

SERVICE AGREEMENT

This Service Agreement ("Agreement") is dated April 9, 2024 and is between Kings View, a California non-profit corporation ("Contractor"), 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 a qualified agency to operate Mental Health Crisis Intervention Services within the Fresno metropolitan (metro) and rural areas as specified in this Agreement, to help reduce stigma and discrimination against mental illness and provide mental health crisis intervention services in a working partnership with Fresno metro and rural first responders.

B. On June 19, 2023, pursuant to Section 14132.57 of the Welfare and Institutions Code (W&IC), the California Department of Health Care Services, hereinafter referred to as State or DHCS, released guidance under Behavioral Health Information Notice 23-025 regarding implementation of the Medi-Cal Community-Based Mobile Crisis Intervention Services benefit by county mental health plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) by December 31, 2023.

C. County entered into Agreement Nos. 23-303 and 23-308 on June 30, 2023 for Metro and Rural programs respectively, amended by Agreement Nos. 24-039 and 24-040 on January 23, 2024, collectively Agreement Nos. 23-303 and 23-208.

D. On August 22, 2023, County entered into Agreement No. 23-416 with California Health Facilities Financing Authority (CHFFA) for grant funding from the Investment in Mental Health Wellness Grant Program for Children and Youth to expand mental health crisis intervention services with dedicated school-based mobile crisis services.

E. County and the Contractor now desire to combine the existing agreements for Metro and Rural programs in order to better support a coordinated mobile crisis intervention system of care, leverage more flexible staffing strategies, and reduce additional administrative burden when adding school-based mobile crisis services with CHFFA grant funding.

F. This Agreement shall replace, restate, and supersede Agreement Nos. 23-303 and 23-308, as amended, in their entirety.

The parties therefore agree as follows:

Article 1

Contractor's Services

1.1 **Scope of Services.** The Contractor shall perform all of the services provided in Exhibit A to this Agreement, titled "Crisis Intervention Team Scope of Services", Exhibit A-1 titled "Mobile Crisis Response Team Scope of Services", and Exhibit A-2 titled "CHFFA School-based Mobile Crisis Scope of Services".

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

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

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

(A) California Code of Regulations, Title 9;

(B) California Code of Regulations, Title 22;

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

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

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

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

(G) Balanced Budget Act of 1997;

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

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

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

Contractor recognizes that County operates its mental health programs under an agreement with DHCS, and that under said agreement the State imposes certain requirements on County and its subcontractors. Contractor shall adhere to all State requirements, including those identified in Exhibit B, "Behavioral Health Requirements."

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

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

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

1.7 Credentialing and Recredentialing. Contractor and their respective staff must follow the uniform process for credentialing and recredentialing of service providers established

by County, including disciplinary actions such as reducing, suspending, or terminating provider's privileges. Failure to comply with specified requirements can result in suspension or termination of an individual or provider.

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

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

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

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

1.9 Guiding Principles. Contractor shall align programs, services, and practices with the vision, mission, and guiding principles of the DBH, as further described in Exhibit C, "Fresno County Department of Behavioral Health Guiding Principles of Care Delivery."

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

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

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

Disclaimer

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

1 1.13 **Records.** Contractor shall maintain records in accordance with Exhibit D,
2 "Documentation Standards for Person Served Records". All records shall be maintained for a
3 minimum of ten (10) years from the date of the end of this Agreement.

4 1.14 **Access to Records.** Contractor shall provide County with access to all
5 documentation of services provided under this Agreement for County's use in administering this
6 Agreement. Contractor shall allow County, CMS, the Office of the Inspector General, the
7 Controller General of the United States, and any other authorized Federal and State agencies to
8 evaluate performance under this Agreement, and to inspect, evaluate, and audit any and all
9 records, documents, and the premises, equipment and facilities maintained by the Contractor
10 pertaining to such services at any time and as otherwise required under this Agreement.

11 1.15 **Quality Improvement Activities and Participation.** Contractor shall comply with
12 the County's ongoing comprehensive Quality Assessment and Performance Improvement
13 (QAPI) Program (42 C.F.R. § 438.330(a)) and work with the County to improve established
14 outcomes by following structural and operational processes and activities that are consistent
15 with current practice standards.

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

25 1.16 **Rights of Persons Served.** Contractor shall comply with applicable laws and
26 regulations relating to patients' rights, including but not limited to Wel. & Inst. Code 5325, Cal.
27 Code Regs., tit. 9, sections 862 through 868, and 42 C. F. R. § 438.100. The Contractor shall
28 ensure that its subcontractors comply with all applicable patients' rights laws and regulations.

Article 2

Reporting

2.1 **Reports.** The Contractor shall submit the following reports:

(A) Outcome Reports

Contractor shall submit to County clinical program performance outcome reports, as requested.

Outcome reports and outcome requirements are subject to change at County's discretion. Contractor shall provide outcomes as stated in Exhibits A, A-1 and A-2 and Exhibit E, "Performance Outcome Measures".

(B) Staffing Report

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

(C) Mental Health Services Act (MHSA) Reporting

Contractor shall adhere to MHSA reporting including but not limited to fiscal, outcomes, and demographics as described in Exhibits A and A-1.

(D) Crisis Care Mobile Units (CCMU) Grant Reporting

Contractor shall submit all CCMU grant reports as requested by County and described in Exhibit A.

(E) Medi-Cal Mobile Crisis Benefit Reporting

Contractor shall submit all demographic, process, and outcomes data as required by DHCS and described in Exhibit A-1.

(F) CHFFA Grant Reporting

Contractor shall adhere to CHFFA reporting including but not limited to fiscal, outcomes and demographics as described in Exhibit A-2.

(G) Additional Reports

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

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

Article 3

County's Responsibilities

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

County shall participate in evaluating the progress of the overall program, levels of care components, and the efficiency of collaboration with the Contractor staff and will be available to Contractor for ongoing consultation.

