discourage the filing of grievances and individuals do not need to use the term "grievance" for a complaint to be captured as an expression of dissatisfaction and, therefore, a grievance.

- iii. Aligned with MHSUDS IN 18-010E and 42 C.F.R. §438.404, the appropriate and delegated Notice of Adverse Benefit Determination (NOABD) must be issued by Contractor within the specified timeframes using the template provided by the County.
 - iv. NOABDs must be issued to individuals anytime the Contractor has made or intends to make an adverse benefit determination that includes the reduction, suspension, or termination of a previously authorized service and/or the failure to provide services in a timely manner. The notice must have a clear and concise explanation of the reason(s) for the decision as established by DHCS and the County. The Contractor must inform the County immediately after issuing a NOABD.
 - v. Procedures and timeframes for responding to grievances, issuing and responding to adverse benefit determinations, appeals, and state hearings must be followed as per 42 C.F.R., Part 438, Subpart F (42 C.F.R. §§ 438.400 – 438.424).
 - vi. Contractor must provide individuals any reasonable assistance in completing forms and taking other procedural steps related to a grievance or appeal such as auxiliary aids and interpreter services.
 - vii. Contractor must maintain records of grievances and appeals and must review the information as part of its ongoing monitoring procedures. The record must be accurately maintained in a manner accessible to the County and available upon request to DHCS.
- b. Advanced Directives
 - i. Contractor must comply with all County policies and procedures regarding Advanced Directives in compliance with the requirements of 42 C.F.R. §§ 422.128 and 438.6(i) (l), (3) and (4).
 - c. Continuity of Care
 - i. Contractor shall follow the County's continuity of care policy that is in accordance with applicable state and federal regulations, MHSUDS IN 18-059 and any BHINs issued by DHCS for parity in mental health and substance use disorder benefits subsequent to the effective date of this Agreement (42 C.F.R. § 438.62(b)(1)-(2).)

4. QUALITY IMPROVEMENT PROGRAM

- a. QUALITY IMPROVEMENT ACTIVITIES AND PARTICIPATION
 - i. Contractor shall implement mechanisms to assess person served/family satisfaction based on County's guidance. The Contractor shall assess individual/family satisfaction by:
 - 1. Surveying person served/family satisfaction with the Contractor's services at least annually.
 - 2. Evaluating person served's grievances, appeals and State Hearings at least annually.
 - 3. Evaluating requests to change persons providing services at least annually.

4. Informing the County and individuals of the results of client/family satisfaction activities.
- ii. Contractor, if applicable, shall implement mechanisms to monitor the safety and effectiveness of medication practices. This mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs, at least annually and as required by DBH.
- iii. Contractor shall implement mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns. The Contractor shall take appropriate follow-up action when such an occurrence is identified. The results of the intervention shall be evaluated by the Contractor at least annually and shared with the County.
- iv. Contractor shall assist County, as needed, with the development and implementation of Corrective Action Plans.
- v. Contractor shall collaborate with County to create a County's QI Work Plan with documented annual evaluations and documented revisions as needed. The QI Work Plan shall evaluate the impact and effectiveness of its quality assessment and performance improvement program.
- vi. Contractor shall attend and participate in the County's Quality Improvement Committee (QIC) to recommend policy decisions, review and evaluate results of QI activities, including PIPs, institute needed QI actions, and ensure follow-up of QI processes. Contractor shall ensure that there is active participation by the Contractor's practitioners and providers in the QIC.
- vii. Contractor shall participate, as required, in annual, independent external quality reviews (EQR) of the quality, timeliness, and access to the services covered under this Contract, which are conducted pursuant to Subpart E of Part 438 of the Code of Federal Regulations. (42 C.F.R. §§ 438.350(a) and 438.320)

b. TIMELY ACCESS

- i. Timely access standards include:
 1. Contractor must have hours of operation during which services are provided to Medi-Cal individuals that are no less than the hours of operation during which the provider offers services to non-Medi-Cal individuals. If the Contractor's provider only serves Medi-Cal clients, the provider must provide hours of operation comparable to the hours the provider makes available for Medi-Cal services that are not covered by the Agreement or another County.
 2. Appointments data, including wait times for requested services, must be recorded and tracked by Contractor, and submitted to the County on a monthly basis in a format specified by the County. Appointments' data should be submitted to the County's Quality Management Department or other designated persons.

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3. Urgent care appointments for services that do not require prior authorization must be provided to individuals within 48 hours of a request. Urgent appointments for services that do require prior authorization must be provided to clients within 96 hours of request.
 4. Non-urgent non-psychiatry mental health services, including, but not limited to Assessment, Targeted Case Management, and Individual and Group Therapy appointments (for both adult and children/youth) must be made available to Medi-Cal individuals within 10 business days from the date the individual or a provider acting on behalf of the individual, requests an appointment for a medically necessary service. Non-urgent psychiatry appointments (for both adult and children/youth) must be made available to Medi-Cal individuals within 15 business days from the date the client or a provider acting on behalf of the individual, requests an appointment for a medically necessary service.
 5. Applicable appointment time standards may be extended if the referring or treating provider has determined and noted in the individual's record that a longer waiting period will not have a detrimental impact on the health of the individual.
 6. Periodic office visits to monitor and treat mental health conditions may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed mental health provider acting within the scope of their practice.
- c. PROVIDER APPLICATION AND VALIDATION FOR ENROLLMENT (PAVE)
- i. Contractor shall ensure that all of its required clinical staff, who are rendering SMHS to Medi-Cal individuals on behalf of Contractor, are registered through DHCS' Provider Application and Validation for Enrollment (PAVE) portal, pursuant to BHIN 20-071 requirements, the 21st Century Cures Act and the CMS Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule.
 - ii. SMHS licensed individuals required to enroll via the "Ordering, Referring and Prescribing" (ORP) PAVE enrollment pathway (i.e. PAVE application package) available through the DHCS PED Pave Portal, include: Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC), Psychologist, Licensed Educational Psychologist, Physician (MD and DO), Physician Assistant, Registered Pharmacist/Pharmacist, Certified Pediatric/Family Nurse Practitioner, Nurse Practitioner, Occupational Therapist, and Speech-Language Pathologist. Interns, trainees, and associates are not eligible for enrollment.

d. **PHYSICIAN INCENTIVE PLAN**

- i. If Contractor wants to institute a Physician Incentive Plan, Contractor shall submit the proposed plan to the County which will in turn submit the Plan to the State for approval, in accordance with the provisions of 42 C.F.R. § 438.6(c).

5. DATA, PRIVACY AND SECURITY REQUIREMENTS

a. **ELECTRONIC PRIVACY AND SECURITY**

- i. Contractor shall have a secure email system and send any email containing PII or PHI in a secure and encrypted manner. Contractor's email transmissions shall display a warning banner stating that data is confidential, systems activities are monitored and logged for administrative and security purposes, systems use is for authorized users only, and that users are directed to log off the system if they do not agree with these requirements.
- ii. Contractor shall institute compliant password management policies and procedures, which shall include but not be limited to procedures for creating, changing, and safeguarding passwords. Contractor shall establish guidelines for creating passwords and ensuring that passwords expire and are changed at least once every 90 days.
- iii. Any Electronic Health Records (EHRs) maintained by Contractor that contain PHI or PII for individuals served through this Agreement shall contain a warning banner regarding the PHI or PII contained within the EHR. Contractors that utilize an EHR shall maintain all parts of the clinical record that are not stored in the EHR, including but not limited to the following examples of client signed documents: discharge plans, informing materials, and health questionnaire.
- iv. Contractor entering data into any County electronic systems shall ensure that staff are trained to enter and maintain data within this system.

6. PROGRAM INTEGRITY

a. **Credentialing and Re-credentialing of Providers**

- i. Contractor shall ensure that all of their network providers delivering covered services, sign and date an attestation statement on a form provided by County, in which each provider attests to the following:
 - 1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
 - 2. A history of loss of license or felony convictions;
 - 3. A history of loss or limitation of privileges or disciplinary activity;
 - 4. A lack of present illegal drug use; and
 - 5. The application's accuracy and completeness

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- ii. Contractor must file and keep track of attestation statements, credentialing applications and credentialing status for all of their providers and must make those available to the County upon request at any time.
- iii. Contractor is required to sign an annual attestation statement at the time of Agreement renewal in which they will attest that they will follow County's Credentialing Policy and MHSUDS IN 18-019 and ensure that all of their rendering providers are credentialed as per established guidelines.

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

DBH VISION:

Health and well-being for our community.

DBH MISSION:

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

DBH GOALS:

Quadruple Aim

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

GUIDING PRINCIPLES OF CARE DELIVERY:

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

1. Principle One - Timely Access & Integrated Services

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

2. Principle Two - Strengths-based

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

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

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

4. Principle Four - Inclusive of Natural Supports

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

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

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

6. Principle Six - Culturally Responsive

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

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

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

8. Principle Eight - Co-occurring Capable

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

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

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

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

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

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

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

DOCUMENTATION STANDARDS FOR CLIENT RECORDS

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

A. Assessments

1. The following areas will be included as a part of a comprehensive client record:

- Presenting problems, including impairments in function, and current mental status exam.
- Traumatic incidents which include trauma exposures, trauma reactions, trauma screenings, and systems involvement if relevant
- Behavioral health history including mental health history, substance use/abuse, and previous services
- Medical history including physical health conditions, medications, and developmental history
- Psychosocial factors including family, social and life circumstances, cultural considerations
- Strengths, risks, and protective factors, including safety planning
- Clinical summary, treatment recommendations, and level of care determination including diagnostic and clinical impression with a diagnosis
- The assessment shall include a typed or legibly printed name, signature of the service provider and date of signature.

2. Timeliness/Frequency Standard for Assessment

- The time period to complete an initial assessment and subsequent assessments for SMHS is up to clinical discretion.
- Assessments shall be completed within a reasonable time and in accordance with generally accepted standards of practice.

B. Problem list

The use of a Problem List has largely replaced the use of treatment plans and is therefore required to be part of the client record. The problem list shall be updated on an ongoing basis to reflect the current presentation of the person in care. The problem list shall include, but is not limited to, the following:

- Diagnoses identified by a provider acting within their scope of practice
- Problems identified by a provider acting within their scope of practice
- Problems or illnesses identified by the person in care and/or significant support person if any
- The name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or removed

C. Treatment and Care Plan Requirements

1. Targeted Case Management

- Specifies the goals, treatment, service activities, and assistance to address the negotiated objectives of the plan and the medical, social, educational, and other services needed by the person in care
- Identifies a course of action to respond to the assessed needs of the person in care
- Includes development of a transition plan when the person in care has achieved the goals of the care plan
- Peer support services must be based on an approved care plan
- Must be provided in a narrative format in the person's progress notes
- Updated at least annually

2. Services requiring Treatments Plans

- Intensive Home-Based Services (IHBS)
- Intensive Care Coordination (ICC)
- Therapeutic Behavioral Services (TBS)
- Must have specific observable and/or specific quantifiable goals
- Must identify the proposed type(s) of intervention
- Must 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 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 will give a copy of the client plan to the client on request.

D. Progress Notes

1. Providers shall create progress notes for the provision of all SMHS. Each progress note shall provide sufficient detail to support the service code selected for the service type as indicated by the service code description. Progress notes shall include:

- The type of service rendered.
- A narrative describing the service, including how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).
- The date that the service was provided to the beneficiary.
- Duration of the service, including travel and documentation time.
- Location of the beneficiary at the time of receiving the service.
- A typed or legibly printed name, signature of the service provider and date of signature.
- ICD 10 code
- Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code.
- Next steps including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and any update to the problem list as appropriate.

2. Timeliness/Frequency of Progress Notes

- Progress notes shall be completed within 3 business days of providing a service, except for notes for crisis services, which shall be completed within 24 hours.
- A note must be completed for every service contact



Department of Behavioral Health

Policy and Procedure Guide

PPG 1.2.7

Section: Mental Health

Effective Date: 05/30/2017

Revised Date: 05/30/2017

Policy Title: Performance Outcome Measures

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

POLICY:

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

PURPOSE:

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

REFERENCE:

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

DHCS Service, Administrative and Operational Requirements

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

Commission on Accreditation of Rehabilitation Facilities (CARF)

DEFINITIONS:

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

MISSION STATEMENT

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

Template Review Date 3/28/16



Department of Behavioral Health

Policy and Procedure Guide

Section: Mental Health

Effective Date: 05/30/2017

PPG 1.2.7

Policy Title: Performance Outcome Measures

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

PROCEDURE:

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



Department of Behavioral Health

Policy and Procedure Guide

Section: Mental Health

Effective Date: 05/30/2017

PPG 1.2.7

Policy Title: Performance Outcome Measures

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

**ADULT PAF
5/1/07**

FULL SERVICE PARTNERSHIP
Adult Partnership Assessment Form
FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

| | | |
|--------------------------------------|----------------------|---|
| County | <input type="text"/> | * |
| CSI County Client Number (CCN) | <input type="text"/> | |
| County Partner ID (optional) | <input type="text"/> | |
| Partner's First Name | <input type="text"/> | * |
| Partner's Last Name | <input type="text"/> | * |
| Partnership Date (mm/dd/yyyy) | <input type="text"/> | * |
| Partner's Date of Birth (mm/dd/yyyy) | <input type="text"/> | * |

Who referred the partner? (mark one)

| | | |
|--|---|--|
| <input type="radio"/> Self | <input type="radio"/> Emergency Room | <input type="radio"/> Homeless Shelter |
| <input type="radio"/> Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent, child) | <input type="radio"/> Mental Health Facility / Community Agency | <input type="radio"/> Street Outreach |
| <input type="radio"/> Significant Other (e.g., boyfriend / girlfriend, spouse) | <input type="radio"/> Social Services Agency | <input type="radio"/> Jail / Prison |
| <input type="radio"/> Friend / Neighbor (i.e., unrelated other) | <input type="radio"/> Substance Abuse Treatment Facility / Agency | <input type="radio"/> Acute Psychiatric / State Hospital |
| <input type="radio"/> School | <input type="radio"/> Faith-based Organization | <input type="radio"/> Other |
| <input type="radio"/> Primary Care / Medical Office | <input type="radio"/> Other County / Community Agency | |

ADMINISTRATIVE INFORMATION

PARTNERSHIP STATUS

| | |
|-------------------------------------|------------------------|
| Provider Number / NPI (Optional) | <input type="text"/> |
| Full Service Partnership Program ID | <input type="text"/> * |
| Partnership Service Coordinator ID | <input type="text"/> * |

PROGRAM INFORMATION

In which additional program(s) is the partner CURRENTLY involved? (mark all that apply)

| | |
|--------------------------------------|--------------------------|
| AB2034 | <input type="checkbox"/> |
| Governor's Homeless Initiative (GHI) | <input type="checkbox"/> |
| MHSA Housing Program | <input type="checkbox"/> |

RESIDENTIAL INFORMATION - includes hospitalization and incarceration

| SETTING | TONIGHT | YESTERDAY (as of 11:59 p.m the day BEFORE partnership) | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES | DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days) | PRIOR TO THE LAST 12 MONTHS (mark all that apply) |
|---|-----------------------|--|--|--|--|
| GENERAL LIVING ARRANGEMENT | | | | | |
| In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| With one or both biological / adoptive parents | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| With adult family member(s) other than parents | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Single Room Occupancy (must hold lease) | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| SHELTER / HOMELESS | | | | | |
| Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Homeless (includes people living in their cars) | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| SUPERVISED PLACEMENT | | | | | |
| Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants) | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Assisted Living Facility | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Unlicensed but supervised congregate placement (includes group living homes, sober living homes) | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Licensed Community Care Facility (Board and Care) | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| HOSPITAL | | | | | |
| Acute Medical Hospital | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| State Psychiatric Hospital | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| RESIDENTIAL PROGRAM | | | | | |
| Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Skilled Nursing Facility (physical) | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Skilled Nursing Facility (psychiatric) | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)] | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Continued)

| JUSTICE PLACEMENT | | | | | |
|--------------------------|-----------------------|-----------------------|----------------------|----------------------|--------------------------|
| Jail | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Prison | | | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| OTHER | | | | | |
| Other | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Unknown | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

EDUCATION

Highest level of education completed:

No High School Diploma / No GED
 Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree

GED Coursework
 Bachelor's Degree (e.g., B.A., B.S.)

High School Diploma / GED
 Master's Degree (e.g., M.A., M.S.)

Some College / Some Technical or Vocational Training
 Doctoral Degree (e.g., M.D., Ph.D.)

| For the educational settings below, indicate where the partner..... | was DURING THE PAST 12 MONTHS # of weeks | is CURRENTLY (mark all that apply) |
|--|---|---|
| Not in school of any kind | <input type="text"/> | <input type="checkbox"/> |
| High School / Adult Education | <input type="text"/> | <input type="checkbox"/> |
| Technical / Vocational School | <input type="text"/> | <input type="checkbox"/> |
| Community College / 4 year College | <input type="text"/> | <input type="checkbox"/> |
| Graduate School | <input type="text"/> | <input type="checkbox"/> |
| Other | <input type="text"/> | <input type="checkbox"/> |

Does one of the partner's current recovery goals include any kind of education at this time? Yes No

EMPLOYMENT

EMPLOYMENT DURING THE PAST 12 MONTHS

| Indicate the partner's employment status... | # OF WEEKS | AVERAGE HOURS per WEEK | AVERAGE HOURLY WAGE |
|--|----------------------|------------------------|-------------------------|
| Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability. | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Transitional Employment / Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business): Paid jobs open only to program participants with a disability. A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. | <input type="text"/> | <input type="text"/> | |
| Other Gainful / Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.) | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Unemployed | <input type="text"/> | | |

CURRENT EMPLOYMENT

Indicate the partner's employment status...

**AVERAGE
HOURS per
WEEK**

**AVERAGE
HOURLY WAGE**

Competitive Employment:

Paid employment in the community in a position that is also open to individuals without a disability.

\$

Supported Employment:

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

\$

Transitional Employment / Enclave:

Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.

\$

Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):

Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.

\$

Non-paid (Volunteer) Work Experience:

Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.

Other Gainful / Employment Activity:

Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)

\$

The partner is not employed at this time.

Does one of the partner's current recovery goals include any kind of employment at this time?