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

Article 4

Compensation, Invoices, and Payments

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

4.2 **Specialty Mental Health Services Maximum Compensation.** The maximum compensation payable to the Contractor under this Agreement for the period of April 9, 2024 through June 30, 2024 for Crisis Intervention Team Specialty Mental Health Services is Two Hundred Fifteen Thousand, Eight Hundred Sixty-Three and No/100 Dollars (\$215,863.00), which is not a guaranteed sum but shall be paid only for services rendered and received. The maximum compensation payable to the Contractor under this Agreement for the period of July 1, 2024 through June 30, 2025 for Crisis Intervention Team Specialty Mental Health Services is One Million, Eighty-Five Thousand, Three Hundred Fifty-One and No/100 Dollars (\$1,085,351.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to the Contractor under this Agreement for the period of April 9, 2024 through June 30, 2024 for Medi-Cal Mobile Crisis Specialty Mental Health Services is Seventy-One Thousand, Nine Hundred Eight and No/100 Dollars (\$71,908.00), which is not a guaranteed sum but shall be paid only for services rendered and received. The maximum compensation payable to the Contractor under this Agreement for the period of July 1, 2024 through June 30, 2025 for Medi-Cal Mobile Crisis Specialty Mental Health Services is Two Hundred Eighty-Eight Thousand, Seven Hundred Eight and No/100 Dollars (\$288,708.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

4.3 **Drug Medi-Cal Organized Delivery System Services Maximum Compensation.** The maximum compensation payable to the Contractor under this Agreement for the period of April 9, 2024 through June 30, 2024 for Medi-Cal Mobile Crisis Drug Medi-Cal Organized Delivery System Services is Fourteen Thousand, One Hundred Fifty-One and No/100 Dollars

1 (\$14,151.00), which is not a guaranteed sum but shall be paid only for services rendered and
2 received. The maximum compensation payable to the Contractor under this Agreement for the
3 period of July 1, 2024 through June 30, 2025 for Medi-Cal Mobile Crisis Drug Med-Cal
4 Organized Delivery System Services is Fifty-Nine Thousand, Nine Hundred Thirteen and
5 No/100 Dollars (\$59,913.00), which is not a guaranteed sum but shall be paid only for services
6 rendered and received.

7 **4.1 Crisis Care Mobile Unit (CCMU) Maximum Compensation.** The maximum
8 compensation payable to the Contractor under this Agreement for the period of April 9, 2024
9 through June 30, 2024 for CCMU Compensation is One Hundred Seven Thousand, Six
10 Hundred Eleven and No/100 Dollars (\$107,611.00). The maximum compensation payable to the
11 Contractor under this Agreement for the period of July 1, 2024 through June 30, 2025 for CCMU
12 Compensation is Four Hundred Eight Thousand, Seven Hundred Thirty-Two and No/100 Dollars
13 (\$408,732.00).

14 **4.2 CHFFA School-based Mobile Crisis Services Maximum Compensation.** The
15 maximum compensation payable to the Contractor under this Agreement for the period of April
16 9, 2024 through June 30, 2024 for CHFFA School-based Mobile Crisis Services is Eight
17 Hundred Eleven Thousand, Seven Hundred Ninety-Two and No/100 Dollars (\$811,792.00). The
18 maximum compensation payable to the Contractor under this Agreement for the period of July
19 1, 2024 through June 30, 2025 for CHFFA School-based Mobile Crisis Services is Four
20 Hundred Seventy-Nine Thousand, Two Hundred Fourteen and No/100 Dollars (\$479,214.00).

21 **4.3 Mental Health Realignment Maximum Compensation.** The maximum
22 compensation payable to the Contractor under this Agreement for the period of April 9, 2024
23 through June 30, 2024 for Mental Health Realignment Compensation is Five Hundred Nine
24 Thousand, Three Hundred Forty-Seven and No/100 Dollars (\$509,347.00). The maximum
25 compensation payable to the Contractor under this Agreement for the period of July 1, 2024
26 through June 30, 2025 for Mental Health Realignment Compensation is One Million, Five
27 Hundred Seventy Thousand, Five Hundred Twelve and No/100 Dollars (\$1,570,512.00).

1 4.4 **MHSA Prevention and Early Intervention (PEI) Services Maximum**

2 **Compensation.** The maximum compensation payable to the Contractor under this Agreement
3 for the period of April 9, 2024 through June 30, 2024 for MHSA PEI Services is Eight Hundred
4 Ninety-Six Thousand, Fifty-Nine and No/100 Dollars (\$896,059.00). The maximum
5 compensation payable to the Contractor under this Agreement for the period of July 1, 2024
6 through June 30, 2025 for MHSA PEI Services is Three Million, Nine Hundred Eighty-Four
7 Thousand, Two Hundred Thirty-Eight and No/100 Dollars (\$3,984,238.00).

8 4.5 **Total Maximum Compensation.** In no event shall the maximum contract amount for
9 all the services provided by the Contractor to County under the terms and conditions of this
10 Agreement be in excess of Ten Million, Five Hundred Three Thousand, Three Hundred Ninety-
11 Nine and No/100 Dollars (\$10,503,399.00) during the entire term of this Agreement. The
12 Contractor acknowledges that the County is a local government entity and does so with notice
13 that the County's powers are limited by the California Constitution and by State law, and with
14 notice that the Contractor may receive compensation under this Agreement only for services
15 performed according to the terms of this Agreement and while this Agreement is in effect, and
16 subject to the maximum amount payable under this section.

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

20 4.6 **Specialty Mental Health Services Claiming.** Contractor shall enter claims data into
21 the County's billing and transactional database system within the timeframes established by
22 County. Contractor shall use Current Procedural Terminology (CPT) or Healthcare Common
23 Procedure Coding System (HCPSC) codes, as provided in the DHCS Billing Manual available at
24 <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, as from time to time
25 amended.

26 Claims shall be complete and accurate and must include all required information
27 regarding the claimed services. Claims data entry into the County's electronic health record
28 system shall be the responsibility of Contractor. County shall monitor the volume of services,

1 billing amounts and service types entered into County's electronic health record/information
2 system. Any and all audit exceptions resulting from the provision and reporting of specialty
3 mental health services by Contractor shall be the sole responsibility of Contractor. Contractor
4 will comply with all applicable policies, procedures, directives, and guidelines regarding the use
5 of County's electronic health record/information system.

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

14 It is understood by the County and Contractor that any Medi-Cal FFP and Drug Medi-Cal
15 FFP above the amounts stated herein will be used to directly offset the County's contribution of
16 CCMU, Mental Health Realignment and MHSA funds as identified in Exhibit F, and may be used
17 to expand program services to persons served and/or increase program capacity with the
18 written approval of the County's DBH Director or designee for such approval.

19 If Contractor fails to generate the Medi-Cal and Drug Medi-Cal revenue amounts set
20 forth in Exhibit F, County shall not be obligated to pay the difference between the amounts and
21 the actual amounts generated.

22 **4.7 Applicable Fees.** Contractor shall not charge any persons served or third-party
23 payers any fee for service unless directed to do so by the County's DBH Director or designee at
24 the time the individual is referred for services. When directed to charge for services, Contractor
25 shall use the uniform billing and collection guidelines prescribed by DHCS.

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

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

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

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

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

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 **4.9 Cost Reimbursement Based Invoices.** Invoices for cost reimbursement services
6 shall be based on actual expenses incurred in the month of service. Contractor shall submit
7 monthly invoices and general ledgers to County that itemize the line item charges for monthly
8 program costs. The invoices and general ledgers will serve as tracking tools to determine if
9 Contractor's costs are in accordance with its budgeted cost. Failure to submit reports and other
10 supporting documentation shall be deemed sufficient cause for County to withhold payments
11 until there is compliance.

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

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

19 **4.10 Corrective Action Plans.** Contractors shall enter services into the County's billing
20 and transactional database and submit invoices in accordance with the deadlines listed above
21 and information shall be accurate. Failure to meet the requirements set forth will result in a
22 corrective action plan and at the discretion of the County's DBH Director or designee, and may
23 result in financial penalties or termination of Agreement per Article 7.

24 **4.11 Payment.** Payments shall be made by County to Contractor in arrears, for services
25 provided during the preceding month, within forty-five (45) days after the date of receipt,
26 verification, and approval by County. All final invoices and/or any final budget modification
27 requests shall be submitted by Contractor within sixty (60) days following the final month of
28 service for which payment is claimed. No action shall be taken by County on claims submitted

beyond the sixty (60) day closeout period. Any compensation which is not expended by Contractor pursuant to the terms and conditions of this Agreement shall automatically revert to County.

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

4.13 **Cost Reimbursement Payments.** Payment shall be made upon certification or other proof satisfactory to County that services have actually been performed by Contractor as specified in this Agreement and/or after receipt and verification of actual expenditures incurred by Contractor for monthly program costs, as identified in the budget narratives and budgets identified in Exhibit F, in the performance of this Agreement. County shall not be obligated to make any payments under this Agreement if the request for payment is received by County more than sixty (60) days after this Agreement has terminated or expired.

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

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

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

4.16 Restrictions and Limitations. This Agreement shall be subject to any restrictions, limitations, and/or conditions imposed by County or state or federal funding sources that may in any way affect the fiscal provisions of, or funding for this Agreement. This Agreement is also contingent upon sufficient funds being made available by County, state, or federal funding sources for the term of the Agreement. If the federal or state governments reduce financial participation in the Medi-Cal program, County agrees to meet with Contractor to discuss renegotiating the services required by this Agreement.

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

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

1 **4.17 Additional Financial Requirements.** County has the right to monitor the
2 performance of this Agreement to ensure the accuracy of claims for reimbursement and
3 compliance with all applicable laws and regulations.

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

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

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

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

19 **4.18 Contractor Prohibited from Redirection of Contracted Funds.** Contractor may
20 not redirect or transfer funds from one funded program to another funded program under which
21 Contractor provides services pursuant to this Agreement except through a duly executed
22 amendment to this Agreement.

23 Contractor may not charge services delivered to an eligible person served under one
24 funded program to another funded program unless the person served is also eligible for services
25 under the second funded program.

26 **4.19 Financial Audit Report Requirements for Pass-Through Entities.** If County
27 determines that Contractor is a "subrecipient" (also known as a "pass-through entity") as defined
28 in 2 C.F.R. § 200 et seq., Contractor represents that it will comply with the applicable cost

principles and administrative requirements including claims for payment or reimbursement by County as set forth in 2 C.F.R. § 200 et seq., as may be amended from time to time. Contractor shall observe and comply with all applicable financial audit report requirements and standards.

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

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

Contractor must submit any required corrective action plan to the County simultaneously with the audit report or as soon thereafter as it is available. The County shall monitor implementation of the corrective action plan as it pertains to services provided pursuant to this Agreement.

Article 5

Term of Agreement

5.1 Term. This Agreement is effective upon execution, and terminates on June 30, 2024 except as provided in section 5.2, "Extension," or Article 7, "Termination and Suspension," below.

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

Article 6

Notices

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

For the County:

Director
County of Fresno
1925 E. Dakota Avenue
Fresno, CA 93726

For the Contractor:

Chief Executive Director
Kings View
1396 W. Herndon Avenue
Fresno, CA 93711

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

6.3 **Method of Delivery.** Each notice between the County and the Contractor 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 United States mail, by an overnight commercial courier service, by telephonic facsimile transmission, or by Portable Document Format (PDF) document attached to an email.

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

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

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

6.4 **Claims Presentation.** For all claims arising from or related to this Agreement, nothing in this Agreement establishes, waives, or modifies any claims presentation

requirements or procedures provided by law, including the Government Claims Act (Division 3.6 of Title 1 of the Government Code, beginning with section 810).

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

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

Article 7

Termination and Suspension

7.1 **Termination for Non-Allocation of Funds.** The terms of this Agreement are contingent on the approval of funds by the appropriating government agency. If sufficient funds are not allocated, then the County, upon at least thirty (30) days' advance written notice to the Contractor, may:

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

7.2 **Termination for Breach.**

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

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

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

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

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

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

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

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

Article 8

Informing Materials for Persons Served

8.1 Basic Information Requirements. Contractor shall provide information in a manner and format that is easily understood and readily accessible to the persons served (42 C.F.R. § 438.10(c)(1)). Contractor shall provide all written materials for persons served in easily understood language, format, and alternative formats that take into consideration the special needs of individuals in compliance with 42 C.F.R. § 438.10(d)(6). Contractor shall inform the

persons served that information is available in alternate formats and how to access those formats in compliance with 42 C.F.R. § 438.10.