Yes No

SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner: | DURING THE PAST 12 MONTHS (mark all that apply) | CURRENTLY (mark all that apply) |
|--|--|---------------------------------------|
| Partner's Wages | <input type="checkbox"/> | <input type="checkbox"/> |
| Partner's Spouse / Significant Other's Wages | <input type="checkbox"/> | <input type="checkbox"/> |
| Savings | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Family Member / Friend | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement / Social Security Income | <input type="checkbox"/> | <input type="checkbox"/> |
| Veteran's Assistance Benefits | <input type="checkbox"/> | <input type="checkbox"/> |
| Loan / Credit | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing Subsidy | <input type="checkbox"/> | <input type="checkbox"/> |
| General Relief / General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Stamps | <input type="checkbox"/> | <input type="checkbox"/> |
| Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Security Disability Insurance (SSDI) | <input type="checkbox"/> | <input type="checkbox"/> |
| State Disability Insurance (SDI) | <input type="checkbox"/> | <input type="checkbox"/> |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |
| No Financial Support | <input type="checkbox"/> | <input type="checkbox"/> |

LEGAL ISSUES / DESIGNATIONS

JUSTICE SYSTEM INVOLVEMENT

ARREST INFORMATION

Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:

Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS? Yes No

PROBATION INFORMATION

Is the partner CURRENTLY on probation? Yes No

Was the partner on probation DURING THE PAST 12 MONTHS? Yes No

Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS? Yes No

PAROLE INFORMATION

Was the partner on any kind of parole DURING THE PAST 12 MONTHS? Yes No

Was the partner on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS? Yes No

CONSERVATORSHIP / PAYEE INFORMATION

CONSERVATORSHIP INFORMATION

Is the partner CURRENTLY on conservatorship? Yes No

Was the partner on conservatorship DURING THE PAST 12 MONTHS? Yes No

Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? Yes No

PAYEE INFORMATION

Does the partner CURRENTLY have a payee? Yes No

Did the partner have a payee DURING THE PAST 12 MONTHS? Yes No

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS? Yes No

CUSTODY INFORMATION

Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status:
(Dependent of the court)

Placed in Foster Care:

Legally Reunified with partner:

Adopted out:

EMERGENCY INTERVENTION

Please indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had DURING THE PAST 12 MONTHS that were:

Physical Health Related

Mental Health / Substance Abuse Related

HEALTH STATUS

Does the partner have a primary care physician CURRENTLY?

Yes No

Did the partner have a primary care physician DURING THE PAST 12 MONTHS?

Yes No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem?

Yes No

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem?

Yes No

Is the partner CURRENTLY receiving substance abuse services?

Yes No

COUNTY USE QUESTIONS

COUNTY USE QUESTIONS

VALUES

To be tracked on the **KEY EVENT TRACKING** form:

County Use Field # 1

County Use Field # 2

County Use Field # 3

To be tracked on the **QUARTERLY ASSESSMENT** form:

County Use Field # 1

County Use Field # 2

County Use Field # 3

ADULT KET
5/1/07

FULL SERVICE PARTNERSHIP
Adult Key Event Tracking Form
FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

| | | |
|--------------------------------------|----------------------|---|
| County | <input type="text"/> | * |
| CSI County Client Number (CCN) | <input type="text"/> | |
| County Partner ID (optional) | <input type="text"/> | |
| Partner's First Name | <input type="text"/> | * |
| Partner's Last Name | <input type="text"/> | * |
| Date Completed (mm/dd/yyyy) | <input type="text"/> | * |
| Partner's Date of Birth (mm/dd/yyyy) | <input type="text"/> | * |

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

| | |
|---|----------------------|
| PARTNERSHIP STATUS | |
| Date of Provider Number Change (mm/dd/yyyy): / NPI | <input type="text"/> |
| NEW Provider Number: / NPI | <input type="text"/> |
| <hr/> | |
| Date of Full Service Partnership Program ID Change (mm/dd/yyyy): | <input type="text"/> |
| NEW Full Service Partnership Program ID: | <input type="text"/> |
| <hr/> | |
| Date of Partnership Service Coordinator ID Change (mm/dd/yyyy): | <input type="text"/> |
| NEW Partnership Service Coordinator ID: | <input type="text"/> |

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes) (Continued)

Date of Partnership Status Change (mm/dd/yyyy):

Indicate NEW partnership status:

- Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)
- Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community services / program, indicate the reason (mark one):

- Target population criteria are not met.
- Partner decided to discontinue Full Service Partnership participation after partnership established.
- Partner moved to another county / service area.
- After repeated attempts to contact partner, s/he cannot be located.
- Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time [such as an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital].
- Community services / program interrupted – Partner will be serving JAIL sentence.
- Community services / program interrupted – Partner will be serving PRISON sentence.
- Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.
- Partner is deceased.

PROGRAM INFORMATION

| Program Name | Date of Program Change (mm/dd/yyyy) | Currently Involved? |
|--------------------------------------|--|---|
| AB2034 | <input type="text"/> | <input type="radio"/> Now enrolled in the AB2034 Program <input type="radio"/> No longer participating in the AB2034 Program |
| Governor's Homeless Initiative (GHI) | <input type="text"/> | <input type="radio"/> Now enrolled in the GHI Program <input type="radio"/> No longer participating in the GHI Program |
| MHSA Housing Program | <input type="text"/> | <input type="radio"/> Now enrolled in the MHSA Housing Program <input type="radio"/> No longer participating in the MHSA Housing Program |

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Skip this section if there are no changes)

Date of Residential Status Change (mm/dd/yyyy):

| SETTING | Indicate the new residential status (mark one): |
|---|--|
| GENERAL LIVING ARRANGEMENT | |
| In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage | <input type="radio"/> |
| With one or both biological / adoptive parents | <input type="radio"/> |
| With adult family member(s) other than parents | <input type="radio"/> |
| Single Room Occupancy (must hold lease) | <input type="radio"/> |
| SHELTER / HOMELESS | |
| Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) | <input type="radio"/> |
| Homeless (includes people living in their cars) | <input type="radio"/> |
| SUPERVISED PLACEMENT | |
| Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants) | <input type="radio"/> |
| Assisted Living Facility | <input type="radio"/> |
| Unlicensed but supervised congregate placement (includes group living homes, sober living homes) | <input type="radio"/> |
| Licensed Community Care Facility (Board and Care) | <input type="radio"/> |
| HOSPITAL | |
| Acute Medical Hospital | <input type="radio"/> |
| Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) | <input type="radio"/> |
| State Psychiatric Hospital | <input type="radio"/> |
| RESIDENTIAL PROGRAM | |
| Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) | <input type="radio"/> |
| Skilled Nursing Facility (physical) | <input type="radio"/> |
| Skilled Nursing Facility (psychiatric) | <input type="radio"/> |
| Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)] | <input type="radio"/> |
| JUSTICE PLACEMENT | |
| Jail | <input type="radio"/> |
| OTHER | |
| Other | <input type="radio"/> |
| Unknown | <input type="radio"/> |

EDUCATION (Skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mm/dd/yyyy):

Level of education completed:

- No High School Diploma / No GED
- GED Coursework
- High School Diploma / GED
- Some College / Some Technical or Vocational Training
- Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- Bachelor's Degree (e.g., B.A., B.S.)
- Master's Degree (e.g., M.A., M.S.)
- Doctoral Degree (e.g., M.D., Ph.D.)

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mm/dd/yyyy):

If there are any educational setting changes, indicate ALL new and ongoing statuses including those previously reported.

| | Setting |
|------------------------------------|--------------------------|
| Not in school of any kind | <input type="checkbox"/> |
| High School / Adult Education | <input type="checkbox"/> |
| Technical / Vocational School | <input type="checkbox"/> |
| Community College / 4 year College | <input type="checkbox"/> |
| Graduate School | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If stopping school, did the partner complete a class and/or program? Yes No

Does one of the partner's current recovery goals include any kind of education at this time? Yes No

EMPLOYMENT (Skip this section if there are no changes)

Date of Employment Change (mm/dd/yyyy):

CURRENT EMPLOYMENT

If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported.

**AVERAGE
HOURS per
WEEK**

**AVERAGE
HOURLY WAGE**

Competitive Employment:

Paid employment in the community in a position that is also open to individuals without a disability.

\$

Supported Employment:

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

\$

Transitional Employment / Enclave:

Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.

\$

Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):

Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.

\$

Non-paid (Volunteer) Work Experience:

Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.

Other Gainful / Employment Activity:

Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)

\$

The partner is not employed at this time.

Does one of the partner's current recovery goals include any kind of employment at this time? Yes No

LEGAL ISSUES / DESIGNATIONS (Skip this section if there are no changes)

ARREST INFORMATION
 Date Partner Arrested (mm/dd/yyyy):

PROBATION INFORMATION
 Date of Probation Status Change (mm/dd/yyyy):
 Indicate new probation status:
 Removed from Probation
 Placed on Probation

CONSERVATORSHIP INFORMATION
 Date of Conservatorship Status Change (mm/dd/yyyy):
 Indicate new conservatorship status:
 Removed from conservatorship
 Placed on conservatorship

PAYEE INFORMATION
 Date of Payee Status Change (mm/dd/yyyy):
 Indicate new payee status:
 Removed from payee status
 Placed on payee status

EMERGENCY INTERVENTION (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):

Indicate the type of emergency intervention: (e.g., emergency room visit, crisis stabilization unit)
 Physical Health Related
 Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS (Skip this section if there are no changes)

| COUNTY USE QUESTIONS | DATE of CHANGE (mm/dd/yyyy) | NEW VALUE |
|----------------------|--------------------------------|----------------------|
| County Use Field # 1 | <input type="text"/> | <input type="text"/> |
| County Use Field # 2 | <input type="text"/> | <input type="text"/> |
| County Use Field # 3 | <input type="text"/> | <input type="text"/> |

FULL SERVICE PARTNERSHIP
 Older Adult Key Event Tracking Form
 FOR AGES 60+ YEARS

PARTNERSHIP INFORMATION

| | | |
|--------------------------------------|----------------------|---|
| County | <input type="text"/> | * |
| CSI County Client Number (CCN) | <input type="text"/> | |
| County Partner ID (optional) | <input type="text"/> | |
| Partner's First Name | <input type="text"/> | * |
| Partner's Last Name | <input type="text"/> | * |
| Date Completed (mm/dd/yyyy) | <input type="text"/> | * |
| Partner's Date of Birth (mm/dd/yyyy) | <input type="text"/> | * |

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

PARTNERSHIP STATUS

Date of Provider Number Change (mm/dd/yyyy):
 / NPI

NEW Provider Number:
 / NPI

Date of Full Service Partnership Program ID Change (mm/dd/yyyy):

NEW Full Service Partnership Program ID:

Date of Partnership Service Coordinator ID Change (mm/dd/yyyy):

NEW Partnership Service Coordinator ID:

Date of Partnership Status Change (mm/dd/yyyy):

Indicate NEW partnership status:

- Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)
- Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community services / program, indicate the reason (mark one):

- Target population criteria are not met.
- Partner decided to discontinue Full Service Partnership participation after partnership established.
- Partner moved to another county / service area.
- After repeated attempts to contact partner, s/he cannot be located.
- Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time [such as an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital].
- Community services / program interrupted – Partner will be serving JAIL sentence.
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- Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.
- Partner is deceased.

PROGRAM INFORMATION

| Program Name | Date of Program Change (mm/dd/yyyy) | Currently Involved? |
|--------------------------------------|-------------------------------------|---|
| AB2034 | <input type="text"/> | <input type="radio"/> Now enrolled in the AB2034 Program <input type="radio"/> No longer participating in the AB2034 Program |
| Governor's Homeless Initiative (GHI) | <input type="text"/> | <input type="radio"/> Now enrolled in the GHI Program <input type="radio"/> No longer participating in the GHI Program |
| MHSA Housing Program | <input type="text"/> | <input type="radio"/> Now enrolled in the MHSA Housing Program <input type="radio"/> No longer participating in the MHSA Housing Program |

Date of Residential Status Change (mm/dd/yyyy):

SETTING

Indicate the new residential status (mark one):

GENERAL LIVING ARRANGEMENT

In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage

With one or both biological / adoptive parents

With adult family member(s) other than parents

Single Room Occupancy (must hold lease)

SHELTER / HOMELESS

Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)

Homeless (includes people living in their cars)

SUPERVISED PLACEMENT

Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)

Assisted Living Facility

Unlicensed but supervised congregate placement (includes group living homes, sober living homes)

Licensed Community Care Facility (Board and Care)

HOSPITAL

Acute Medical Hospital

Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)

State Psychiatric Hospital

RESIDENTIAL PROGRAM

Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)

Skilled Nursing Facility (physical)

Skilled Nursing Facility (psychiatric)

Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]

JUSTICE PLACEMENT

Jail

OTHER

Other

Unknown

EDUCATION (Skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mm/dd/yyyy):

Level of education completed:

- No High School Diploma / No GED
- GED Coursework
- High School Diploma / GED
- Some College / Some Technical or Vocational Training
- Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- Bachelor's Degree (e.g., B.A., B.S.)
- Master's Degree (e.g., M.A., M.S.)
- Doctoral Degree (e.g., M.D., Ph.D.)

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mm/dd/yyyy):

If there are any educational setting changes, indicate ALL new and ongoing statuses including those previously reported.

| | Setting |
|------------------------------------|--------------------------|
| Not in school of any kind | <input type="checkbox"/> |
| High School / Adult Education | <input type="checkbox"/> |
| Technical / Vocational School | <input type="checkbox"/> |
| Community College / 4 year College | <input type="checkbox"/> |
| Graduate School | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If stopping school, did the partner complete a class and/or program? Yes No

Does one of the partner's current recovery goals include any kind of education at this time? Yes No

EMPLOYMENT (Skip this section if there are no changes)

Date of Employment Change (mm/dd/yyyy):

CURRENT EMPLOYMENT

If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported.

**AVERAGE
HOURS per
WEEK**

**AVERAGE
HOURLY WAGE**

Competitive Employment:

Paid employment in the community in a position that is also open to individuals without a disability.

\$

Supported Employment:

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

\$

Transitional Employment / Enclave:

Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.

\$

Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):

Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.

\$

Non-paid (Volunteer) Work Experience:

Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.

Other Gainful / Employment Activity:

Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)

\$

The partner is not employed at this time.

Does one of the partner's current recovery goals include any kind of employment at this time?

Yes No

LEGAL ISSUES / DESIGNATIONS (Skip this section if there are no changes)

ARREST INFORMATION

Date Partner Arrested (mm/dd/yyyy):

PROBATION INFORMATION

Date of Probation Status Change (mm/dd/yyyy):

Indicate new probation status:

Removed from Probation

Placed on Probation

CONSERVATORSHIP INFORMATION

Date of Conservatorship Status Change (mm/dd/yyyy):

Indicate new conservatorship status:

Removed from conservatorship

Placed on conservatorship

PAYEE INFORMATION

Date of Payee Status Change (mm/dd/yyyy):

Indicate new payee status:

Removed from payee status

Placed on payee status

EMERGENCY INTERVENTION (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):

Indicate the type of emergency intervention: (e.g., emergency room visit, crisis stabilization unit)

Physical Health Related

Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS (Skip this section if there are no changes)

| COUNTY USE QUESTIONS | DATE of CHANGE (mm/dd/yyyy) | NEW VALUE |
|----------------------|--------------------------------|----------------------|
| County Use Field # 1 | <input type="text"/> | <input type="text"/> |
| County Use Field # 2 | <input type="text"/> | <input type="text"/> |
| County Use Field # 3 | <input type="text"/> | <input type="text"/> |

FULL SERVICE PARTNERSHIP
 Adult Quarterly Assessment Form
 FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

| | | |
|--------------------------------------|----------------------|---|
| County | <input type="text"/> | * |
| CSI County Client Number (CCN) | <input type="text"/> | |
| County Partner ID (optional) | <input type="text"/> | |
| Partner's First Name | <input type="text"/> | * |
| Partner's Last Name | <input type="text"/> | * |
| Date Completed (mm/dd/yyyy) | <input type="text"/> | * |
| Partner's Date of Birth (mm/dd/yyyy) | <input type="text"/> | * |

SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner: | CURRENTLY (mark all that apply) |
|--|------------------------------------|
| Partner's Wages | <input type="checkbox"/> |
| Partner's Spouse / Significant Other's Wages | <input type="checkbox"/> |
| Savings | <input type="checkbox"/> |
| Other Family Member / Friend | <input type="checkbox"/> |
| Retirement / Social Security Income | <input type="checkbox"/> |
| Veteran's Assistance Benefits | <input type="checkbox"/> |
| Loan / Credit | <input type="checkbox"/> |
| Housing Subsidy | <input type="checkbox"/> |
| General Relief / General Assistance | <input type="checkbox"/> |
| Food Stamps | <input type="checkbox"/> |
| Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program | <input type="checkbox"/> |
| Social Security Disability Insurance (SSDI) | <input type="checkbox"/> |
| State Disability Insurance (SDI) | <input type="checkbox"/> |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| No Financial Support | <input type="checkbox"/> |

LEGAL ISSUES / DESIGNATIONS

CUSTODY INFORMATION

Indicate the total number of children the partner has who are CURRENTLY:

| | |
|--|----------------------|
| Placed on W & I Code 300 Status: (Dependent of the court) | <input type="text"/> |
| Placed in Foster Care: | <input type="text"/> |
| Legally Reunified with partner: | <input type="text"/> |
| Adopted out: | <input type="text"/> |

HEALTH STATUS

Does the partner have a primary care physician CURRENTLY? Yes No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem? Yes No
Is the partner CURRENTLY receiving substance abuse services? Yes No

COUNTY USE QUESTIONS

COUNTY USE QUESTIONS

NEW VALUE

| | |
|----------------------|----------------------|
| County Use Field # 1 | <input type="text"/> |
| County Use Field # 2 | <input type="text"/> |
| County Use Field # 3 | <input type="text"/> |

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

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

Adult FSP Master Agreement - Vista
Turning Point of Central California, Inc.
Fiscal Year (FY) 2023-24

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

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

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 547,998 |
| 2003 | Client Transportation & Support | 3,000 |
| 2004 | Clothing, Food, & Hygiene | 2,800 |
| 2005 | Education Support | |
| 2006 | Employment Support | |
| 2007 | Household Items for Clients | |
| 2008 | Medication Supports | 39,750 |
| 2009 | Program Supplies - Medical | 4,300 |
| 2010 | Utility Vouchers | 12,000 |
| 2011 | Client Building Maintenance | |
| 2012 | Client Therapy | |
| 2013 | Client Activities/Recreation | 6,500 |
| 2014 | Client Personal Needs | |
| 2015 | Client Food | 1,500 |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 617,848 |

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

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

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

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

| | |
|--------------------|-------|
| INDIRECT COST RATE | 0.00% |
|--------------------|-------|

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

| | |
|------------------------|------------|
| TOTAL PROGRAM EXPENSES | \$ 617,848 |
|------------------------|------------|

PROGRAM FUNDING SOURCES

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

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

| 8300 - MENTAL HEALTH SERVICE ACT (MHSA) | | | |
|---|--|-------------------------------|------------|
| Acct # | MHSA Component | MHSA Program Name | Amount |
| 8301 | CSS - Community Services & Supports | Turning Point Vista Adult FSP | \$ 617,848 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 617,848 |

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

| | |
|--------------------------------|------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 617,848 |
|--------------------------------|------------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

Adult FSP Master Agreement - Vista
Turning Point of Central California, Inc.
Fiscal Year (FY) 2023-24 Budget Narrative

| PROGRAM EXPENSE | | | | |
|---|--|----------------|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1000: DIRECT SALARIES & BENEFITS | | - | | |
| Administrative Positions | | - | | |
| 1101 | 0 | - | | |
| 1102 | 0 | - | | |
| 1103 | 0 | - | | |
| 1104 | 0 | - | | |
| 1105 | 0 | - | | |
| 1106 | 0 | - | | |
| 1107 | 0 | - | | |
| 1108 | 0 | - | | |
| 1109 | 0 | - | | |
| 1110 | 0 | - | | |
| 1111 | 0 | - | | |
| 1112 | 0 | - | | |
| 1113 | 0 | - | | |
| 1114 | 0 | - | | |
| 1115 | 0 | - | | |
| Program Positions | | - | | |
| 1116 | 0 | - | | |
| 1117 | 0 | - | | |
| 1118 | 0 | - | | |
| 1119 | 0 | - | | |
| 1120 | 0 | - | | |
| 1121 | 0 | - | | |
| 1122 | 0 | - | | |
| 1123 | 0 | - | | |
| 1124 | 0 | - | | |
| 1125 | 0 | - | | |
| 1126 | 0 | - | | |
| 1127 | 0 | - | | |
| 1128 | 0 | - | | |
| 1129 | 0 | - | | |
| 1130 | 0 | - | | |
| 1131 | 0 | - | | |
| 1132 | 0 | - | | |
| 1133 | 0 | - | | |
| 1134 | 0 | - | | |
| Direct Employee Benefits | | - | | |
| 1201 | Retirement | - | | |
| 1202 | Worker's Compensation | - | | |
| 1203 | Health Insurance | - | | |
| 1204 | Other (Benefits listed under ARPA Grant) | - | | |
| 1205 | Other (specify) | - | | |
| 1206 | Other (specify) | - | | |
| Direct Payroll Taxes & Expenses: | | - | | |
| 1301 | OASDI | - | | |
| 1302 | FICA/MEDICARE | - | | |
| 1303 | SUI | - | | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |
| 2000: DIRECT CLIENT SUPPORT | | 617,848 | | |
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 547,998 | 10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 3,000 | 10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 2,800 | 10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.) | |
| 2005 | Education Support | - | | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------|--------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2006 | Employment Support | - | |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | 39,750 | 10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract |
| 2009 | Program Supplies - Medical | 4,300 | 10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc. |
| 2010 | Utility Vouchers | 12,000 | 10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits. |
| 2011 | Client Building Maintenance | - | |
| 2012 | Client Therapy | - | |
| 2013 | Client Activities/Recreation | 6,500 | 7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.) |
| 2014 | Client Personal Needs | - | |
| 2015 | Client Food | 1,500 | 7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.) |
| 2016 | Other (specify) | - | |

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

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

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

| 6000: INDIRECT EXPENSES | | | |
|-------------------------|----------------------------------|---|--|
| | | - | |
| 6001 | Administrative Overhead | - | |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |

| PROGRAM EXPENSE | | | |
|-----------------|--|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used) | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (Indirect Cost under ARPA Grant) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

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

| | |
|---|----------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 617,848 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 617,848 |
| BUDGET CHECK: | - |

Adult FSP Master Agreement - Vista
Turning Point of Central California, Inc.
Fiscal Year (FY) 2024-25

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

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

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 566,538 |
| 2003 | Client Transportation & Support | 3,000 |
| 2004 | Clothing, Food, & Hygiene | 2,800 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | 39,750 |
| 2009 | Program Supplies - Medical | 4,300 |
| 2010 | Utility Vouchers | 12,000 |
| 2011 | Other (specify) | - |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | 6,500 |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | 1,500 |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 636,388 |

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

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

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

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

| | |
|--------------------|-------|
| INDIRECT COST RATE | 0.00% |
|--------------------|-------|

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

| | |
|------------------------|------------|
| TOTAL PROGRAM EXPENSES | \$ 636,388 |
|------------------------|------------|

PROGRAM FUNDING SOURCES

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

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

| 8300 - MENTAL HEALTH SERVICE ACT (MHSA) | | | |
|---|--|-------------------------------|------------|
| Acct # | MHSA Component | MHSA Program Name | Amount |
| 8301 | CSS - Community Services & Supports | Turning Point Vista Adult FSP | \$ 636,388 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 636,388 |

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

| | |
|--------------------------------|------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 636,388 |
|--------------------------------|------------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

Adult FSP Master Agreement - Vista
Turning Point of Central California, Inc.
Fiscal Year (FY) 2024-25 Budget Narrative

| PROGRAM EXPENSE | | | | |
|---|--|----------------|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1000: DIRECT SALARIES & BENEFITS | | - | | |
| Administrative Positions | | - | | |
| 1101 | 0 | - | | |
| 1102 | 0 | - | | |
| 1103 | 0 | - | | |
| 1104 | 0 | - | | |
| 1105 | 0 | - | | |
| 1106 | 0 | - | | |
| 1107 | 0 | - | | |
| 1108 | 0 | - | | |
| 1109 | 0 | - | | |
| 1110 | 0 | - | | |
| 1111 | 0 | - | | |
| 1112 | 0 | - | | |
| 1113 | 0 | - | | |
| 1114 | 0 | - | | |
| 1115 | 0 | - | | |
| Program Positions | | - | | |
| 1116 | 0 | - | | |
| 1117 | 0 | - | | |
| 1118 | 0 | - | | |
| 1119 | 0 | - | | |
| 1120 | 0 | - | | |
| 1121 | 0 | - | | |
| 1122 | 0 | - | | |
| 1123 | 0 | - | | |
| 1124 | 0 | - | | |
| 1125 | 0 | - | | |
| 1126 | 0 | - | | |
| 1127 | 0 | - | | |
| 1128 | 0 | - | | |
| 1129 | 0 | - | | |
| 1130 | 0 | - | | |
| 1131 | 0 | - | | |
| 1132 | 0 | - | | |
| 1133 | 0 | - | | |
| 1134 | 0 | - | | |
| Direct Employee Benefits | | - | | |
| 1201 | Retirement | - | | |
| 1202 | Worker's Compensation | - | | |
| 1203 | Health Insurance | - | | |
| 1204 | Other (Benefits listed under ARPA Grant) | - | | |
| 1205 | Other (specify) | - | | |
| 1206 | Other (specify) | - | | |
| Direct Payroll Taxes & Expenses: | | - | | |
| 1301 | OASDI | - | | |
| 1302 | FICA/MEDICARE | - | | |
| 1303 | SUI | - | | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |
| 2000: DIRECT CLIENT SUPPORT | | 636,388 | | |
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 566,538 | 10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 3,000 | 10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 2,800 | 10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.) | |
| 2005 | Education Support | - | | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------|--------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2006 | Employment Support | - | |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | 39,750 | 10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract |
| 2009 | Program Supplies - Medical | 4,300 | 10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc. |
| 2010 | Utility Vouchers | 12,000 | 10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits. |
| 2011 | Client Building Maintenance | - | |
| 2012 | Client Therapy | - | |
| 2013 | Client Activities/Recreation | 6,500 | 7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.) |
| 2014 | Client Personal Needs | - | |
| 2015 | Client Food | 1,500 | 7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.) |
| 2016 | Other (specify) | - | |

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

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

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

| 6000: INDIRECT EXPENSES | | | |
|-------------------------|----------------------------------|---|--|
| | | - | |
| 6001 | Administrative Overhead | - | |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |

| PROGRAM EXPENSE | | | |
|-----------------|--|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used) | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (Indirect Cost under ARPA Grant) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

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

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 636,388
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 636,388
BUDGET CHECK: -

Adult FSP Master Agreement - Sunrise
Turning Point of Central California, Inc.
Fiscal Year (FY) 2023-24

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

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

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 538,898 |
| 2003 | Client Transportation & Support | 1,600 |
| 2004 | Clothing, Food, & Hygiene | 9,000 |
| 2005 | Education Support | 150 |
| 2006 | Employment Support | 100 |
| 2007 | Household Items for Clients | |
| 2008 | Medication Supports | 38,200 |
| 2009 | Program Supplies - Medical | 6,500 |
| 2010 | Utility Vouchers | 8,000 |
| 2011 | Client Building Maintenance | 1,000 |
| 2012 | Client Therapy | 200 |
| 2013 | Client Activities/Recreation | 10,000 |
| 2014 | Client Personal Needs | 1,000 |
| 2015 | Client Food | 2,000 |
| 2016 | Client Furnishings | 1,200 |
| DIRECT CLIENT CARE TOTAL | | \$ 617,848 |

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

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

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

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

| | |
|--------------------|-------|
| INDIRECT COST RATE | 0.00% |
|--------------------|-------|

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

| | |
|------------------------|------------|
| TOTAL PROGRAM EXPENSES | \$ 617,848 |
|------------------------|------------|

PROGRAM FUNDING SOURCES

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

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

| 8300 - MENTAL HEALTH SERVICE ACT (MHSA) | | | |
|---|--|---------------------------------|------------|
| Acct # | MHSA Component | MHSA Program Name | Amount |
| 8301 | CSS - Community Services & Supports | Turnign Point Sunrise Adult FSP | \$ 617,848 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 617,848 |

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

| | |
|--------------------------------|------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 617,848 |
|--------------------------------|------------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

Adult FSP Master Agreement - Sunrise
Turning Point of Central California, Inc.
Fiscal Year (FY) 2023-24 Budget Narrative

| PROGRAM EXPENSE | | | | |
|---|--|----------------|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1000: DIRECT SALARIES & BENEFITS | | - | | |
| Administrative Positions | | - | | |
| 1101 | 0 | - | | |
| 1102 | 0 | - | | |
| 1103 | 0 | - | | |
| 1104 | 0 | - | | |
| 1105 | 0 | - | | |
| 1106 | 0 | - | | |
| 1107 | 0 | - | | |
| 1108 | 0 | - | | |
| 1109 | 0 | - | | |
| 1110 | 0 | - | | |
| 1111 | 0 | - | | |
| 1112 | 0 | - | | |
| 1113 | 0 | - | | |
| 1114 | 0 | - | | |
| 1115 | 0 | - | | |
| Program Positions | | - | | |
| 1116 | 0 | - | | |
| 1117 | 0 | - | | |
| 1118 | 0 | - | | |
| 1119 | 0 | - | | |
| 1120 | 0 | - | | |
| 1121 | 0 | - | | |
| 1122 | 0 | - | | |
| 1123 | 0 | - | | |
| 1124 | 0 | - | | |
| 1125 | 0 | - | | |
| 1126 | 0 | - | | |
| 1127 | 0 | - | | |
| 1128 | 0 | - | | |
| 1129 | 0 | - | | |
| 1130 | 0 | - | | |
| 1131 | 0 | - | | |
| 1132 | 0 | - | | |
| 1133 | 0 | - | | |
| 1134 | 0 | - | | |
| Direct Employee Benefits | | - | | |
| 1201 | Retirement | - | | |
| 1202 | Worker's Compensation | - | | |
| 1203 | Health Insurance | - | | |
| 1204 | Other (Benefits listed under ARPA Grant) | - | | |
| 1205 | Other (specify) | - | | |
| 1206 | Other (specify) | - | | |
| Direct Payroll Taxes & Expenses: | | - | | |
| 1301 | OASDI | - | | |
| 1302 | FICA/MEDICARE | - | | |
| 1303 | SUI | - | | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |
| 2000: DIRECT CLIENT SUPPORT | | 617,848 | | |
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 538,898 | 10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 1,600 | 10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 9,000 | 10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.) | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------|--------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2005 | Education Support | 150 | 10-7150 Client Educational Material: Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational class |
| 2006 | Employment Support | 100 | 10-7022 Client Employment Support: Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | 38,200 | 10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract |
| 2009 | Program Supplies - Medical | 6,500 | 10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc. |
| 2010 | Utility Vouchers | 8,000 | 10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits. |
| 2011 | Client Building Maintenance | 1,000 | 10-7190 Client Building Maintenance: Cost of building repair or maintenance paid for on client's behalf. (Examples: handyman work, plumbing, drywall, roofing, carpet cleaning, air/furnace filters, keys, key tags, padlocks, etc.) |
| 2012 | Client Therapy | 200 | 10-7050 Client Therapy: Cost of therapy services not covered by insurance and therapeutic supplies for clients to use outside of the program. (Examples: exercise videos/equipment, relaxation audio/visual recordings, artistic expression supplies, etc.) |
| 2013 | Client Activities/Recreation | 10,000 | 7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.) |
| 2014 | Client Personal Needs | 1,000 | 7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.) |
| 2015 | Client Food | 2,000 | 7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.) |
| 2016 | Client Furnishings | 1,200 | 10-7024 Client Furnishings: Cost of purchasing furniture for client's home. (Examples: couch, bed, mattress, television, entertainment stand, dinette set, telephone, radio, etc.) |

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

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

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

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

| 6000: INDIRECT EXPENSES | | | |
|-------------------------|---|---|--|
| 6001 | Administrative Overhead | - | |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (Indirect Cost under ARPA Grant) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

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

| | |
|---|----------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 617,848 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 617,848 |
| BUDGET CHECK: | - |

Adult FSP Master Agreement - Sunrise
Turning Point of Central California, Inc.
Fiscal Year (FY) 2024-25

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

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

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 557,438 |
| 2003 | Client Transportation & Support | 1,600 |
| 2004 | Clothing, Food, & Hygiene | 9,000 |
| 2005 | Education Support | 150 |
| 2006 | Employment Support | 100 |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | 38,200 |
| 2009 | Program Supplies - Medical | 6,500 |
| 2010 | Utility Vouchers | 8,000 |
| 2011 | Client Building Maintenance | 1,000 |
| 2012 | Client Therapy | 200 |
| 2013 | Client Activities/Recreation | 10,000 |
| 2014 | Client Personal Needs | 1,000 |
| 2015 | Client Food | 2,000 |
| 2016 | Client Furnishings | 1,200 |
| DIRECT CLIENT CARE TOTAL | | \$ 636,388 |

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

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

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

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

| | |
|--------------------|-------|
| INDIRECT COST RATE | 0.00% |
|--------------------|-------|

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

| | |
|------------------------|------------|
| TOTAL PROGRAM EXPENSES | \$ 636,388 |
|------------------------|------------|

PROGRAM FUNDING SOURCES

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

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

| 8300 - MENTAL HEALTH SERVICE ACT (MHSA) | | | |
|---|--|---------------------------------|------------|
| Acct # | MHSA Component | MHSA Program Name | Amount |
| 8301 | CSS - Community Services & Supports | Turnign Point Sunrise Adult FSP | \$ 636,388 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 636,388 |

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

| | |
|--------------------------------|------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 636,388 |
|--------------------------------|------------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

Adult FSP Master Agreement - Sunrise
Turning Point of Central California, Inc.
Fiscal Year (FY) 2024-25 Budget Narrative

| PROGRAM EXPENSE | | | | |
|---|--|----------------|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1000: DIRECT SALARIES & BENEFITS | | - | | |
| Administrative Positions | | - | | |
| 1101 | 0 | - | | |
| 1102 | 0 | - | | |
| 1103 | 0 | - | | |
| 1104 | 0 | - | | |
| 1105 | 0 | - | | |
| 1106 | 0 | - | | |
| 1107 | 0 | - | | |
| 1108 | 0 | - | | |
| 1109 | 0 | - | | |
| 1110 | 0 | - | | |
| 1111 | 0 | - | | |
| 1112 | 0 | - | | |
| 1113 | 0 | - | | |
| 1114 | 0 | - | | |
| 1115 | 0 | - | | |
| Program Positions | | - | | |
| 1116 | 0 | - | | |
| 1117 | 0 | - | | |
| 1118 | 0 | - | | |
| 1119 | 0 | - | | |
| 1120 | 0 | - | | |
| 1121 | 0 | - | | |
| 1122 | 0 | - | | |
| 1123 | 0 | - | | |
| 1124 | 0 | - | | |
| 1125 | 0 | - | | |
| 1126 | 0 | - | | |
| 1127 | 0 | - | | |
| 1128 | 0 | - | | |
| 1129 | 0 | - | | |
| 1130 | 0 | - | | |
| 1131 | 0 | - | | |
| 1132 | 0 | - | | |
| 1133 | 0 | - | | |
| 1134 | 0 | - | | |
| Direct Employee Benefits | | - | | |
| 1201 | Retirement | - | | |
| 1202 | Worker's Compensation | - | | |
| 1203 | Health Insurance | - | | |
| 1204 | Other (Benefits listed under ARPA Grant) | - | | |
| 1205 | Other (specify) | - | | |
| 1206 | Other (specify) | - | | |
| Direct Payroll Taxes & Expenses: | | - | | |
| 1301 | OASDI | - | | |
| 1302 | FICA/MEDICARE | - | | |
| 1303 | SUI | - | | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |
| 2000: DIRECT CLIENT SUPPORT | | 636,388 | | |
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 557,438 | 10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 1,600 | 10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 9,000 | 10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.) | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------|--------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2005 | Education Support | 150 | 10-7150 Client Educational Material: Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational class |
| 2006 | Employment Support | 100 | 10-7022 Client Employment Support: Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | 38,200 | 10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract |
| 2009 | Program Supplies - Medical | 6,500 | 10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc. |
| 2010 | Utility Vouchers | 8,000 | 10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits. |
| 2011 | Client Building Maintenance | 1,000 | 10-7190 Client Building Maintenance: Cost of building repair or maintenance paid for on client's behalf. (Examples: handyman work, plumbing, drywall, roofing, carpet cleaning, air/furnace filters, keys, key tags, padlocks, etc.) |
| 2012 | Client Therapy | 200 | 10-7050 Client Therapy: Cost of therapy services not covered by insurance and therapeutic supplies for clients to use outside of the program. (Examples: exercise videos/equipment, relaxation audio/visual recordings, artistic expression supplies, etc.) |
| 2013 | Client Activities/Recreation | 10,000 | 7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.) |
| 2014 | Client Personal Needs | 1,000 | 7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.) |
| 2015 | Client Food | 2,000 | 7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.) |
| 2016 | Client Furnishings | 1,200 | 10-7024 Client Furnishings: Cost of purchasing furniture for client's home. (Examples: couch, bed, mattress, television, entertainment stand, dinette set, telephone, radio, etc.) |