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

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

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

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

(A) The format is readily accessible;

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

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

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

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

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

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

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

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

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

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

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

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

(A) Consumer Handbook

(B) Provider Directory

(C) Grievance form

(D) Appeal/Expedited Appeal form

(E) Advance Directives brochure

(F) Change of Provider form

(G) Suggestions brochure

1 (H) Notice of Privacy Practices

2 (I) Notices of Adverse Benefit Determination (NOABDs – Including Denial and
3 Termination notices)

4 (J) Early & Periodic Screening, Diagnostic and Treatment (EPSDT) poster (if serving
5 individuals under the age of twenty-one (21))

6 (K) Contractor shall ensure beneficiary informing material are displayed in the
7 threshold languages of Fresno County at all service sites, including but not limited to the
8 following:

9 (1) Consumer Handbook

10 (2) Provider Directory

11 (3) Grievance form

12 (4) Appeal/Expedited Appeal form

13 (5) Advance Directives brochure

14 (6) Change of Provider form

15 (7) Suggestions brochure

16 All beneficiary informing written materials will use easily understood language and
17 format (i.e. material written and formatted at a sixth grade reading level), and will use a font size
18 no smaller than twelve (12) point. All beneficiary informing written materials shall inform
19 beneficiaries of the availability of information in alternative formats and how to make a request
20 for an alternative format. Inventory and maintenance of all beneficiary informing materials will be
21 maintained by the County's DBH Managed Care Division. Contractor will ensure that its written
22 materials include taglines or that an additional taglines document is available.

23 **8.5 Beneficiary Handbook.** Contractor shall provide each persons served with a
24 beneficiary handbook at the time the individual first accesses services and thereafter upon
25 request. The beneficiary handbook shall be provided to beneficiaries within fourteen (14)
26 business days after receiving notice of enrollment.

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

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

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

Informing materials will be considered provided to the individual if Contractor does one or more of the following:

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

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

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

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

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

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

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

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

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

Article 9

Independent Contractor

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

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

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

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

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

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

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

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

Article 10

Indemnity and Defense

10.1 **Indemnity.** The Contractor shall indemnify and hold harmless and defend the County (including its officers, agents, employees, and volunteers) against all claims, demands, injuries, damages, costs, expenses (including attorney fees and costs), fines, penalties, and liabilities of any kind to the County, the Contractor, or any third party that arise from or relate to

the performance or failure to perform by the Contractor (or any of its officers, agents, subcontractors, or employees) under this Agreement. The County may conduct or participate in its own defense without affecting the Contractor's obligation to indemnify and hold harmless or defend the County.

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

Article 11

Insurance

11.1 The Contractor shall comply with all the insurance requirements in Exhibit G to this Agreement.

Article 12

Assurances

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

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

(B) In entering into this Agreement, Contractor certifies, that the Contractor does not employ or subcontract with providers or have other relationships with providers excluded from participation in Federal Health Care Programs, including Medi-Cal/Medicaid or procurement activities, as set forth in 42 C.F.R. §438.610. Contractor shall conduct initial and monthly exclusion and suspension searches of the following databases and provide evidence of these completed searches when requested by County, DHCS or the US Department of Health and Human Services (DHHS):

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

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

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

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

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

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

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

14 (F) Contractor must confirm the identity and determine the exclusion status of all its
15 providers, as well as any person with an ownership or control interest, or who is an
16 agent or managing employee of the contracted agency through routine checks of federal
17 and state databases. This includes the Social Security Administration's Death Master
18 File, NPPES, the Office of Inspector General's LEIE, the Medi-Cal Suspended and
19 Ineligible Provider List (S&I List) as consistent with the requirements of 42 C.F.R. §
20 455.436.

21 (G) If Contractor finds a provider that is excluded, it must promptly notify the County
22 as per 42 C.F.R. § 438.608(a)(2), (4). The Contractor shall not certify or pay any
23 Excluded provider with Medi-Cal funds, must treat any payments made to an excluded
24 provider as an overpayment, and any such inappropriate payments may be subject to
25 recovery.
26
27
28

Article 13

Inspections, Audits, and Public Records

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

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

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

In addition, Contractors with medication prescribing authority shall adhere to County's medication monitoring review practices. Contractor shall provide County with notification and a summary of any internal audit exceptions and the specific corrective actions taken to sufficiently reduce the errors that are discovered through Contractor's internal audit process. Contractor shall provide this notification and summary to County as requested by the County.

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

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

4 Contractor's records shall be maintained as required by DBH and DHCS on forms
5 furnished by DHCS or the County. All statistical data or information requested by the County's
6 DBH Director or designee shall be provided by the Contractor in a complete and timely manner.

7 **13.5 Reasons for Recoupment.** County will conduct periodic audits of Contractor files to
8 ensure appropriate clinical documentation, high quality service provision and compliance with
9 applicable federal, state and county regulations.

10 Such audits may result in requirements for Contractor to reimburse County for services
11 previously paid in the following circumstances:

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

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

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

18 (B) Overpayment of Contractor by County due to errors in claiming or
19 documentation.

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

22 Contractor shall reimburse County for all overpayments identified by Contractor, County,
23 and/or state or federal oversight agencies as an audit exception within the timeframes required
24 by law or Country or state or federal agency. Funds owed to County will be due within forty-five
25 (45) days of notification by County, or County shall withhold future payments until all excess
26 funds have been recouped by means of an offset against any payments then or thereafter owing
27 to County under this or any other Agreement between the County and Contractor.
28

1 13.6 **Cooperation with Audits.** Contractor shall cooperate with County in any review
2 and/or audit initiated by County, DHCS, or any other applicable regulatory body. This
3 cooperation may include such activities as onsite program, fiscal, or chart reviews and/or audits.

4 In addition, Contractor shall comply with all requests for any documentation or files
5 including, but not limited to, files for persons served.

6 Contractor shall notify the County of any scheduled or unscheduled external evaluation
7 or site visits when it becomes aware of such visit. County shall reserve the right to attend any or
8 all parts of external review processes.

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

14 13.7 **Single Audit Clause.** If Contractor expends Seven Hundred Fifty Thousand and
15 No/100 Dollars (\$750,000.00) or more in Federal and Federal flow-through monies, Contractor
16 agrees to conduct an annual audit in accordance with the requirements of the Single Audit
17 Standards as set forth in Office of Management and Budget (OMB) 2 CFR 200. Contractor shall
18 submit said audit and management letter to County. The audit must include a statement of
19 findings or a statement that there were no findings. If there were negative findings, Contractor
20 must include a corrective action plan signed by an authorized individual. Contractor agrees to
21 take action to correct any material non-compliance or weakness found as a result of such audit.
22 Such audit shall be delivered to County's DBH Finance Division for review within nine (9)
23 months of the end of any fiscal year in which funds were expended and/or received for the
24 program. Failure to perform the requisite audit functions as required by this Agreement may
25 result in County performing the necessary audit tasks, or at County's option, contracting with a
26 public accountant to perform said audit, or may result in the inability of County to enter into
27 future agreements with Contractor. All audit costs related to this Agreement are the sole
28 responsibility of Contractor.