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

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

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

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

| 6000: INDIRECT EXPENSES | | | |
|-------------------------|---|---|--|
| 6001 | Administrative Overhead | - | |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (Indirect Cost under ARPA Grant) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

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

| | |
|---|----------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 636,388 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 636,388 |
| BUDGET CHECK: | - |

ASSISTED OUTPATIENT TREATMENT (AOT)
Turning Point of Central California, Inc.
Fiscal Year (FY) 2023-24

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

| Acct # | Administrative Position | FTE | Admin | Program | Total |
|--------|--------------------------|------|--------|---------|----------|
| 1101 | Records Technician | 0.14 | 5,403 | | \$ 5,403 |
| 1102 | Administrative Assistant | 0.14 | 6,206 | | 6,206 |
| 1103 | Bookkeeper | 0.14 | 6,523 | | 6,523 |
| 1104 | Secretary | 0.27 | 10,324 | | 10,324 |
| 1105 | Intake Specialist | 0.14 | 7,206 | | 7,206 |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |

Direct Personnel Admin Salaries Subtotal 0.83 \$ 35,663 \$ 35,663

| Acct # | Program Position | FTE | Admin | Program | Total |
|--------|---------------------------------------|------|-------|-----------|-----------|
| 1116 | Assistant Program Director | 0.15 | | \$ 14,025 | \$ 14,025 |
| 1117 | Program Director | 0.25 | | 29,978 | 29,978 |
| 1118 | Mental Health Specialist/Case Manager | 2.00 | | 106,657 | 106,657 |
| 1119 | Mental Health Professional | 1.00 | | 77,587 | 77,587 |
| 1120 | Nurse | 0.14 | | 9,477 | 9,477 |
| 1121 | | | | - | - |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |

Direct Personnel Program Salaries Subtotal 3.54 \$ 237,725 \$ 237,725

Direct Personnel Salaries Subtotal 4.37 \$ 35,663 \$ 237,725 \$ 273,388

Direct Employee Benefits

| Acct # | Description | Admin | Program | Total |
|--------|----------------------------|----------|----------|----------|
| 1201 | Retirement | \$ 1,231 | \$ 7,881 | \$ 9,113 |
| 1202 | Worker's Compensation | 438 | 2,804 | 3,242 |
| 1203 | Health Insurance | 5,182 | 33,165 | 38,347 |
| 1204 | Other (Dental) | 407 | 2,602 | 3,009 |
| 1205 | Other (ACI) | 12 | 79 | 91 |
| 1206 | Other (Accrued Paid Leave) | 4,105 | 26,272 | 30,376 |

Direct Employee Benefits Subtotal: \$ 11,375 \$ 72,803 \$ 84,179

Direct Payroll Taxes & Expenses:

| Acct # | Description | Admin | Program | Total |
|--------|-----------------|--------|----------|----------|
| 1301 | OASDI | \$ 595 | \$ 3,809 | \$ 4,405 |
| 1302 | FICA/MEDICARE | 2,566 | 16,420 | 18,985 |
| 1303 | SUI | 599 | 3,836 | 4,435 |
| 1304 | Other (specify) | | | - |
| 1305 | Other (specify) | | | - |
| 1306 | Other (specify) | | | - |

Direct Payroll Taxes & Expenses Subtotal: \$ 3,760 \$ 24,065 \$ 27,825

DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: \$ 50,798 \$ 334,593 \$ 385,391

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 13% | 87% |

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 150,000 |
| 2003 | Client Transportation & Support | 500 |
| 2004 | Clothing & Hygiene | 500 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | 4,300 |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | 1,000 |
| 2011 | Client Activities | 1,500 |
| 2012 | Client Personal Needs | 200 |
| 2013 | Client Food | 200 |
| 2014 | Client Physical Exams | - |
| 2015 | Client Testing Materials | - |
| 2016 | Client Furnishings | 500 |
| DIRECT CLIENT CARE TOTAL | | \$ 158,700 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 2,435 |
| 3002 | Printing/Postage | 951 |
| 3003 | Office, Household & Program Supplies | 4,871 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 1,948 |
| 3006 | Staff Mileage | 1,484 |
| 3007 | Subscriptions & Memberships | 425 |
| 3008 | Vehicle Maintenance/Fuel/Insurance | 5,188 |
| 3009 | Recruitment | 1,747 |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 19,050 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|---|-----------------------|------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 773 |
| 4002 | Rent/Lease Building | 10,360 |
| 4003 | Rent/Lease Equipment | 302 |
| 4004 | Rent/Lease Vehicles | 5,667 |
| 4005 | Security | 255 |
| 4006 | Utilities | 6,958 |
| 4007 | Equipment Maintenance | 201 |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 24,516 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 93 |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services (Specify) | - |
| 5004 | Translation Services | 200 |
| 5005 | O/S Labor Psychiatrist | 20,000 |
| 5006 | O/S Labor Counselor | 1,175 |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 21,468 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|-----------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ - |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | 1,832 |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | 410 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 1,294 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Licenses | 379 |
| 6010 | Indirect | 92,709 |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 96,624 |

| | |
|--------------------|--------|
| INDIRECT COST RATE | 15.73% |
|--------------------|--------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ - |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 178 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Expendable Equipment | 4,840 |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 5,018 |

| | |
|------------------------|------------|
| TOTAL PROGRAM EXPENSES | \$ 710,766 |
|------------------------|------------|

PROGRAM FUNDING SOURCES

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

| 8200 - REALIGNMENT | | |
|--------------------|-----------------------|------------|
| Acct # | Line Item Description | Amount |
| 8201 | Realignment | \$ 382,158 |
| REALIGNMENT TOTAL | | \$ 382,158 |

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

| 8400 - OTHER REVENUE | | |
|----------------------|-----------------------|------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ - |
| 8402 | Client Insurance | - |
| 8403 | Grants (ARPA) | 328,608 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 328,608 |

| | |
|--------------------------------|------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 710,766 |
|--------------------------------|------------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ 0 |
|-------------------|------|

ASSISTED OUTPATIENT TREATMENT (AOT)
Turning Point of Central California, Inc.
Fiscal Year (FY) 2023-24

PARTIAL FTE DETAIL

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

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Records Technician | AOT | 0.14 |
| | Vista | 0.36 |
| | Sunrise | 0.50 |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

x
x
x

| Position | Contract #/Name/Department/County | FTE % |
|--------------------------|-----------------------------------|-------------|
| Administrative Assistant | AOT | 0.14 |
| | Vista | 0.86 |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

x
x

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Bookkeeper | AOT | 0.14 |
| | Vista | 0.36 |
| | Sunrise | 0.50 |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

x
x
x

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Secretary | AOT | 0.27 |
| | Vista | 0.73 |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

x
x

| Position | Contract #/Name/Department/County | FTE % |
|-------------------|-----------------------------------|-------------|
| Intake Specialist | AOT | 0.14 |
| | Vista | 0.36 |
| | Sunrise | 0.50 |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

x
x
x

| Position | Contract #/Name/Department/County | FTE % |
|----------------------------|-----------------------------------|-------------|
| Assistant Program Director | AOT | 0.15 |
| | Vista | 0.85 |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

x
x

| Position | Contract #/Name/Department/County | FTE % |
|------------------|-----------------------------------|-------|
| Program Director | AOT | 0.25 |
| | Vista | 0.75 |

x
x

ASSISTED OUTPATIENT TREATMENT (AOT)
Turning Point of Central California, Inc.
Fiscal Year (FY) 2023-24 Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 385,391 | |
| Administrative Positions | | 35,663 | |
| 1101 | Records Technician | 5,403 | The Records Technician will keep track of the Medical Records and will do the billing for the program. |
| 1102 | Administrative Assistant | 6,206 | The Administrative Assistant will oversee the support staff and will help with all support staff duties. |
| 1103 | Bookkeeper | 6,523 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1104 | Secretary | 10,324 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| 1105 | Intake Specialist | 7,206 | Reviews all referrals, contacting referral source and coordinating intake services to enroll in FSP program. The specialist also assists client in applying for additional benefits, such as General Relief, Social Security Benefits, Medi-cal, etc. |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 237,725 | |
| 1116 | Assistant Program Director | 14,025 | The Assitant Program Director will supervise staff and assist the Program Director. Any additional funds outside of Medi-Cal are used for this/these positions for non-treatment and/or non-billable related costs to be able to continue to provide continuity of care. |
| 1117 | Program Director | 29,978 | The Program Director oversees the program and the hiring, training and supervising of staff. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. |
| 1118 | Mental Health Specialist/Case Manager | 106,657 | Mental Health Specialist will carry a caseload while also specializing in linking and providing services to those interested in engagement in employment and education services. |
| 1119 | Mental Health Professional | 77,587 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. |
| 1120 | Nurse | 9,477 | Nurses work with the doctors for client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 84,179 | |
| 1201 | Retirement | 9,113 | 10-5940 Retirement: Cost of Agency contribution to employee retirement plans. |
| 1202 | Worker's Compensation | 3,242 | 10-5930 Workers Compensation Insurance: Cost of workers compensation insurance. |
| 1203 | Health Insurance | 38,347 | 10-5950 Health Insurance: Agency cost for health insurance including Vision |

| PROGRAM EXPENSE | | | |
|---|----------------------------|---------------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1204 | Other (Dental) | 3,009 | 10-5960 Dental Insurance: Agency cost for dental insurance. |
| 1205 | Other (ACI) | 91 | 10-5990 Other Benefits: Agency cost for other wage related employee benefits. |
| 1206 | Other (Accrued Paid Leave) | 30,376 | 10-5980 Accrued Paid Leave: The monetary value of staff Paid Leave hours as they accrue on a monthly basis. |
| Direct Payroll Taxes & Expenses: | | 27,825 | |
| 1301 | OASDI | 4,405 | 10-5910 F.I.C.A. (Federal Insurance Contributions Act): Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and Disability Insurance" (OASDI), plus "Hospital Insurance" (Medicare). |
| 1302 | FICA/MEDICARE | 18,985 | 10-5910 F.I.C.A. (Federal Insurance Contributions Act): Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and Disability Insurance" (OASDI), plus "Hospital Insurance" (Medicare). |
| 1303 | SUI | 4,435 | 10-5920 S.U.I. (State Unemployment Insurance): Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |

| 2000: DIRECT CLIENT SUPPORT | | 158,700 | |
|-----------------------------|---------------------------------|---------|---|
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | 150,000 | 10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) |
| 2003 | Client Transportation & Support | 500 | 10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) |
| 2004 | Clothing & Hygiene | 500 | 10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.) |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | 4,300 | 10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc. |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | 1,000 | 10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits. |
| 2011 | Client Activities | 1,500 | 10-7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.) |
| 2012 | Client Personal Needs | 200 | 10-7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.) |
| 2013 | Client Food | 200 | 10-7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.) |
| 2014 | Client Physical Exams | - | |
| 2015 | Client Testing Materials | - | |
| 2016 | Client Furnishings | 500 | 10-7024 Client Furnishings: Cost of purchasing furniture for client's home. (Examples: couch, bed, mattress, television, entertainment stand, dinette set, telephone, radio, etc.) |

| 3000: DIRECT OPERATING EXPENSES | | 19,050 | |
|---------------------------------|--------------------|--------|--|
| 3001 | Telecommunications | 2,435 | 10-6340 Communications: Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) |

| PROGRAM EXPENSE | | | |
|-----------------|--------------------------------------|-------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 3002 | Printing/Postage | 951 | 10-6400 Postage: Cost of Agency postage and delivery. Including delivery by the U.S. Post Office, U.P.S., FedEx or other courier services. |
| 3003 | Office, Household & Program Supplies | 4,871 | 10-6110 Office Supplies: Cost of items normally used in an office setting. 10-6130 House Supplies: Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. 10-6120 Program Supplies: Cost of any items normally used by clients or to directly benefit the clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. 10-6243 General Supplies: Cost of items generally used by all at program's location. 10-6244 Janitorial Supplies & Services: Cost of items or services to maintain the esthetics of the premises. |
| 3004 | Advertising | - | |
| 3005 | Staff Development & Training | 1,948 | 10-6440 Staff Educational Expense: Cost of employee training courses and materials. (Examples: certification, training, books, etc.) *May include cost of room rental |
| 3006 | Staff Mileage | 1,484 | 10-6060 Staff Mileage: Cost of employee mileage reimbursement paid in accordance with FPM section 1005. |
| 3007 | Subscriptions & Memberships | 425 | 10-6360 Dues & Subscriptions: Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) |
| 3008 | Vehicle Maintenance/Fuel/Insurance | 5,188 | 10-6030 Vehicle Insurance: Cost for vehicle insurance. 10-6040 Vehicle Fuel: Cost of gas in vehicles. 10-6050 Vehicle Maintenance: Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. (Examples: repairs, battery, carwash *Includes: impounds) |
| 3009 | Recruitment | 1,747 | 10-6470 Recruitment: Cost of advertising and other employee recruitment expenses. (Examples: newspaper ad, urine screening, background check, etc.) |
| 3010 | Other (specify) | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 24,516 | |
|-------------------------------------|-----------------------|--------|---|
| 4001 | Building Maintenance | 773 | 10-6330 Building Maintenance: Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, deadbolt, door knob/lock, keys, key tags, air/furnace filters, smoke alarm, co2 alarm, exit sign, blinds, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project, in this case use 6603, or projects over \$2,000.00 that will require the procurement process and a WIP to be completed. |
| 4002 | Rent/Lease Building | 10,360 | 10-6320 Building Rent (Other): Cost of rent/lease payments made for building leases from outside sources. |
| 4003 | Rent/Lease Equipment | 302 | 10-6220 Furniture & Equipment Rent/Lease (Other): Cost of rent/lease payments made for furniture and equipment leases from outside sources. (Examples: high capacity copier/printer/scanner, washer/dryer, vending machine, furniture, water cooler, postage meter, etc.) |
| 4004 | Rent/Lease Vehicles | 5,667 | 10-6020 Vehicle Rent/Lease (Other): Rental cost of non-Agency vehicles and lease of agency vehicles. |
| 4005 | Security | 255 | 10-6390 Security: Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, locks, padlocks, etc.) |
| 4006 | Utilities | 6,958 | 10-6350 Utilities: Cost of service for power, gas, water, sewer, garbage, etc. |
| 4007 | Equipment Maintenance | 201 | 10-6230 Equipment Maintenance: Cost of repair or maintenance of office/house equipment and furniture. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, video card, adapter, laptop battery, monitor/printer/phone cord, cord covers, power strip, surge protector, extension cord, cable ties, drum, hose, filter, drawer slide set/rollers, keys for filing cabinet, etc.) |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 21,468 | |
|-------------------------------|--|--------|--|
|-------------------------------|--|--------|--|

| PROGRAM EXPENSE | | | |
|-----------------|---|--------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 5001 | Consultant (Network & Data Management) | 93 | 10-6115 Software & Computer Support: Cost of computer software and computer support. (Examples: Microsoft Office, QuickBooks, PDF converter, Avatar, Vipre anti-virus, LogMeln, web filter, etc.) This account should not be used for the purchase of computers and related accessories. Computer accessories such as a mouse, keyboard and speakers must be coded to 6190 |
| 5002 | HMIS (Health Management Information System) | - | |
| 5003 | Contractual/Consulting Services (Specify) | - | |
| 5004 | Translation Services | 200 | Paid to outside vendors for translation / interpreter services. |
| 5005 | O/S Labor Psychiatrist | 20,000 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. |
| 5006 | O/S Labor Counselor | 1,175 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 96,624 | |
|-------------------------|---|--------|---|
| 6001 | Administrative Overhead | - | |
| 6002 | Professional Liability Insurance | 1,832 | 10-6370 Insurance: Cost of Agency liability and property insurance. |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | 410 | 10-6460 Audit Expense: Cost of outside audit fees. |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | 1,294 | 10-6482 Payroll Software & Support |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Licenses | 379 | 10-6380 Licenses: Cost in obtaining and renewing licenses and permits. (Examples: Electronic Medical Records (EMR) database, kitchen/restaurant permit, fire clearance, facility inspections, vehicle registration, etc.) |
| 6010 | Indirect | 92,709 | 10-9000's Indirect Allocated Costs |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 5,018 | |
|---------------------------|---|-------|--|
| 7001 | Computer Equipment & Software | - | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | |
| 7003 | Furniture & Fixtures | 178 | 10-6240 Expendable Furniture: Cost of small, inexpensive Agency property with a normal useful life generally less than one year or a value that is minor or insignificant, typically items with a total cost of less than \$5000 per item. (Examples: small desk, portable desk, chair, filing cabinet, mail slots, shelving unit, table, foldable tables/chairs, bed, mattress, nightstand, room divider, etc. *Includes assembly fee) (For additional information, see procedures section 0900) |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Expendable Equipment | 4,840 | 10-6190 Expendable Equipment: Cost of purchasing office/house equipment that has a cost less than \$5000 per item. (Examples: electronic stapler/calculator/hole puncher, computer, monitor, keyboard, mouse, speakers and other computer accessories including mousepad and wrist pad, desk printer, tablet, tablet cover, lamp, desk lamp, fan, radio, television, phone, coffee machine, popcorn maker, toaster, refrigerator, dishwasher, washer, dryer, portable a/c unit, hand soap/hand towel dispenser, fire extinguisher, dolly, canopy, shed, barbecue, drill, etc.) |
| 7008 | Other (specify) | - | |

| | |
|---|----------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 710,766 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 710,766 |
| BUDGET CHECK: | - |