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

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

19 **13.8 Public Records.** The County is not limited in any manner with respect to its public
20 disclosure of this Agreement or any record or data that the Contractor may provide to the
21 County. The County's public disclosure of this Agreement or any record or data that the
22 Contractor may provide to the County may include but is not limited to the following:

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

26 (B) The County may voluntarily, or upon request by any member of the public or
27 governmental agency, disclose to the public or such governmental agency any record or
28

1 data that the Contractor may provide to the County, unless such disclosure is prohibited
2 by court order.

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

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

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

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

18 **13.9 Public Records Act Requests.** If the County receives a written or oral request
19 under the CPRA to publicly disclose any record that is in the Contractor's possession or control,
20 and which the County has a right, under any provision of this Agreement or applicable law, to
21 possess or control, then the County may demand, in writing, that the Contractor deliver to the
22 County, for purposes of public disclosure, the requested records that may be in the possession
23 or control of the Contractor. Within five business days after the County's demand, the
24 Contractor shall (a) deliver to the County all of the requested records that are in the Contractor's
25 possession or control, together with a written statement that the Contractor, after conducting a
26 diligent search, has produced all requested records that are in the Contractor's possession or
27 control, or (b) provide to the County a written statement that the Contractor, after conducting a
28 diligent search, does not possess or control any of the requested records. The Contractor shall

1 cooperate with the County with respect to any County demand for such records. If the
2 Contractor wishes to assert that any specific record or data is exempt from disclosure under the
3 CPRA or other applicable law, it must deliver the record or data to the County and assert the
4 exemption by citation to specific legal authority within the written statement that it provides to
5 the County under this section. The Contractor's assertion of any exemption from disclosure is
6 not binding on the County, but the County will give at least 10 days' advance written notice to
7 the Contractor before disclosing any record subject to the Contractor's assertion of exemption
8 from disclosure. The Contractor shall indemnify the County for any court-ordered award of costs
9 or attorney's fees under the CPRA that results from the Contractor's delay, claim of exemption,
10 failure to produce any such records, or failure to cooperate with the County with respect to any
11 County demand for any such records.

12 **Article 14**

13 **Right to Monitor**

14 14.1 **Right to Monitor.** County or any subdivision or appointee thereof, and the State of
15 California or any subdivision or appointee thereof, including the Auditor General, shall have
16 absolute right to review and audit all records, books, papers, documents, corporate minutes,
17 financial records, staff information, records of persons served, other pertinent items as
18 requested, and shall have absolute right to monitor the performance of Contractor in the delivery
19 of services provided under this Agreement. Full cooperation shall be given by the Contractor in
20 any auditing or monitoring conducted, according to this agreement.

21 14.2 **Accessibility.** Contractor shall make all of its premises, physical facilities,
22 equipment, books, records, documents, agreements, computers, or other electronic systems
23 pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services, and activities furnished
24 under the terms of this Agreement, or determinations of amounts payable available at any time
25 for inspection, examination, or copying by County, the State of California or any subdivision or
26 appointee thereof, CMS, U.S. Department of Health and Human Services (HHS) Office of
27 Inspector General, the United States Controller General or their designees, and other
28 authorized federal and state agencies. This audit right will exist for at least ten years from the

1 final date of the Agreement period or in the event the Contractor has been notified that an audit
2 or investigation of this Agreement has commenced, until such time as the matter under audit or
3 investigation has been resolved, including the exhaustion of all legal remedies, whichever is
4 later (42 CFR §438.230(c)(3)(I)-(ii)).

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

9 14.3 **Cooperation.** Contractor shall cooperate with County in the implementation,
10 monitoring and evaluation of this Agreement and comply with any and all reporting requirements
11 established by County. Should County identify an issue or receive notification of a complaint or
12 potential/actual/suspected violation of requirements, County may audit, monitor, and/or request
13 information from Contractor to ensure compliance with laws, regulations, and requirements, as
14 applicable.

15 14.4 **Probationary Status.** County reserves the right to place Contractor on probationary
16 status, as referenced in the Probationary Status Article, should Contractor fail to meet
17 performance requirements; including, but not limited to violations such as high disallowance
18 rates, failure to report incidents and changes as contractually required, failure to correct issues,
19 inappropriate invoicing, untimely and inaccurate data entry, not meeting performance outcomes
20 expectations, and violations issued directly from the State. Additionally, Contractor may be
21 subject to Probationary Status or termination if agreement monitoring and auditing corrective
22 actions are not resolved within specified timeframes.

23 14.5 **Record Retention.** Contractor shall retain all records and documents originated or
24 prepared pursuant to Contractor's performance under this Agreement, including grievance and
25 appeal records, and the data, information and documentation specified in 42 C.F.R. parts
26 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten years from the term
27 end date of this Agreement or until such time as the matter under audit or investigation has
28 been resolved. Records and documents include but are not limited to all physical and electronic

1 records and documents originated or prepared pursuant to Contractor's or subcontractor's
2 performance under this Agreement including working papers, reports, financial records and
3 documents of account, records of persons served, prescription files, subcontracts, and any
4 other documentation pertaining to covered services and other related services for persons
5 served.

6 **14.6 Record Maintenance.** Contractor shall maintain all records and management books
7 pertaining to service delivery and demonstrate accountability for agreement performance and
8 maintain all fiscal, statistical, and management books and records pertaining to the program.
9 Records should include, but not be limited to, monthly summary sheets, sign-in sheets, and
10 other primary source documents. Fiscal records shall be kept in accordance with Generally
11 Accepted Accounting Principles and must account for all funds, tangible assets, revenue and
12 expenditures. Fiscal records must also comply with the Code of Federal Regulations (CFR),
13 Title II, Subtitle A, Chapter 11, Part 200, Uniform Administrative Requirements, Cost Principles,
14 and Audit Requirements for Federal Awards.

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

18 Contractor shall maintain records of persons served and community service in
19 compliance with all regulations set forth by local, state, and federal requirements, laws, and
20 regulations, and provide access to clinical records by County staff.

21 Contractor shall comply with the Article 18 and Article 1 regarding relinquishing or
22 maintaining medical records.

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

26 **14.7 Financial Reports.** Contractor shall submit audited financial reports on an annual
27 basis to the County. The audit shall be conducted in accordance with Generally Accepted
28 Accounting Principles and generally accepted auditing standards.

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

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

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

14.11 **Site Inspection.** Without limiting any other provision related to inspections or audits otherwise set forth in this Agreement, Contractor shall permit authorized County, state, and/or federal agency(ies), through any authorized representative, the right to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract support activities and the premises which it is being performed. Contractor shall provide all reasonable assistance for the safety and convenience of the authorized representative in the performance of their duties. All inspections and evaluations shall be made in a manner that will not unduly delay the work of the Contractor.

Article 15

Complaint Logs and Grievances

15.1 **Documentation.** Contractor shall log complaints and the disposition of all complaints from a person served or their family. Contractor shall provide a copy of the detailed complaint log entries concerning County-sponsored persons served to County at monthly intervals by the tenth (10th) day of the following month, in a format that is mutually agreed upon. Contractor shall allow beneficiaries or their representative to file a grievance either orally, or in writing at

any time with the Mental Health Plan. In the event Contractor is notified by a beneficiary or their representative of a discrimination grievance, Contractor shall report discrimination grievances to the Mental Health Plan within twenty-four (24) hours. The Contractor shall not require a beneficiary or their representative to file a discrimination grievance with the Mental Health Plan before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

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

15.3 Incident Reporting. Contractor shall file an incident report for all incidents involving persons served, following the protocol identified in Exhibit I.

Article 16

Property of County

16.1 Applicability. Article 16 shall only apply to the program components and services provided under operational costs.

16.2 Fixed Assets. County and Contractor recognize that fixed assets are tangible and intangible property obtained or controlled under County for use in operational capacity and will benefit County for a period more than one (1) year.

16.3 Agreement Assets. Assets shall be tracked on an agreement by agreement basis. All of these assets shall fall into the "Equipment" category unless funding source allows for additional types of assets. At a minimum, the following types of items are considered to be assets:

(A) Computers (desktops and laptops)*

(B) Copiers, cell phones, tablets, and other devices with any HIPAA data

(C) Modular furniture

(D) Any items over \$500 or more with a lifespan of at least two (2) years:

(1) Televisions

(2) Washers/Dryers

(3) Printers

(4) Digital Cameras

(5) Other equipment/furniture

(6) Vehicles

(7) Items in total when purchased or used as a group fall into one or more of the above categories

(E) Items of sensitive nature shall be purchased and allocated to a single agreement.

All items containing HIPAA data are considered sensitive.

Contractor shall ensure proper tracking for contact assets that include the following asset attributes at a minimum:

(A) Description of the asset;

(B) The unique identifier of the asset if applicable, i.e., serial number;

(C) The acquisition date;

(D) The quantity of the asset;

(E) The location of the asset or to whom the asset is assigned;

(F) The cost of the asset at the time of acquisition;

(G) The source of grant funding if applicable;

(H) The disposition date, and

(I) The method of disposition (surplus, transferred, destroyed, lost)

All Contract assets shall be returned to the Department at the end of the agreement period.

16.4 Retention and Maintenance. Assets shall be retained by County, as County property, in the event this Agreement is terminated or upon expiration of this Agreement. Contractor agrees to participate in an annual inventory of all County fixed and inventoried assets. Upon termination or expiration of this Agreement, Contractor shall be physically present when fixed and inventoried assets are returned to County possession. Contractor is responsible for returning to County all County owned undepreciated fixed and inventoried assets, or the

1 monetary value of said assets if unable to produce the assets at the expiration or termination of
2 this Agreement. Contractor further agrees to the following:

3 Maintain all items of equipment in good working order and condition, normal wear and
4 tear excepted;

5 Label all items of equipment with County assigned program number, to perform periodic
6 inventories as required by County and to maintain an inventory list showing where and how the
7 equipment is being used in accordance with procedures developed by County. All such lists
8 shall be submitted to County within ten (10) days of any request therefore; and

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

12 **16.5 Equipment Purchase.** The purchase of any equipment by Contractor with funds
13 provided hereunder shall require the prior written approval of County's DBH Director or
14 designee, shall fulfill the provisions of this Agreement as appropriate, and must be directly
15 related to Contractor's services or activity under the terms of this Agreement. County may
16 refuse reimbursement for any costs resulting from equipment purchased, which are incurred by
17 Contractor, if prior written approval has not been obtained from County. Contractor shall be the
18 registered owner of the eight (8) vehicles purchased for CHFFA-funded school-based mobile
19 crisis services with the County as the first lienholder. In the event of termination of this
20 Agreement, County will immediately invoke the right to repossession of the vehicles, which are
21 to be purchased through this Agreement, and Contractor shall cooperate with County, including
22 but not limited to making vehicles available at 4551 E. Hamilton, Fresno, CA 93702 and
23 immediately transferring the title of the vehicles to County.

24 **16.6 Modification.** Contractor must obtain prior written approval from County's DBH
25 whenever there is any modification or change in the use of any property acquired or improved,
26 in whole or in part, using funds under this Agreement. If any real or personal property acquired
27 or improved with said funds identified herein is sold and/or is utilized by Contractor for a use
28 which does not qualify under this Agreement, Contractor shall reimburse County in an amount

1 equal to the current fair market value of the property, less any portion thereof attributable to
2 expenditures of funds not provided under this Agreement. These requirements shall continue in
3 effect for the life of the property. In the event this Agreement expires, the requirements for this
4 Article shall remain in effect for activities or property funded with said funds, unless action is
5 taken by the State government to relieve County of these obligations.

6 **Article 17**

7 **Compliance**

8 17.1 **Compliance.** Contractor agrees to comply with County's Contractor Code of
9 Conduct and Ethics and the County's Compliance Program in accordance with Exhibit J. Within
10 thirty (30) days of entering into this Agreement with County, Contractor shall ensure all of
11 Contractor's employees, agents, and subcontractors providing services under this Agreement
12 certify in writing, that he or she has received, read, understood, and shall abide by the
13 Contractor Code of Conduct and Ethics. Contractor shall ensure that within thirty (30) days of
14 hire, all new employees, agents, and subcontractors providing services under this Agreement
15 shall certify in writing that he or she has received, read, understood, and shall abide by the
16 Contractor Code of Conduct and Ethics. Contractor understands that the promotion of and
17 adherence to the Contractor Code of Conduct is an element in evaluating the performance of
18 Contractor and its employees, agents, and subcontractors.