ASSISTED OUTPATIENT TREATMENT (AOT)
Turning Point of Central California, Inc.
Fiscal Year (FY) 2024-25

| PROGRAM EXPENSES | | | | | |
|--|---------------------------------------|------|-----------|------------|------------|
| 1000: DIRECT SALARIES & BENEFITS | | | | | |
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Records Technician | 0.14 | 5,619 | | \$ 5,619 |
| 1102 | Administrative Assistant | 0.14 | 6,454 | | 6,454 |
| 1103 | Bookkeeper | 0.14 | 6,784 | | 6,784 |
| 1104 | Secretary | 0.27 | 10,737 | | 10,737 |
| 1105 | Intake Specialist | 0.14 | 7,495 | | 7,495 |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 0.83 | \$ 37,089 | | \$ 37,089 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Assistant Program Director | 0.15 | | \$ 14,586 | \$ 14,586 |
| 1117 | Program Director | 0.25 | | 31,177 | 31,177 |
| 1118 | Mental Health Specialist/Case Manager | 2.00 | | 110,923 | 110,923 |
| 1119 | Mental Health Professional | 1.00 | | 80,690 | 80,690 |
| 1120 | Nurse | 0.14 | | 9,856 | 9,856 |
| 1121 | | | | - | - |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 3.54 | | \$ 247,232 | \$ 247,232 |
| Direct Personnel Salaries Subtotal | | 4.37 | \$ 37,089 | \$ 247,232 | \$ 284,321 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 1,236 | \$ 8,241 | \$ 9,477 |
| 1202 | Worker's Compensation | | 440 | 2,932 | 3,372 |
| 1203 | Health Insurance | | 5,202 | 34,679 | 39,881 |
| 1204 | Other (Dental) | | 408 | 2,721 | 3,129 |
| 1205 | Other (ACI) | | 12 | 82 | 94 |
| 1206 | Other (Accrued Paid Leave) | | 4,121 | 27,470 | 31,591 |
| Direct Employee Benefits Subtotal: | | | \$ 11,419 | \$ 76,125 | \$ 87,544 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 598 | \$ 3,983 | \$ 4,581 |
| 1302 | FICA/MEDICARE | | 2,576 | 17,169 | 19,745 |
| 1303 | SUI | | 602 | 4,011 | 4,613 |
| 1304 | Other (specify) | | - | - | - |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 3,776 | \$ 25,163 | \$ 28,939 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | \$ 52,284 | \$ 348,520 | \$ 400,804 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 13% | 87% |

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 150,000 |
| 2003 | Client Transportation & Support | 500 |
| 2004 | Clothing & Hygiene | 500 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | 4,312 |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | 1,000 |
| 2011 | Client Activities | 1,500 |
| 2012 | Client Personal Needs | 200 |
| 2013 | Client Food | 200 |
| 2014 | Client Physical Exams | - |
| 2015 | Client Testing Materials | - |
| 2016 | Client Furnishings | 500 |
| DIRECT CLIENT CARE TOTAL | | \$ 158,712 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 2,533 |
| 3002 | Printing/Postage | 989 |
| 3003 | Office, Household & Program Supplies | 5,066 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 2,026 |
| 3006 | Staff Mileage | 1,544 |
| 3007 | Subscriptions & Memberships | 442 |
| 3008 | Vehicle Maintenance/Fuel/Insurance | 5,312 |
| 3009 | Recruitment | 1,817 |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 19,729 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|---|-----------------------|------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 804 |
| 4002 | Rent/Lease Building | 10,774 |
| 4003 | Rent/Lease Equipment | 302 |
| 4004 | Rent/Lease Vehicles | 5,667 |
| 4005 | Security | 265 |
| 4006 | Utilities | 7,236 |
| 4007 | Equipment Maintenance | 209 |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 25,257 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 96 |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services (Specify) | - |
| 5004 | Translation Services | 208 |
| 5005 | O/S Labor Psychiatrist | 20,800 |
| 5006 | O/S Labor Counselor | 1,222 |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 22,326 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|-----------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ - |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | 1,906 |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | 426 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 1,346 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Licenses | 394 |
| 6010 | Indirect | 95,418 |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 99,490 |

| | |
|--------------------|--------|
| INDIRECT COST RATE | 15.74% |
|--------------------|--------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ - |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 185 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Expendable Equipment | 5,033 |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 5,218 |

| | |
|------------------------|------------|
| TOTAL PROGRAM EXPENSES | \$ 731,536 |
|------------------------|------------|

PROGRAM FUNDING SOURCES

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

| 8200 - REALIGNMENT | | |
|--------------------|-----------------------|------------|
| Acct # | Line Item Description | Amount |
| 8201 | Realignment | \$ 402,928 |
| REALIGNMENT TOTAL | | \$ 402,928 |

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

| 8400 - OTHER REVENUE | | |
|----------------------|-----------------------|------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ - |
| 8402 | Client Insurance | - |
| 8403 | Grants (ARPA) | 328,608 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 328,608 |

| | |
|--------------------------------|------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 731,536 |
|--------------------------------|------------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

ASSISTED OUTPATIENT TREATMENT (AOT)
Turning Point of Central California, Inc.
Fiscal Year (FY) 2024-25 Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 400,804 | |
| Administrative Positions | | 37,089 | |
| 1101 | Administrative Assistant | 5,619 | The Records Technician will keep track of the Medical Records and will do the billing for the program. |
| 1102 | Administrative Assistant | 6,454 | The Administrative Assistant will oversee the support staff and will help with all support staff duties. |
| 1103 | Bookkeeper | 6,784 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1104 | Secretary | 10,737 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| 1105 | Intake Specialist | 7,495 | Reviews all referrals, contacting referral source and coordinating intake services to enroll in FSP program. The specialist also assists client in applying for additional benefits, such as General Relief, Social Security Benefits, Medi-cal, etc. |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 247,232 | |
| 1116 | Assistant Program Director | 14,586 | The Assitant Program Director will supervise staff and assist the Program Director. Any additional funds outside of Medi-Cal are used for this/these positions for non-treatment and/or non-billable related costs to be able to continue to provide continuity of care. |
| 1117 | Program Director | 31,177 | The Program Director oversees the program and the hiring, training and supervising of staff. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. |
| 1118 | Mental Health Specialist/Case Manager | 110,923 | Mental Health Specialist will carry a caseload while also specializing in linking and providing services to those interested in engagement in employment and education services. |
| 1119 | Mental Health Professional | 80,690 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. |
| 1120 | Nurse | 9,856 | Nurses work with the doctors for client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 87,544 | |
| 1201 | Retirement | 9,477 | 10-5940 Retirement: Cost of Agency contribution to employee retirement plans. |
| 1202 | Worker's Compensation | 3,372 | 10-5930 Workers Compensation Insurance: Cost of workers compensation insurance. |
| 1203 | Health Insurance | 39,881 | 10-5950 Health Insurance: Agency cost for health insurance including Vision |

| PROGRAM EXPENSE | | | |
|---|----------------------------|---------------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1204 | Other (Dental) | 3,129 | 10-5960 Dental Insurance: Agency cost for dental insurance. |
| 1205 | Other (ACI) | 94 | 10-5990 Other Benefits: Agency cost for other wage related employee benefits. |
| 1206 | Other (Accrued Paid Leave) | 31,591 | 10-5980 Accrued Paid Leave: The monetary value of staff Paid Leave hours as they accrue on a monthly basis. |
| Direct Payroll Taxes & Expenses: | | 28,939 | |
| 1301 | OASDI | 4,581 | 10-5910 F.I.C.A. (Federal Insurance Contributions Act): Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and Disability Insurance" (OASDI), plus "Hospital Insurance" (Medicare). |
| 1302 | FICA/MEDICARE | 19,745 | 10-5910 F.I.C.A. (Federal Insurance Contributions Act): Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and Disability Insurance" (OASDI), plus "Hospital Insurance" (Medicare). |
| 1303 | SUI | 4,613 | 10-5920 S.U.I. (State Unemployment Insurance): Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |

| 2000: DIRECT CLIENT SUPPORT | | 158,712 | |
|-----------------------------|---------------------------------|---------|---|
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | 150,000 | 10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) |
| 2003 | Client Transportation & Support | 500 | 10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) |
| 2004 | Clothing & Hygiene | 500 | 10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.) |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | 4,312 | 10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc. |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | 1,000 | 10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits. |
| 2011 | Client Activities | 1,500 | 10-7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.) |
| 2012 | Client Personal Needs | 200 | 10-7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.) |
| 2013 | Client Food | 200 | 10-7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.) |
| 2014 | Client Physical Exams | - | |
| 2015 | Client Testing Materials | - | |
| 2016 | Client Furnishings | 500 | 10-7024 Client Furnishings: Cost of purchasing furniture for client's home. (Examples: couch, bed, mattress, television, entertainment stand, dinette set, telephone, radio, etc.) |

| 3000: DIRECT OPERATING EXPENSES | | 19,729 | |
|---------------------------------|--------------------|--------|--|
| 3001 | Telecommunications | 2,533 | 10-6340 Communications: Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) |

| PROGRAM EXPENSE | | | |
|-----------------|--------------------------------------|-------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 3002 | Printing/Postage | 989 | 10-6400 Postage: Cost of Agency postage and delivery. Including delivery by the U.S. Post Office, U.P.S., FedEx or other courier services. |
| 3003 | Office, Household & Program Supplies | 5,066 | 10-6110 Office Supplies: Cost of items normally used in an office setting. 10-6130 House Supplies: Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. 10-6120 Program Supplies: Cost of any items normally used by clients or to directly benefit the clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. 10-6243 General Supplies: Cost of items generally used by all at program's location. 10-6244 Janitorial Supplies & Services: Cost of items or services to maintain the esthetics of the premises. |
| 3004 | Advertising | - | |
| 3005 | Staff Development & Training | 2,026 | 10-6440 Staff Educational Expense: Cost of employee training courses and materials. (Examples: certification, training, books, etc.) *May include cost of room rental |
| 3006 | Staff Mileage | 1,544 | 10-6060 Staff Mileage: Cost of employee mileage reimbursement paid in accordance with FPM section 1005. |
| 3007 | Subscriptions & Memberships | 442 | 10-6360 Dues & Subscriptions: Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) |
| 3008 | Vehicle Maintenance/Fuel/Insurance | 5,312 | 10-6030 Vehicle Insurance: Cost for vehicle insurance. 10-6040 Vehicle Fuel: Cost of gas in vehicles. 10-6050 Vehicle Maintenance: Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. (Examples: repairs, battery, carwash *Includes: impounds) |
| 3009 | Recruitment | 1,817 | 10-6470 Recruitment: Cost of advertising and other employee recruitment expenses. (Examples: newspaper ad, urine screening, background check, etc.) |
| 3010 | Other (specify) | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 25,257 | |
|-------------------------------------|-----------------------|--------|---|
| 4001 | Building Maintenance | 804 | 10-6330 Building Maintenance: Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, deadbolt, door knob/lock, keys, key tags, air/furnace filters, smoke alarm, co2 alarm, exit sign, blinds, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project, in this case use 6603, or projects over \$2,000.00 that will require the procurement process and a WIP to be completed. |
| 4002 | Rent/Lease Building | 10,774 | 10-6320 Building Rent (Other): Cost of rent/lease payments made for building leases from outside sources. |
| 4003 | Rent/Lease Equipment | 302 | 10-6220 Furniture & Equipment Rent/Lease (Other): Cost of rent/lease payments made for furniture and equipment leases from outside sources. (Examples: high capacity copier/printer/scanner, washer/dryer, vending machine, furniture, water cooler, postage meter, etc.) |
| 4004 | Rent/Lease Vehicles | 5,667 | 10-6020 Vehicle Rent/Lease (Other): Rental cost of non-Agency vehicles and lease of agency vehicles. |
| 4005 | Security | 265 | 10-6390 Security: Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, locks, padlocks, etc.) |
| 4006 | Utilities | 7,236 | 10-6350 Utilities: Cost of service for power, gas, water, sewer, garbage, etc. |
| 4007 | Equipment Maintenance | 209 | 10-6230 Equipment Maintenance: Cost of repair or maintenance of office/house equipment and furniture. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, video card, adapter, laptop battery, monitor/printer/phone cord, cord covers, power strip, surge protector, extension cord, cable ties, drum, hose, filter, drawer slide set/rollers, keys for filing cabinet, etc.) |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 22,326 | |
|-------------------------------|--|--------|--|
|-------------------------------|--|--------|--|

| PROGRAM EXPENSE | | | |
|-----------------|---|--------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 5001 | Consultant (Network & Data Management) | 96 | 10-6115 Software & Computer Support: Cost of computer software and computer support. (Examples: Microsoft Office, QuickBooks, PDF converter, Avatar, Vipre anti-virus, LogMeln, web filter, etc.) This account should not be used for the purchase of computers and related accessories. Computer accessories such as a mouse, keyboard and speakers must be coded to 6190 |
| 5002 | HMIS (Health Management Information System) | - | |
| 5003 | Contractual/Consulting Services (Specify) | - | |
| 5004 | Translation Services | 208 | Paid to outside vendors for translation / interpreter services. |
| 5005 | O/S Labor Psychiatrist | 20,800 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. |
| 5006 | O/S Labor Counselor | 1,222 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 99,490 | |
|-------------------------|---|--------|---|
| 6001 | Administrative Overhead | - | |
| 6002 | Professional Liability Insurance | 1,906 | 10-6370 Insurance: Cost of Agency liability and property insurance. |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | 426 | 10-6460 Audit Expense: Cost of outside audit fees. |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | 1,346 | 10-6482 Payroll Software & Support |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Licenses | 394 | 10-6380 Licenses: Cost in obtaining and renewing licenses and permits. (Examples: Electronic Medical Records (EMR) database, kitchen/restaurant permit, fire clearance, facility inspections, vehicle registration, etc.) |
| 6010 | Indirect | 95,418 | 10-9000's Indirect Allocated Costs |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 5,218 | |
|---------------------------|---|-------|--|
| 7001 | Computer Equipment & Software | - | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | |
| 7003 | Furniture & Fixtures | 185 | 10-6240 Expendable Furniture: Cost of small, inexpensive Agency property with a normal useful life generally less than one year or a value that is minor or insignificant, typically items with a total cost of less than \$5000 per item. (Examples: small desk, portable desk, chair, filing cabinet, mail slots, shelving unit, table, foldable tables/chairs, bed, mattress, nightstand, room divider, etc. *Includes assembly fee) (For additional information, see procedures section 0900) |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Expendable Equipment | 5,033 | 10-6190 Expendable Equipment: Cost of purchasing office/house equipment that has a cost less than \$5000 per item. (Examples: electronic stapler/calculator/hole puncher, computer, monitor, keyboard, mouse, speakers and other computer accessories including mousepad and wrist pad, desk printer, tablet, tablet cover, lamp, desk lamp, fan, radio, television, phone, coffee machine, popcorn maker, toaster, refrigerator, dishwasher, washer, dryer, portable a/c unit, hand soap/hand towel dispenser, fire extinguisher, dolly, canopy, shed, barbecue, drill, etc.) |
| 7008 | Other (specify) | - | |

| | |
|---|----------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 731,536 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 731,536 |
| BUDGET CHECK: | - |

Adult FSP Master Agreement - D.A.R.T. West
Mental Health Systems, Inc.
Fiscal Year (FY) 2023-24

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

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

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|---------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | 2,571 |
| 2002 | Client Housing Support | 601,800 |
| 2003 | Client Transportation & Support | 34,731 |
| 2004 | Clothing, Food, & Hygiene | 13,886 |
| 2005 | Education Support | 2,571 |
| 2006 | Employment Support | 2,571 |
| 2007 | Household Items for Clients | 20,429 |
| 2008 | Medication Supports | 487,386 |
| 2009 | Program Supplies - Medical | 8,400 |
| 2010 | Utility Vouchers | 643 |
| 2011 | Other (specify) | |
| 2012 | Other (specify) | |
| 2013 | Other (specify) | |
| 2014 | Other (specify) | |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 1,174,988 |

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

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

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

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

| | |
|--------------------|-------|
| INDIRECT COST RATE | 0.00% |
|--------------------|-------|

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

| | |
|------------------------|--------------|
| TOTAL PROGRAM EXPENSES | \$ 1,174,988 |
|------------------------|--------------|

PROGRAM FUNDING SOURCES

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

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

| 8300 - MENTAL HEALTH SERVICE ACT (MHSA) | | | |
|---|--|--------------------------------------|--------------|
| Acct # | MHSA Component | MHSA Program Name | Amount |
| 8301 | CSS - Community Services & Supports | Turn BHS/MHS D.A.R.T. West Adult FSP | \$ 1,174,988 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 1,174,988 |

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

| | |
|--------------------------------|--------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 1,174,988 |
|--------------------------------|--------------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

Adult FSP Master Agreement - D.A.R.T. West
Mental Health Systems, Inc.
Fiscal Year (FY) 2023-24 Budget Narrative

| PROGRAM EXPENSE | | | | |
|---|--|------------------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1000: DIRECT SALARIES & BENEFITS | | - | | |
| Administrative Positions | | - | | |
| 1101 | 0 | - | | |
| 1102 | 0 | - | | |
| 1103 | 0 | - | | |
| 1104 | 0 | - | | |
| 1105 | 0 | - | | |
| 1106 | 0 | - | | |
| 1107 | 0 | - | | |
| 1108 | 0 | - | | |
| 1109 | 0 | - | | |
| 1110 | 0 | - | | |
| 1111 | 0 | - | | |
| 1112 | 0 | - | | |
| 1113 | 0 | - | | |
| 1114 | 0 | - | | |
| 1115 | 0 | - | | |
| Program Positions | | - | | |
| 1116 | 0 | - | | |
| 1117 | 0 | - | | |
| 1118 | 0 | - | | |
| 1119 | 0 | - | | |
| 1120 | 0 | - | | |
| 1121 | 0 | - | | |
| 1122 | 0 | - | | |
| 1123 | 0 | - | | |
| 1124 | 0 | - | | |
| 1125 | 0 | - | | |
| 1126 | 0 | - | | |
| 1127 | 0 | - | | |
| 1128 | 0 | - | | |
| 1129 | 0 | - | | |
| 1130 | 0 | - | | |
| 1131 | 0 | - | | |
| 1132 | 0 | - | | |
| 1133 | 0 | - | | |
| 1134 | 0 | - | | |
| Direct Employee Benefits | | - | | |
| 1201 | Retirement | - | | |
| 1202 | Worker's Compensation | - | | |
| 1203 | Health Insurance | - | | |
| 1204 | Other (Benefits listed under ARPA Grant) | - | | |
| 1205 | Other (specify) | - | | |
| 1206 | Other (specify) | - | | |
| Direct Payroll Taxes & Expenses: | | - | | |
| 1301 | OASDI | - | | |
| 1302 | FICA/MEDICARE | - | | |
| 1303 | SUI | - | | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |
| 2000: DIRECT CLIENT SUPPORT | | 1,174,988 | | |
| 2001 | Child Care | 2,571 | Estimated wrap expenses related to child care for clients | |
| 2002 | Client Housing Support | 601,800 | Estimated expenses for housing support for clients | |
| 2003 | Client Transportation & Support | 34,731 | Cost of transporting clients by staff (mileage reimbursement or gas for vehicles) and bus passes/cards for client transportation needs. | |
| 2004 | Clothing, Food, & Hygiene | 13,886 | Estimated expenses for food & for clothing | |
| 2005 | Education Support | 2,571 | Estimated wrap expenses related to education support for clients | |
| 2006 | Employment Support | 2,571 | Estimated wrap expenses related to employment support for clients | |
| 2007 | Household Items for Clients | 20,429 | Estimated wrap expenses related to household items for clients | |
| 2008 | Medication Supports | 487,386 | Estimated wrap expenses related to medication supports (psychiatrist) for clients - Psychiatrist service expense outside of the MHS, Inc. staff. | |

| PROGRAM EXPENSE | | | |
|-----------------|----------------------------|-------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2009 | Program Supplies - Medical | 8,400 | Medical supplies that consist of miscellaneous items such as latex gloves, cotton, alcohol swipes, etc., in addition to charges for laboratory tests for clients (i.e. blood tests). |
| 2010 | Utility Vouchers | 643 | Estimated wrap expenses related to utility vouchers for clients |
| 2011 | Other (specify) | - | |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

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

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

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

| 6000: INDIRECT EXPENSES | | | |
|-------------------------|---|---|---|
| 6001 | Administrative Overhead | - | |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (Indirect Cost under ARPA Grant) | - | Insurance, timekeeping, audit fees, corporate costs for processing invoices |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | | |
|---------------------------|---|---|--|
| 7001 | Computer Equipment & Software | - | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | |
| 7003 | Furniture & Fixtures | - | |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 1,174,988 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 1,174,988 |
| BUDGET CHECK: | - |

Adult FSP Master Agreement - D.A.R.T. West
Mental Health Systems, Inc.
Fiscal Year (FY) 2024-25

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

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

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|---------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | 2,571 |
| 2002 | Client Housing Support | 601,800 |
| 2003 | Client Transportation & Support | 34,731 |
| 2004 | Clothing, Food, & Hygiene | 13,886 |
| 2005 | Education Support | 2,571 |
| 2006 | Employment Support | 2,571 |
| 2007 | Household Items for Clients | 20,429 |
| 2008 | Medication Supports | 487,386 |
| 2009 | Program Supplies - Medical | 8,400 |
| 2010 | Utility Vouchers | 643 |
| 2011 | Other (specify) | - |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 1,174,988 |

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

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

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

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

| | |
|--------------------|-------|
| INDIRECT COST RATE | 0.00% |
|--------------------|-------|

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

| | |
|------------------------|--------------|
| TOTAL PROGRAM EXPENSES | \$ 1,174,988 |
|------------------------|--------------|

PROGRAM FUNDING SOURCES

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

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

| 8300 - MENTAL HEALTH SERVICE ACT (MHSA) | | | |
|---|--|--------------------------------------|--------------|
| Acct # | MHSA Component | MHSA Program Name | Amount |
| 8301 | CSS - Community Services & Supports | Turn BHS/MHS D.A.R.T. West Adult FSP | \$ 1,174,988 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 1,174,988 |

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

| | |
|--------------------------------|--------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 1,174,988 |
|--------------------------------|--------------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

Adult FSP Master Agreement - D.A.R.T. West
Mental Health Systems, Inc.
Fiscal Year (FY) 2024-25 Budget Narrative

| PROGRAM EXPENSE | | | | |
|---|--|------------------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1000: DIRECT SALARIES & BENEFITS | | - | | |
| Administrative Positions | | - | | |
| 1101 | 0 | - | | |
| 1102 | 0 | - | | |
| 1103 | 0 | - | | |
| 1104 | 0 | - | | |
| 1105 | 0 | - | | |
| 1106 | 0 | - | | |
| 1107 | 0 | - | | |
| 1108 | 0 | - | | |
| 1109 | 0 | - | | |
| 1110 | 0 | - | | |
| 1111 | 0 | - | | |
| 1112 | 0 | - | | |
| 1113 | 0 | - | | |
| 1114 | 0 | - | | |
| 1115 | 0 | - | | |
| Program Positions | | - | | |
| 1116 | 0 | - | | |
| 1117 | 0 | - | | |
| 1118 | 0 | - | | |
| 1119 | 0 | - | | |
| 1120 | 0 | - | | |
| 1121 | 0 | - | | |
| 1122 | 0 | - | | |
| 1123 | 0 | - | | |
| 1124 | 0 | - | | |
| 1125 | 0 | - | | |
| 1126 | 0 | - | | |
| 1127 | 0 | - | | |
| 1128 | 0 | - | | |
| 1129 | 0 | - | | |
| 1130 | 0 | - | | |
| 1131 | 0 | - | | |
| 1132 | 0 | - | | |
| 1133 | 0 | - | | |
| 1134 | 0 | - | | |
| Direct Employee Benefits | | - | | |
| 1201 | Retirement | - | | |
| 1202 | Worker's Compensation | - | | |
| 1203 | Health Insurance | - | | |
| 1204 | Other (Benefits listed under ARPA Grant) | - | | |
| 1205 | Other (specify) | - | | |
| 1206 | Other (specify) | - | | |
| Direct Payroll Taxes & Expenses: | | - | | |
| 1301 | OASDI | - | | |
| 1302 | FICA/MEDICARE | - | | |
| 1303 | SUI | - | | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |
| 2000: DIRECT CLIENT SUPPORT | | 1,174,988 | | |
| 2001 | Child Care | 2,571 | Estimated wrap expenses related to child care for clients | |
| 2002 | Client Housing Support | 601,800 | Estimated expenses for housing support for clients | |
| 2003 | Client Transportation & Support | 34,731 | Cost of transporting clients by staff (mileage reimbursement or gas for vehicles) and bus passes/cards for client transportation needs. | |
| 2004 | Clothing, Food, & Hygiene | 13,886 | Estimated expenses for food & for clothing | |
| 2005 | Education Support | 2,571 | Estimated wrap expenses related to education support for clients | |
| 2006 | Employment Support | 2,571 | Estimated wrap expenses related to employment support for clients | |
| 2007 | Household Items for Clients | 20,429 | Estimated wrap expenses related to household items for clients | |
| 2008 | Medication Supports | 487,386 | Estimated wrap expenses related to medication supports (psychiatrist) for clients - Psychiatrist service expense outside of the MHS, Inc. staff. | |

| PROGRAM EXPENSE | | | |
|-----------------|----------------------------|-------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2009 | Program Supplies - Medical | 8,400 | Medical supplies that consist of miscellaneous items such as latex gloves, cotton, alcohol swipes, etc., in addition to charges for laboratory tests for clients (i.e. blood tests). |
| 2010 | Utility Vouchers | 643 | Estimated wrap expenses related to utility vouchers for clients |
| 2011 | Other (specify) | - | |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

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

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

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

| 6000: INDIRECT EXPENSES | | | |
|-------------------------|---|---|--|
| 6001 | Administrative Overhead | - | |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (Indirect Cost under ARPA Grant) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | | |
|---------------------------|---|---|--|
| 7001 | Computer Equipment & Software | - | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | |
| 7003 | Furniture & Fixtures | - | |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 1,174,988 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 1,174,988 |
| BUDGET CHECK: | - |

Insurance Requirements

1. Required Policies

Without limiting the County's right to obtain indemnification from the Contractor or any third parties, Contractor, at its sole expense, shall maintain in full force and effect 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 must be issued on a per occurrence basis. Coverage must include products, completed operations, property damage, bodily injury, personal injury, and advertising injury. The Contractor shall obtain an endorsement to this policy naming the County of Fresno, its officers, agents, employees, and volunteers, individually and collectively, as additional insureds, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insureds will apply as primary insurance and any other insurance, or self-insurance, maintained by the County is excess only and not contributing with insurance provided under the Contractor's policy.
- (B) **Automobile Liability.** Automobile liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for property damages. Coverage must include any auto used in connection with this Agreement.
- (C) **Workers Compensation.** Workers compensation insurance as required by the laws of the State of California with statutory limits.
- (D) **Employer's Liability.** Employer's liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for disease.
- (E) **Professional Liability.** Professional liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Three Million Dollars (\$3,000,000). If this is a claims-made policy, then (1) the retroactive date must be prior to the date on which services began under this Agreement; (2) the Contractor shall maintain the policy and provide to the County annual evidence of insurance for not less than five years after completion of services under this Agreement; and (3) if the policy is canceled or not renewed, and not replaced with another claims-made policy with a retroactive date prior to the date on which services begin under this Agreement, then the Contractor shall purchase extended reporting coverage on its claims-made policy for a minimum of five years after completion of services under this Agreement.
- (F) **Molestation Liability.** Sexual abuse / molestation liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence, with an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis.
- (G) **Cyber Liability.** Cyber liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence. Coverage must include claims involving Cyber Risks. The cyber liability policy must be endorsed to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor.

Definition of Cyber Risks. “Cyber Risks” include but are not limited to (i) Security Breach, which may include Disclosure of Personal Information to an Unauthorized Third Party; (ii) data breach; (iii) breach of any of the Contractor’s obligations under Article 18 of this Agreement; (iv) system failure; (v) data recovery; (vi) failure to timely disclose data breach or Security Breach; (vii) failure to comply with privacy policy; (viii) payment card liabilities and costs; (ix) infringement of intellectual property, including but not limited to infringement of copyright, trademark, and trade dress; (x) invasion of privacy, including release of private information; (xi) information theft; (xii) damage to or destruction or alteration of electronic information; (xiii) cyber extortion; (xiv) extortion related to the Contractor’s obligations under this Agreement regarding electronic information, including Personal Information; (xv) fraudulent instruction; (xvi) funds transfer fraud; (xvii) telephone fraud; (xviii) network security; (xix) data breach response costs, including Security Breach response costs; (xx) regulatory fines and penalties related to the Contractor’s obligations under this Agreement regarding electronic information, including Personal Information; and (xxi) credit monitoring expenses.

If the Contractor is a governmental entity, it may satisfy the policy requirements above through a program of self-insurance, including an insurance pooling arrangement or joint exercise of powers agreement.

2. Additional Requirements

(A) **Verification of Coverage.** Within 30 days after the Contractor signs this Agreement, and at any time during the term of this Agreement as requested by the County’s Risk Manager or the County Administrative Office, the Contractor shall deliver, or cause its broker or producer to deliver, to the County Risk Manager, at 2220 Tulare Street, 16th Floor, Fresno, California 93721, or HRRiskManagement@fresnocountyca.gov, and by mail or email to the person identified to receive notices under this Agreement, certificates of insurance and endorsements for all of the coverages required under this Agreement.

- (i) Each insurance certificate must state that: (1) the insurance coverage has been obtained and is in full force; (2) the County, its officers, agents, employees, and volunteers are not responsible for any premiums on the policy; and (3) the Contractor has waived its right to recover from the County, its officers, agents, employees, and volunteers any amounts paid under any insurance policy required by this Agreement and that waiver does not invalidate the insurance policy.
- (ii) The commercial general liability insurance certificate must also state, and include an endorsement, that the County of Fresno, its officers, agents, employees, and volunteers, individually and collectively, are additional insureds insofar as the operations under this Agreement are concerned. The commercial general liability insurance certificate must also state that the coverage shall apply as primary insurance and any other insurance, or self-insurance, maintained by the County shall be excess only and not contributing with insurance provided under the Contractor’s policy.

Exhibit I

- (iii) The automobile liability insurance certificate must state that the policy covers any auto used in connection with this Agreement.
 - (iv) The professional liability insurance certificate, if it is a claims-made policy, must also state the retroactive date of the policy, which must be prior to the date on which services began under this Agreement.
 - (v) The cyber liability insurance certificate must also state that it is endorsed, and include an endorsement, to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor.
- (B) **Acceptability of Insurers.** All insurance policies required under this Agreement must be issued by admitted insurers licensed to do business in the State of California and possessing at all times during the term of this Agreement an A.M. Best, Inc. rating of no less than A: VII.
- (C) **Notice of Cancellation or Change.** For each insurance policy required under this Agreement, the Contractor shall provide to the County, or ensure that the policy requires the insurer to provide to the County, written notice of any cancellation or change in the policy as required in this paragraph. For cancellation of the policy for nonpayment of premium, the Contractor shall, or shall cause the insurer to, provide written notice to the County not less than 10 days in advance of cancellation. For cancellation of the policy for any other reason, and for any other change to the policy, the Contractor shall, or shall cause the insurer to, provide written notice to the County not less than 30 days in advance of cancellation or change. The County in its sole discretion may determine that the failure of the Contractor or its insurer to timely provide a written notice required by this paragraph is a breach of this Agreement.
- (D) **County's Entitlement to Greater Coverage.** If the Contractor has or obtains insurance with broader coverage, higher limits, or both, than what is required under this Agreement, then the County requires and is entitled to the broader coverage, higher limits, or both. To that end, the Contractor shall deliver, or cause its broker or producer to deliver, to the County's Risk Manager certificates of insurance and endorsements for all of the coverages that have such broader coverage, higher limits, or both, as required under this Agreement.
- (E) **Waiver of Subrogation.** The Contractor waives any right to recover from the County, its officers, agents, employees, and volunteers any amounts paid under the policy of worker's compensation insurance required by this Agreement. The Contractor is solely responsible to obtain any policy endorsement that may be necessary to accomplish that waiver, but the Contractor's waiver of subrogation under this paragraph is effective whether or not the Contractor obtains such an endorsement.
- (F) **County's Remedy for Contractor's Failure to Maintain.** If the Contractor fails to keep in effect at all times any insurance coverage required under this Agreement, the County may, in addition to any other remedies it may have, suspend or terminate this Agreement upon the occurrence of that failure, or purchase such insurance coverage, and charge the cost of that coverage to the Contractor. The County may offset such

charges against any amounts owed by the County to the Contractor under this Agreement.

- (G) **Subcontractors.** The Contractor shall require and verify that all subcontractors used by the Contractor to provide services under this Agreement maintain insurance meeting all insurance requirements provided in this Agreement. This paragraph does not authorize the Contractor to provide services under this Agreement using subcontractors.

FRESNO COUNTY MENTAL HEALTH PLAN

Grievances

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

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

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

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

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

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.

Exhibit J

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.

INCIDENT REPORTING

PROTOCOL FOR COMPLETION OF INCIDENT REPORT

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

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

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

Mental Health Plan (MHP) and Substance Use Disorder (SUD) services Incident Reporting System



INCIDENT REVIEWER ROLE – User Guide

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

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

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

As an Incident Reviewer, the responsibility is to:

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

Below is the link to report incidents

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

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

Incident Report

Please complete this form

Client Information

Name of Facility*

Text (500 characters)

Name of Reporting Party*

Text (50)

Facility Address*

Text (100)

Facility Phone Number*

Text (50)

Mental Health or Substance Use Disorder Program?*

Select an option

Client First Name*

Text (50)

Client Last Name*

Text (50)

From Job

Client Date of Birth*

Text (MM/DD/YYYY)

Client Address

Text (100)

Client ID

Text (50)

Gender*

Select an option

County of Origin*

Select an option

Summary

Subject ID

Text (50)

Incident (check all that apply)*

Select an option

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

Text (50)

Description of the Incident*

Text (500)

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

4/20/2019 10:43

Incident (check all that apply)*

Medical Emergency Death of Client

Homicide/Homicide Attempt

AWOL/Elopement from locked facility

Violence/Abuse/Assault (toward others, client and/or property)

Attempted Suicide (resulting in serious injury)

Injury (self-inflicted or by accident)

Medication Error

fresnodbh.logicmanager.com/incidents/7t-0&ip=18&k=182be0c5cdcd5072bb1b64cdee4d3d6e

Date of Incident*
mm/dd/yyyy

Time of Incident*
hh:mm

Location of Incident*
Text Area

Key People Directly Involved in Incident (witnesses, staff)*
Text Area

Did the Injured Party seek Medical Attention?
Default: yes/no

Attach any additional details
Add File or Drop File Here

Reported By Name*
Text Area

Reported By Email*
Text Area

Reported On
10/30/2019

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

The screenshot shows a web browser window with the URL `fresnodbh.logicmanager.com/incident/21-08p-1&k-182be0c5c1cd5072bb1864cde-1d3d6e`. At the top of the form, there is a file upload area with a red arrow pointing to a yellow button labeled "Add File or Drop File Here". Below this are several text input fields: "Reported By Name*", "Reported By Email*", and "Reported On" (with the date 10/30/2019). A section titled "Follow Up" contains a dropdown menu for "Action Taken (check all that apply)", a text field for "Please specify if other", and a larger text area for "Description of Action Taken*". At the bottom of the form is a large green "SUBMIT" button.

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

This close-up shows the "Action Taken (check all that apply)" dropdown menu. It is open, displaying a list of categories. Two items are selected and highlighted in grey: "Law Enforcement Contacted" and "Called 911/EMS". Other visible options include "Consulted with Physician", "First Aid/CPR Administered", "Client removed from building", "Parent/Legal Guardian Contacted", and "Other".

When done entering all the information, simply click submit.