19 Within thirty (30) days of entering into this Agreement, and annually thereafter, all
20 employees, agents, and subcontractors providing services under this Agreement shall complete
21 general compliance training, and appropriate employees, agents, and subcontractors shall
22 complete documentation and billing or billing/reimbursement training. All new employees,
23 agents, and subcontractors shall attend the appropriate training within thirty (30) days of hire.
24 Each individual who is required to attend training shall certify in writing that he or she has
25 received the required training. The certification shall specify the type of training received and
26 the date received. The certification shall be provided to County's DBH Compliance Officer at
27 1925 E. Dakota Ave, Fresno, California 93726. Contractor agrees to reimburse County for the
28

entire cost of any penalty imposed upon County by the Federal Government as a result of Contractor's violation of the terms of this Agreement.

17.2 Compliance with State Medi-Cal Requirements. Contractor shall be required to maintain Mental Health Plan organizational provider certification by Fresno County. Contractor must meet Medi-Cal organization provider standards as listed in Exhibit K, "Medi-Cal Organizational Provider Standards." It is acknowledged that all references to Organizational Provider and/or Provider in Exhibit K shall refer to Contractor.

17.3 Medi-Cal Certification and Mental Health Plan Compliance. Contractor will establish and maintain Medi-Cal certification or become certified within ninety (90) days of the effective date of this Agreement through County to provide reimbursable services to Medi-Cal eligible persons served. In addition, Contractor shall work with the County's DBH to execute the process if not currently certified by County for credentialing of staff. During this process, the Contractor will obtain a legal entity number established by the DHCS, a requirement for maintaining Mental Health Plan organizational provider status throughout the term of this Agreement. Contractor will be required to become Medi-Cal certified prior to providing services to Medi-Cal eligible persons served and seeking reimbursement from the County. Contractor will not be reimbursed by County for any services rendered prior to certification.

Contractor shall provide direct specialty mental health services in accordance with the Mental Health Plan. Contractor must comply with the "Fresno County Mental Health Plan Compliance Program and Code of Conduct" set forth in Exhibit J.

Contractor may provide direct specialty mental health services using unlicensed staff as long as the individual is approved as a provider by the Mental Health Plan, is supervised by licensed staff, works within his/her scope and only delivers allowable direct specialty mental health services. It is understood that each service is subject to audit for compliance with Federal and State regulations, and that County may be making payments in advance of said review. In the event that a service is disapproved, County may, at its sole discretion, withhold compensation or set off from other payments due the amount of said disapproved services.

Contractor shall be responsible for audit exceptions to ineligible dates of services or incorrect application of utilization review requirements.

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

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

Contractor shall submit updated network adequacy information to the County any time there has been a significant change that would affect the adequacy and capacity of services.

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

17.5 Compliance Program, Including Fraud Prevention and Overpayments.

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

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

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

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

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

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

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

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

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

17.6 Reporting. Contractor must have administrative and management arrangements or procedures designed to detect and prevent fraud, waste and abuse of federal or state health care funding. Contractor must report fraud and abuse information to the County including but not limited to:

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

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

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

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

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

4 Contractor shall make prompt referral of any potential fraud, waste or abuse to County or
5 potential fraud directly to the State Medicaid Fraud Control Unit.

6 **17.7 Overpayments.** County may suspend payments to Contractor if DHCS or County
7 determine that there is a credible allegation of fraud in accordance with 42 C.F.R. §455.23. (42
8 C.F.R. §438.608 (a)(8)).

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

13 **Article 18**

14 **Federal and State Laws**

15 **18.1 Health Insurance Portability and Accountability Act.** County and Contractor each
16 consider and represent themselves as covered entities as defined by the U.S. Health Insurance
17 Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and agree to use and
18 disclose Protected Health Information (PHI) as required by law.

19 County and Contractor acknowledge that the exchange of PHI between them is only for
20 treatment, payment, and health care operations.

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

26 As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require
27 Contractor to enter into a agreement containing specific requirements prior to the disclosure of
28

3 18.2 **Physical Accessibility.** In accordance with the accessibility requirements of section
4 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973, Contractor must
5 provide physical access, reasonable accommodations, and accessible equipment for Medi-Cal
6 beneficiaries with physical or mental disabilities.

8	Data Security
---	----------------------

9 **19.1 Data Security Requirements.** Contractor shall comply with data security
10 requirements in Exhibit L to this Agreement.

13	Publicity Prohibition
----	------------------------------

14 20.1 **Self-Promotion.** None of the funds, materials, property, or services provided directly
15 or indirectly under this Agreement shall be used for Contractor’s advertising, fundraising, or
16 publicity (i.e., purchasing of tickets/tables, silent auction donations, etc.) for the purpose of self-
17 promotion.

28

Article 21

Disclosure of Self-Dealing Transactions

21.1 **Applicability.** This Article 21 applies if the Contractor is operating as a corporation, or changes its status to operate as a corporation.

21.2 **Duty to Disclose.** If any member of the Contractor's board of directors is party to a self-dealing transaction, he or she shall disclose the transaction by completing and signing a "Self-Dealing Transaction Disclosure Form" (Exhibit M to this Agreement) and submitting it to the County before commencing the transaction or immediately after.

21.3 **Definition.** "Self-dealing transaction" means a transaction to which the Contractor is a party and in which one or more of its directors, as an individual, has a material financial interest.

Article 22

Disclosure of Ownership and/or Control Interest Information

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

22.2 **Duty to Disclose.** Contractor must disclose the following information as requested in the Provider Disclosure Statement, Disclosure of Ownership and Control Interest Statement, Exhibit N:

(A) Disclosure of Five Percent (5%) or More Ownership Interest:

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

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

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

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

(B) Disclosures Related to Business Transactions:

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

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

(C) Disclosures Related to Persons Convicted of Crimes:

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

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

22.3 Contractor must provide disclosure upon execution of Contract, extension for renewal, and within 35 days after any change in Contractor ownership or upon request of County. County may refuse to enter into an agreement or terminate an existing agreement with Contractor if Contractor fails to disclose ownership and control interest information, information

related to business transactions and information on persons convicted of crimes, or if Contractor did not fully and accurately make the disclosure as required.