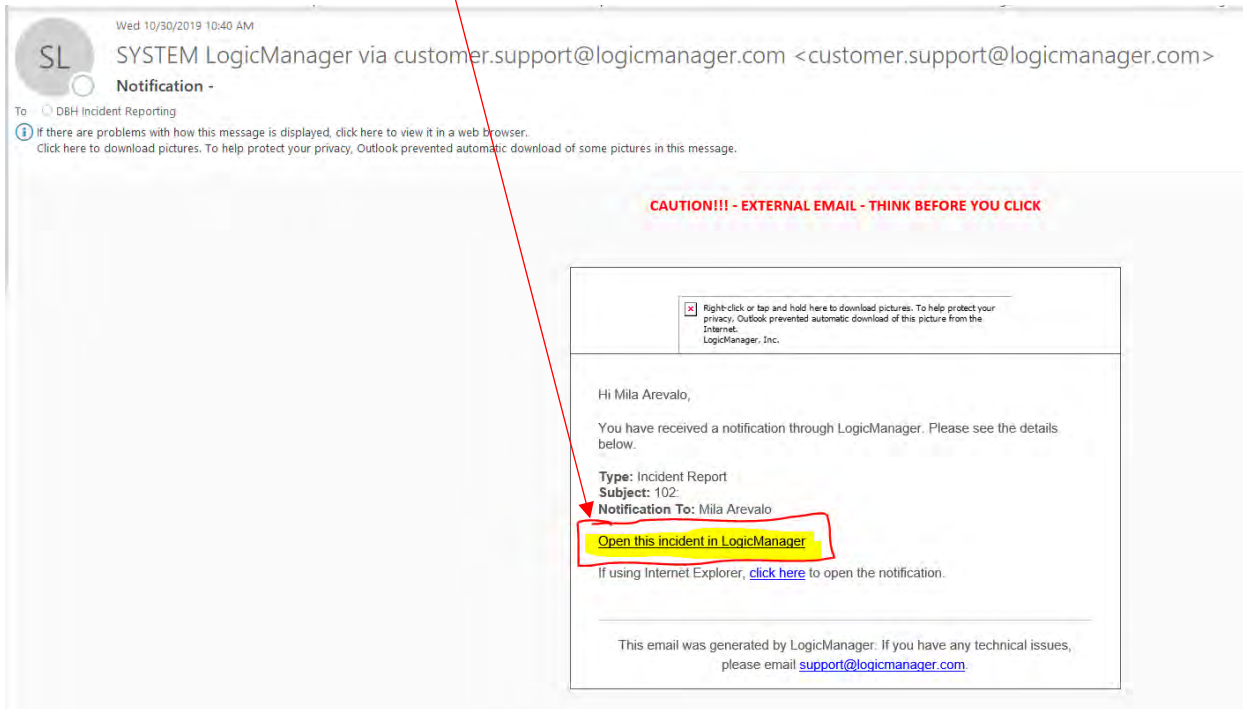
Any fields that have a red asterisk, require information and will prevent submission of the form if left blank.

This close-up focuses on the "Outcome*" text input field. A red asterisk is visible next to the label, and a red arrow points to it from the text above. Below the field is a large green "SUBMIT" button.

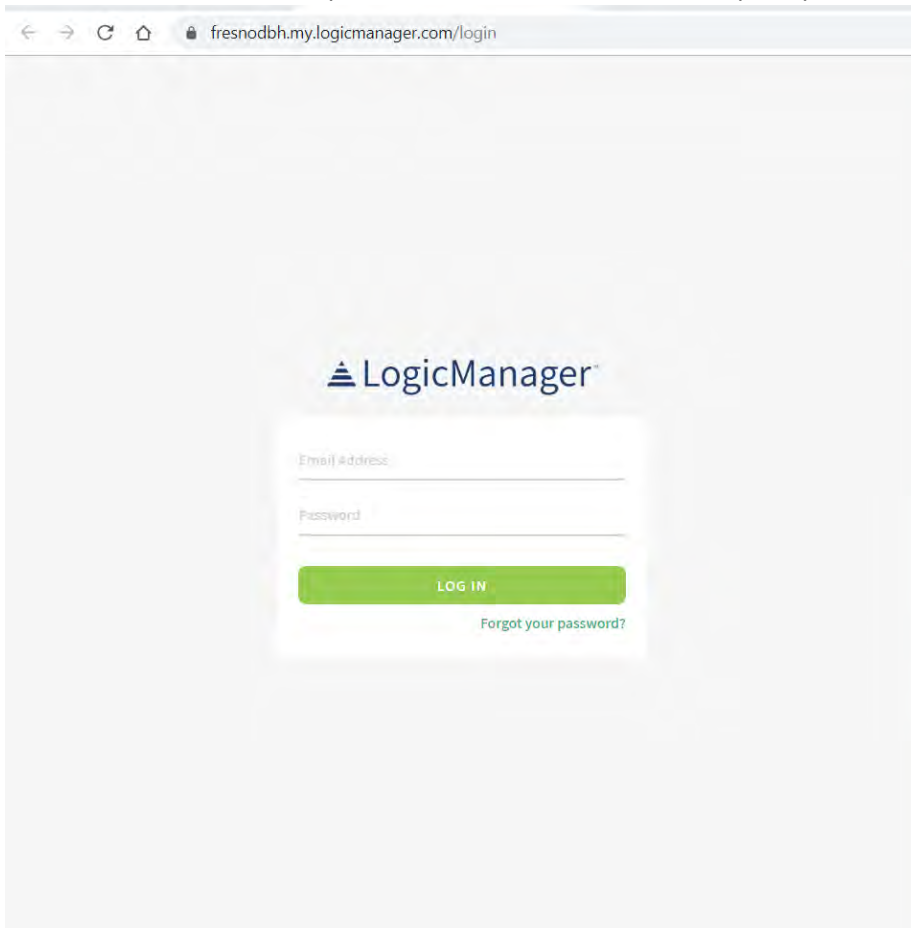
A "Thank you for your submission" statement will pop up if an incident is successfully submitted. Click "Reload the Form" to submit another incident.

The screenshot shows a dark teal header with the "LogicManager" logo. Below it, a white message box contains the text "Thank you for your submission!". At the bottom of the message box is a large green button labeled "RELOAD THE FORM". A red arrow points from the text above to this button.

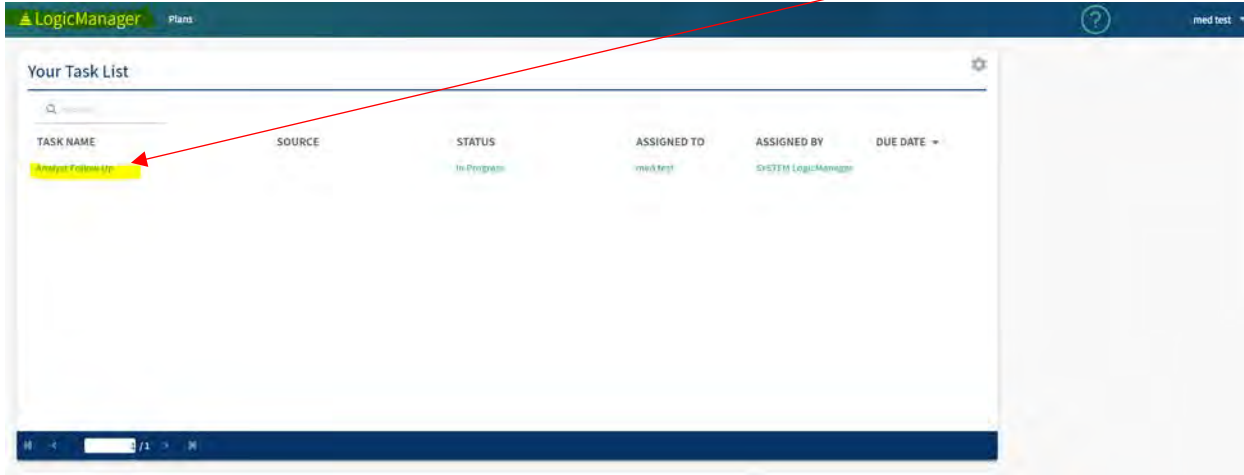
A Notification email will be received when a new incident is reported, or a new comment has been made regarding an incident. Click on "Open this incident in Logic Manager" and the Logic Manager login screen will show.



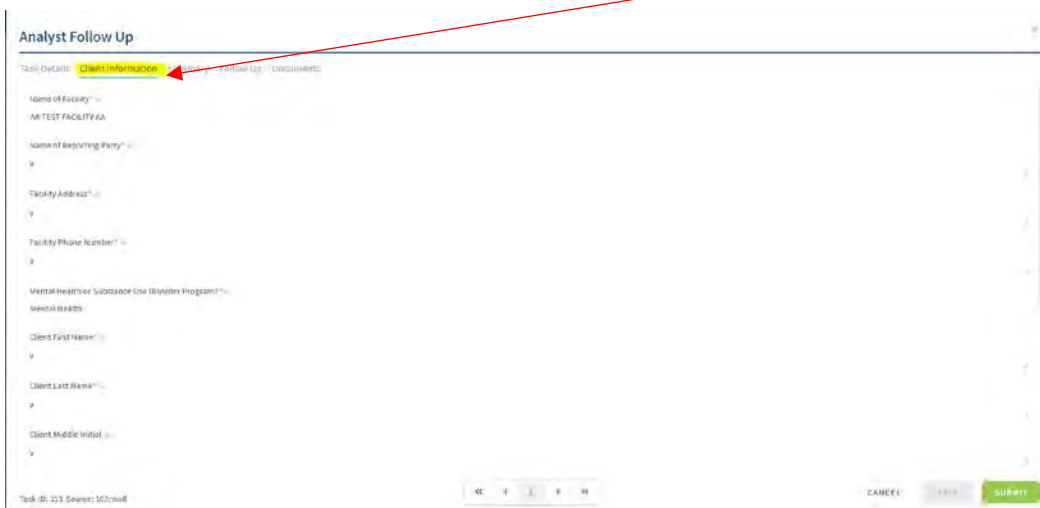
Enter in email address and password. First time users will be prompted to set up a password.



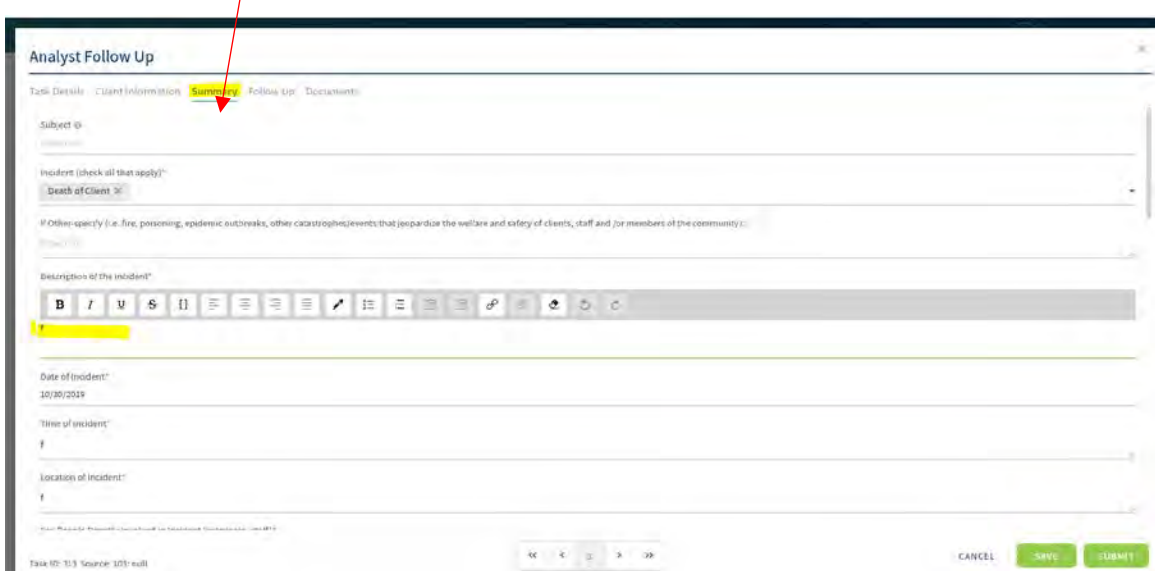
Once logged in, the main screen will show reviewer task (incidents to review). Click on analyst/supervisor follow up to view the incident.



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



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



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

Analyst Follow Up

Task Details Client Information Summary **Follow Up** Documents

Action Taken (check all that apply)
Law Enforcement Contacted

Please specify if other

Description of Action Taken
f

Outcome
f
added information
cause of death - cancer per coroner 10-31-14

Task ID: 313 Source: 103: null

CANCEL SAVE SUBMIT

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

Analyst Follow Up

Task Details Client Information Summary Follow Up **Documents**

Search Add Document

| Name | Type | Source | Upload Date | Uploaded By |
|------|------|--------|-------------|-------------|
|------|------|--------|-------------|-------------|

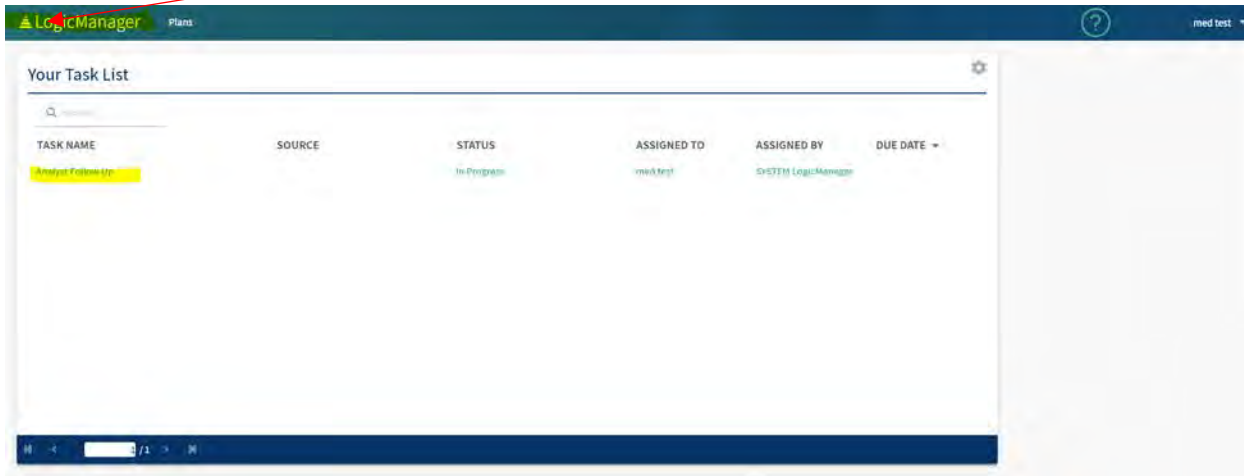
No documents yet.
Drop files here or click on the Add Document dropdown.

Task ID: 313 Source: 103: null

CANCEL SAVE SUBMIT

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

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



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(S) shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County. After completion of this training, CONTRACTOR(S), CONTRACTOR(S)' employees and subcontractors 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(S) 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: ___/___/___

COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS

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

Medi-Cal Organizational Provider Standards

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.
2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.
3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.
4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well-being of beneficiaries and staff.
5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
6. The organizational provider maintains client records in a manner that meets applicable state and federal standards.
7. The organization provider has staffing adequate to allow the COUNTY to claim federal financial participation for the services the Provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.
8. The organizational provider has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
9. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:
 - A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
 - B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.
 - C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.

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

Exhibit N Data Security

1. Definitions

Capitalized terms used in this Exhibit M have the meanings set forth in this section 1.

- (A) **“Authorized Employees”** means the Contractor’s employees who have access to Personal Information.
- (B) **“Authorized Persons”** means: (i) any and all Authorized Employees; and (ii) any and all of the Contractor’s subcontractors, representatives, agents, outsourcers, and consultants, and providers of professional services to the Contractor, who have access to Personal Information and are bound by law or in writing by confidentiality obligations sufficient to protect Personal Information in accordance with the terms of this Exhibit M.
- (C) **“Director”** means the County’s Director of the Department of Behavioral Health or designee.
- (D) **“Disclose”** or any derivative of that word means to disclose, release, transfer, disseminate, or otherwise provide access to or communicate all or any part of any Personal Information orally, in writing, or by electronic or any other means to any person.
- (E) **“Person”** means any natural person, corporation, partnership, limited liability company, firm, or association.
- (F) **“Personal Information”** means any and all information, including any data, provided, or to which access is provided, to the Contractor by or upon the authorization of the County, under this Agreement, including but not limited to vital records, that: (i) identifies, describes, or relates to, or is associated with, or is capable of being used to identify, describe, or relate to, or associate with, a person (including, without limitation, names, physical descriptions, signatures, addresses, telephone numbers, e-mail addresses, education, financial matters, employment history, and other unique identifiers, as well as statements made by or attributable to the person); (ii) is used or is capable of being used to authenticate a person (including, without limitation, employee identification numbers, government-issued identification numbers, passwords or personal identification numbers (PINs), financial account numbers, credit report information, answers to security questions, and other personal identifiers); or (iii) is personal information within the meaning of California Civil Code section 1798.3, subdivision (a), or 1798.80, subdivision (e). Personal Information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.
- (G) **“Privacy Practices Complaint”** means a complaint received by the County relating to the Contractor’s (or any Authorized Person’s) privacy practices, or alleging a Security Breach. Such complaint shall have sufficient detail to enable the Contractor to promptly investigate and take remedial action under this Exhibit M.
- (H) **“Security Safeguards”** means physical, technical, administrative or organizational security procedures and practices put in place by the Contractor (or any Authorized Persons) that relate to the protection of the security, confidentiality, value, or integrity of Personal Information. Security Safeguards shall satisfy the minimal requirements set forth in section 3(C) of this Exhibit M.

Exhibit N Data Security

- (I) **“Security Breach”** means (i) any act or omission that compromises either the security, confidentiality, value, or integrity of any Personal Information or the Security Safeguards, or (ii) any unauthorized Use, Disclosure, or modification of, or any loss or destruction of, or any corruption of or damage to, any Personal Information.
- (J) **“Use”** or any derivative of that word means to receive, acquire, collect, apply, manipulate, employ, process, transmit, disseminate, access, store, disclose, or dispose of Personal Information.

2. Standard of Care

- (A) The Contractor acknowledges that, in the course of its engagement by the County under this Agreement, the Contractor, or any Authorized Persons, may Use Personal Information only as permitted in this Agreement.
- (B) The Contractor acknowledges that Personal Information is deemed to be confidential information of, or owned by, the County (or persons from whom the County receives or has received Personal Information) and is not confidential information of, or owned or by, the Contractor, or any Authorized Persons. The Contractor further acknowledges that all right, title, and interest in or to the Personal Information remains in the County (or persons from whom the County receives or has received Personal Information) regardless of the Contractor’s, or any Authorized Person’s, Use of that Personal Information.
- (C) The Contractor agrees and covenants in favor of the Country that the Contractor shall:
 - (i) keep and maintain all Personal Information in strict confidence, using such degree of care under this section 2 as is reasonable and appropriate to avoid a Security Breach;
 - (ii) Use Personal Information exclusively for the purposes for which the Personal Information is made accessible to the Contractor pursuant to the terms of this Exhibit M;
 - (iii) not Use, Disclose, sell, rent, license, or otherwise make available Personal Information for the Contractor’s own purposes or for the benefit of anyone other than the County, without the County’s express prior written consent, which the County may give or withhold in its sole and absolute discretion; and
 - (iv) not, directly or indirectly, Disclose Personal Information to any person (an “Unauthorized Third Party”) other than Authorized Persons pursuant to this Agreement, without the Director’s express prior written consent.
- (D) Notwithstanding the foregoing paragraph, in any case in which the Contractor believes it, or any Authorized Person, is required to disclose Personal Information to government regulatory authorities, or pursuant to a legal proceeding, or otherwise as may be required by applicable law, Contractor shall (i) immediately notify the County of the specific demand for, and legal authority for the disclosure, including providing County with a copy of any notice, discovery demand, subpoena, or order, as applicable, received by the Contractor, or any Authorized Person, from any government regulatory authorities, or in relation to any legal proceeding, and (ii) promptly notify the County

Exhibit N Data Security

before such Personal Information is offered by the Contractor for such disclosure so that the County may have sufficient time to obtain a court order or take any other action the County may deem necessary to protect the Personal Information from such disclosure, and the Contractor shall cooperate with the County to minimize the scope of such disclosure of such Personal Information.

- (E) The Contractor shall remain liable to the County for the actions and omissions of any Unauthorized Third Party concerning its Use of such Personal Information as if they were the Contractor's own actions and omissions.

3. Information Security

- (A) The Contractor covenants, represents and warrants to the County that the Contractor's Use of Personal Information under this Agreement does and will at all times comply with all applicable federal, state, and local, privacy and data protection laws, as well as all other applicable regulations and directives, including but not limited to California Civil Code, Division 3, Part 4, Title 1.81 (beginning with section 1798.80), and the Song-Beverly Credit Card Act of 1971 (California Civil Code, Division 3, Part 4, Title 1.3, beginning with section 1747). If the Contractor Uses credit, debit or other payment cardholder information, the Contractor shall at all times remain in compliance with the Payment Card Industry Data Security Standard ("PCI DSS") requirements, including remaining aware at all times of changes to the PCI DSS and promptly implementing and maintaining all procedures and practices as may be necessary to remain in compliance with the PCI DSS, in each case, at the Contractor's sole cost and expense.
- (B) The Contractor covenants, represents and warrants to the County that, as of the effective date of this Agreement, the Contractor has not received notice of any violation of any privacy or data protection laws, as well as any other applicable regulations or directives, and is not the subject of any pending legal action or investigation by, any government regulatory authority regarding same.
- (C) Without limiting the Contractor's obligations under section 3(A) of this Exhibit M, the Contractor's (or Authorized Person's) Security Safeguards shall be no less rigorous than accepted industry practices and, at a minimum, include the following:
- (i) limiting Use of Personal Information strictly to the Contractor's and Authorized Persons' technical and administrative personnel who are necessary for the Contractor's, or Authorized Persons', Use of the Personal Information pursuant to this Agreement;
 - (ii) ensuring that all of the Contractor's connectivity to County computing systems will only be through the County's security gateways and firewalls, and only through security procedures approved upon the express prior written consent of the Director;
 - (iii) to the extent that they contain or provide access to Personal Information, (a) securing business facilities, data centers, paper files, servers, back-up systems and computing equipment, operating systems, and software applications, including, but not limited to, all mobile devices and other equipment, operating systems, and software applications with information storage capability; (b)

Exhibit N Data Security

employing adequate controls and data security measures, both internally and externally, to protect (1) the Personal Information from potential loss or misappropriation, or unauthorized Use, and (2) the County's operations from disruption and abuse; (c) having and maintaining network, device application, database and platform security; (d) maintaining authentication and access controls within media, computing equipment, operating systems, and software applications; and (e) installing and maintaining in all mobile, wireless, or handheld devices a secure internet connection, having continuously updated anti-virus software protection and a remote wipe feature always enabled, all of which is subject to express prior written consent of the Director;

- (iv) encrypting all Personal Information at advance encryption standards of Advanced Encryption Standards (AES) of 128 bit or higher (a) stored on any mobile devices, including but not limited to hard disks, portable storage devices, or remote installation, or (b) transmitted over public or wireless networks (the encrypted Personal Information must be subject to password or pass phrase, and be stored on a secure server and transferred by means of a Virtual Private Network (VPN) connection, or another type of secure connection, all of which is subject to express prior written consent of the Director);
 - (v) strictly segregating Personal Information from all other information of the Contractor, including any Authorized Person, or anyone with whom the Contractor or any Authorized Person deals so that Personal Information is not commingled with any other types of information;
 - (vi) having a patch management process including installation of all operating system and software vendor security patches;
 - (vii) maintaining appropriate personnel security and integrity procedures and practices, including, but not limited to, conducting background checks of Authorized Employees consistent with applicable law; and
 - (viii) providing appropriate privacy and information security training to Authorized Employees.
- (D) During the term of each Authorized Employee's employment by the Contractor, the Contractor shall cause such Authorized Employees to abide strictly by the Contractor's obligations under this Exhibit M. The Contractor shall maintain a disciplinary process to address any unauthorized Use of Personal Information by any Authorized Employees.
- (E) The Contractor shall, in a secure manner, backup daily, or more frequently if it is the Contractor's practice to do so more frequently, Personal Information received from the County, and the County shall have immediate, real time access, at all times, to such backups via a secure, remote access connection provided by the Contractor, through the Internet.
- (F) The Contractor shall provide the County with the name and contact information for each Authorized Employee (including such Authorized Employee's work shift, and at least one alternate Authorized Employee for each Authorized Employee during such work shift) who shall serve as the County's primary security contact with the Contractor and shall be

Exhibit N Data Security

available to assist the County twenty-four (24) hours per day, seven (7) days per week as a contact in resolving the Contractor's and any Authorized Persons' obligations associated with a Security Breach or a Privacy Practices Complaint.

- (G) The Contractor shall not knowingly include or authorize any Trojan Horse, back door, time bomb, drop dead device, worm, virus, or other code of any kind that may disable, erase, display any unauthorized message within, or otherwise impair any County computing system, with or without the intent to cause harm.

4. Security Breach Procedures

- (A) Immediately upon the Contractor's awareness or reasonable belief of a Security Breach, the Contractor shall (i) notify the Director of the Security Breach, such notice to be given first by telephone at the following telephone number, followed promptly by email at the following email address: incidents@fresnocountyca.gov, phone number 559-600-5900 (which telephone number and email address the County may update by providing notice to the Contractor), and (ii) preserve all relevant evidence (and cause any affected Authorized Person to preserve all relevant evidence) relating to the Security Breach. The notification shall include, to the extent reasonably possible, the identification of each type and the extent of Personal Information that has been, or is reasonably believed to have been, breached, including but not limited to, compromised, or subjected to unauthorized Use, Disclosure, or modification, or any loss or destruction, corruption, or damage.
- (B) Immediately following the Contractor's notification to the County of a Security Breach, as provided pursuant to section 4(A) of this Exhibit M, the Parties shall coordinate with each other to investigate the Security Breach. The Contractor agrees to fully cooperate with the County, including, without limitation:
- (i) assisting the County in conducting any investigation;
 - (ii) providing the County with physical access to the facilities and operations affected;
 - (iii) facilitating interviews with Authorized Persons and any of the Contractor's other employees knowledgeable of the matter; and
 - (iv) making available all relevant records, logs, files, data reporting and other materials required to comply with applicable law, regulation, industry standards, or as otherwise reasonably required by the County.

To that end, the Contractor shall, with respect to a Security Breach, be solely responsible, at its cost, for all notifications required by law and regulation, or deemed reasonably necessary by the County, and the Contractor shall provide a written report of the investigation and reporting required to the Director within 30 days after the Contractor's discovery of the Security Breach.

- (C) County shall promptly notify the Contractor of the Director's knowledge, or reasonable belief, of any Privacy Practices Complaint, and upon the Contractor's receipt of that notification, the Contractor shall promptly address such Privacy Practices Complaint, including taking any corrective action under this Exhibit M, all at the Contractor's sole expense, in accordance with applicable privacy rights, laws, regulations and standards.

Exhibit N Data Security

In the event the Contractor discovers a Security Breach, the Contractor shall treat the Privacy Practices Complaint as a Security Breach. Within 24 hours of the Contractor's receipt of notification of such Privacy Practices Complaint, the Contractor shall notify the County whether the matter is a Security Breach, or otherwise has been corrected and the manner of correction, or determined not to require corrective action and the reason for that determination.

- (D) The Contractor shall take prompt corrective action to respond to and remedy any Security Breach and take mitigating actions, including but not limiting to, preventing any reoccurrence of the Security Breach and correcting any deficiency in Security Safeguards as a result of such incident, all at the Contractor's sole expense, in accordance with applicable privacy rights, laws, regulations and standards. The Contractor shall reimburse the County for all reasonable costs incurred by the County in responding to, and mitigating damages caused by, any Security Breach, including all costs of the County incurred relation to any litigation or other action described section 4(E) of this Exhibit M.
- (E) The Contractor agrees to cooperate, at its sole expense, with the County in any litigation or other action to protect the County's rights relating to Personal Information, including the rights of persons from whom the County receives Personal Information.

5. Oversight of Security Compliance

- (A) The Contractor shall have and maintain a written information security policy that specifies Security Safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities.
- (B) Upon the County's written request, to confirm the Contractor's compliance with this Exhibit M, as well as any applicable laws, regulations and industry standards, the Contractor grants the County or, upon the County's election, a third party on the County's behalf, permission to perform an assessment, audit, examination or review of all controls in the Contractor's physical and technical environment in relation to all Personal Information that is Used by the Contractor pursuant to this Agreement. The Contractor shall fully cooperate with such assessment, audit or examination, as applicable, by providing the County or the third party on the County's behalf, access to all Authorized Employees and other knowledgeable personnel, physical premises, documentation, infrastructure and application software that is Used by the Contractor for Personal Information pursuant to this Agreement. In addition, the Contractor shall provide the County with the results of any audit by or on behalf of the Contractor that assesses the effectiveness of the Contractor's information security program as relevant to the security and confidentiality of Personal Information Used by the Contractor or Authorized Persons during the course of this Agreement under this Exhibit M.
- (C) The Contractor shall ensure that all Authorized Persons who Use Personal Information agree to the same restrictions and conditions in this Exhibit M. that apply to the Contractor with respect to such Personal Information by incorporating the relevant provisions of these provisions into a valid and binding written agreement between the Contractor and such Authorized Persons, or amending any written agreements to provide same.

Exhibit N Data Security

6. Return or Destruction of Personal Information. Upon the termination of this Agreement, the Contractor shall, and shall instruct all Authorized Persons to, promptly return to the County all Personal Information, whether in written, electronic or other form or media, in its possession or the possession of such Authorized Persons, in a machine readable form used by the County at the time of such return, or upon the express prior written consent of the Director, securely destroy all such Personal Information, and certify in writing to the County that such Personal Information have been returned to the County or disposed of securely, as applicable. If the Contractor is authorized to dispose of any such Personal Information, as provided in this Exhibit M, such certification shall state the date, time, and manner (including standard) of disposal and by whom, specifying the title of the individual. The Contractor shall comply with all reasonable directions provided by the Director with respect to the return or disposal of Personal Information and copies of Personal Information. If return or disposal of such Personal Information or copies of Personal Information is not feasible, the Contractor shall notify the County according, specifying the reason, and continue to extend the protections of this Exhibit M to all such Personal Information and copies of Personal Information. The Contractor shall not retain any copy of any Personal Information after returning or disposing of Personal Information as required by this section 6. The Contractor's obligations under this section 6 survive the termination of this Agreement and apply to all Personal Information that the Contractor retains if return or disposal is not feasible and to all Personal Information that the Contractor may later discover.

7. Equitable Relief. The Contractor acknowledges that any breach of its covenants or obligations set forth in this Exhibit M may cause the County irreparable harm for which monetary damages would not be adequate compensation and agrees that, in the event of such breach or threatened breach, the County is entitled to seek equitable relief, including a restraining order, injunctive relief, specific performance and any other relief that may be available from any court, in addition to any other remedy to which the County may be entitled at law or in equity. Such remedies shall not be deemed to be exclusive but shall be in addition to all other remedies available to the County at law or in equity or under this Agreement.

8. Indemnity. The Contractor shall defend, indemnify and hold harmless the County, its officers, employees, and agents, (each, a "**County Indemnitee**") from and against any and all infringement of intellectual property including, but not limited to infringement of copyright, trademark, and trade dress, invasion of privacy, information theft, and extortion, unauthorized Use, Disclosure, or modification of, or any loss or destruction of, or any corruption of or damage to, Personal Information, Security Breach response and remedy costs, credit monitoring expenses, forfeitures, losses, damages, liabilities, deficiencies, actions, judgments, interest, awards, fines and penalties (including regulatory fines and penalties), costs or expenses of whatever kind, including attorneys' fees and costs, the cost of enforcing any right to indemnification or defense under this Exhibit M and the cost of pursuing any insurance providers, arising out of or resulting from any third party claim or action against any County Indemnitee in relation to the Contractor's, its officers, employees, or agents, or any Authorized Employee's or Authorized Person's, performance or failure to perform under this Exhibit M or arising out of or resulting from the Contractor's failure to comply with any of its obligations under this section 8. The provisions of this section 8 do not apply to the acts or omissions of the County. The provisions of this section 8 are cumulative to any other obligation of the Contractor to, defend, indemnify, or hold harmless any County Indemnitee under this Agreement. The provisions of this section 8 shall survive the termination of this Agreement.

Exhibit N Data Security

9. Survival. The respective rights and obligations of the Contractor and the County as stated in this Exhibit M shall survive the termination of this Agreement.

10. No Third Party Beneficiary. Nothing express or implied in the provisions of in this Exhibit M is intended to confer, nor shall anything in this Exhibit M confer, upon any person other than the County or the Contractor and their respective successors or assignees, any rights, remedies, obligations or liabilities whatsoever.

11. No County Warranty. The County does not make any warranty or representation whether any Personal Information in the Contractor's (or any Authorized Person's) possession or control, or Use by the Contractor (or any Authorized Person), pursuant to the terms of this Agreement is or will be secure from unauthorized Use, or a Security Breach or Privacy Practices Complaint.

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: | |

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

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

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

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

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

| NAME | ADDRESS | EIN |
|------|---------|-----|
| | | |
| | | |
| | | |

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

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

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

| NAME | ADDRESS | PROVIDER NUMBER |
|------|---------|-----------------|
| | | |
| | | |
| | | |

YES NO

- IV. A. Has there been a change in ownership or control within the last year?
If yes, give date. _____
- B. Do you anticipate any change of ownership or control within the year?.....
If yes, when? _____
- C. Do you anticipate filing for bankruptcy within the year?.....
If yes, when? _____
- V. Is the facility operated by a management company or leased in whole or part by another organization?.....
If yes, give date of change in operations. _____

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

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

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

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

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

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

| | |
|---|-------|
| Name of authorized representative (typed) | Title |
| Signature | Date |

Remarks

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

| | | | | |
|---|--|--------------------------------------|-------------|------------------------|
| Name of entity Turning Point of Central California, Inc. | | D/B/A N/A | | |
| Address (number, street) P.O. Box 7447 | | City Visalia | State CA | ZIP code 93290-7447 |
| CLIA number | Taxpayer ID number (EIN) 94-1719862 | Telephone number (559) 732-8086 | | |

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

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

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

| NAME | ADDRESS | EIN |
|------|---------|-----|
| None | | |
| | | |
| | | |

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. YES NO

| NAME | ADDRESS | PROVIDER NUMBER |
|------|---------|-----------------|
| N/A | | |
| | | |
| | | |

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| IV. A. Has there been a change in ownership or control within the last year? If yes, give date. _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B. Do you anticipate any change of ownership or control within the year?..... If yes, when? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. Do you anticipate filing for bankruptcy within the year?..... If yes, when? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

VI. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?..... YES NO

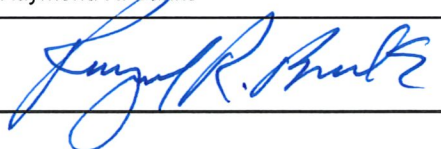
VII. A. Is this facility chain affiliated? YES NO
(If yes, list name, address of corporation, and EIN.)

| | | | |
|------------------------|------|-------|----------|
| Name N/A | | 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? No
(If yes, list name, address of corporation, and EIN.)

| | | | |
|------------------------|------|-------|----------|
| Name N/A | | 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) Raymond R. Banks | Title Chief Executive Officer |
| Signature  | Date 5/31/23 |

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: _____

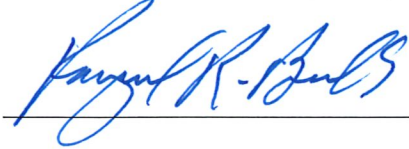
Date: _____

(Printed Name & Title)

(Name of Agency or Company)

- (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: _____



Raymond R. Banks, CEO

(Printed Name & Title)

Date: _____



Turning Point of Central California, Inc.

(Name of Agency or Company)

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

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

Principal Standard:

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

Governance, Leadership, and Workforce:

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

Communication and Language Assistance:

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

Engagement, Continuous Improvement, and Accountability:

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



The Case for the National CLAS Standards

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

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

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

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

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

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

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

— Dr. Martin Luther King, Jr.

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