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

22.5 **Reporting.** Submissions shall be scanned pdf copies and are to be sent via email to DBHContractedServices@fresnocountyca.gov. County may deny enrollment or terminate this Agreement where any person with five (5) percent or greater direct or indirect ownership interest in Contractor has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or Title XXI program in the last ten (10) years. County may terminate this Agreement where any person with five (5) percent or greater direct or indirect ownership interest in the Contractor did not submit timely and accurate information and cooperate with any screening method required in CFR, Title 42, Section 455.416

Article 23

Disclosure of Criminal History and Civil Actions

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

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

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

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

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

or

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

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

4 **23.2 Duty to Disclose.** Disclosure of the above information will not automatically
5 eliminate Contractor from further business consideration. The information will be considered as
6 part of the determination of whether to continue and/or renew this Agreement and any additional
7 information or explanation that Contractor elects to submit with the disclosed information will be
8 considered. If it is later determined that the Contractor failed to disclose required information,
9 any contract awarded to such Contractor may be immediately voided and terminated for
10 material failure to comply with the terms and conditions of the award.

11 Contractor must sign a "Certification Regarding Debarment, Suspension, and Other
12 Responsible Matters – Primary Covered Transactions" in the form set forth in Exhibit O.
13 Additionally, Contractor must immediately advise the County in writing if, during the term of the
14 Agreement: (1) Contractor becomes suspended, debarred, excluded or ineligible for
15 participation in Federal or State funded programs or from receiving federal funds as listed in the
16 excluded parties list system (<http://www.epls.gov>); or (2) any of the above listed conditions
17 become applicable to Contractor. Contractor shall indemnify, defend, and hold County
18 harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility,
19 or other matter listed in the signed Certification Regarding Debarment, Suspension, and Other
20 Responsibility Matters.

21 **Article 24**

22 **Cultural and Linguistic Competency**

23 **24.1 General.** All services, policies and procedures must be culturally and linguistically
24 appropriate. Contractor must participate in the implementation of the most recent Cultural
25 Competency Plan for the County and shall adhere to all cultural competency standards and
26 requirements. Contractor shall participate in the County's efforts to promote the delivery of
27 services in a culturally competent and equitable manner to all individuals, including those with
28 limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and

1 regardless of gender, sexual orientation, or gender identity including active participation in the
2 County's Diversity, Equity and Inclusion Committee.

3 **24.2 Policies and Procedures.** Contractor shall comply with requirements of policies and
4 procedures for ensuring access and appropriate use of trained interpreters and material
5 translation services for all limited and/or no English proficient beneficiaries, including, but not
6 limited to, assessing the cultural and linguistic needs of the beneficiaries, training of staff on the
7 policies and procedures, and monitoring its language assistance program. Contractor's policies
8 and procedures shall ensure compliance of any subcontracted providers with these
9 requirements.

10 **24.3 Interpreter Services.** Contractor shall notify its beneficiaries that oral interpretation
11 is available for any language and written translation is available in prevalent languages and that
12 auxiliary aids and services are available upon request, at no cost and in a timely manner for
13 limited and/or no English proficient beneficiaries and/or beneficiaries with disabilities.
14 Contractor shall avoid relying on an adult or minor child accompanying the beneficiary to
15 interpret or facilitate communication; however, if the beneficiary refuses language assistance
16 services, the Contractor must document the offer, refusal, and justification in the beneficiary's
17 file.

18 **24.4 Interpreter Qualifications.** Contractor shall ensure that employees, agents,
19 subcontractors, and/or partners who interpret or translate for a beneficiary or who directly
20 communicate with a beneficiary in a language other than English (1) have completed annual
21 training provided by County at no cost to Contractor; (2) have demonstrated proficiency in the
22 beneficiary's language; (3) can effectively communicate any specialized terms and concepts
23 specific to Contractor's services; and (4) adheres to generally accepted interpreter ethic
24 principles. As requested by County, Contractor shall identify all who interpret for or provide
25 direct communication to any program beneficiary in a language other than English and identify
26 when the Contractor last monitored the interpreter for language competence.

27 **24.5 CLAS Standards.** Contractor shall submit to County for approval, within ninety (90)
28 days from date of contract execution, Contractor's plan to address all fifteen (15) National

Standards for Culturally and Linguistically Appropriate Service (CLAS), as published by the Office of Minority Health and as set forth in Exhibit P "National Standards on Culturally and Linguistically Appropriate Services." As the CLAS standards are updated, Contractor's plan must be updated accordingly. As requested by County, Contractor shall be responsible for conducting an annual CLAS self-assessment and providing the results of the self-assessment to the County. The annual CLAS self-assessment instruments shall be reviewed by the County and revised as necessary to meet the approval of the County.

24.6 Training Requirements. Cultural competency training for Contractor staff should be substantively integrated into health professions education and training at all levels, both academically and functionally, including core curriculum, professional licensure, and continuing professional development programs. As requested by County, Contractor shall report on the completion of cultural competency trainings to ensure direct service providers are completing a minimum of twelve (12) hours of annual cultural competency training.

24.7 Continuing Cultural Competence. Contractor shall create and sustain a forum that includes staff at all agency levels to discuss cultural competence. Contractor shall designate a representative from Contractor's team to attend County's Diversity, Equity and Inclusion Committee.

Article 25

General Terms

25.1 Modification. Except as provided in Article 7, "Termination and Suspension," this Agreement may not be modified, and no waiver is effective, except by written agreement signed by both parties. The Contractor acknowledges that County employees have no authority to modify this Agreement except as expressly provided in this Agreement.

(A) Notwithstanding the above, non-material changes to services, staffing, and responsibilities of the Contractor, as needed, to accommodate changes in the laws relating to service requirements and specialty mental health treatment, may be made with the signed written approval of County's DBH Director, or designee, and Contractor through an amendment approved by County's County Counsel and the County's Auditor-

1 Controller/Treasurer-Tax Collector's Office. Said modifications shall not result in any
2 change to the maximum compensation amount payable to Contractor, as stated herein.

3 (B) In addition, changes to line items and expense category subtotals, as set forth in
4 Exhibit F, that when added together during the term of the agreement do not exceed ten
5 percent (10%) of the total maximum compensation payable to Contractor, may be made
6 with the written approval of Contractor and County's DBH Director or designee. Said
7 modifications shall not result in any change to the maximum compensation amount
8 payable to Contractor, as stated herein.

9 25.2 **Non-Assignment.** Neither party may assign its rights or delegate its obligations
10 under this Agreement without the prior written consent of the other party.

11 25.3 **Governing Law.** The laws of the State of California govern all matters arising from
12 or related to this Agreement.

13 25.4 **Jurisdiction and Venue.** This Agreement is signed and performed in Fresno
14 County, California. Contractor consents to California jurisdiction for actions arising from or
15 related to this Agreement, and, subject to the Government Claims Act, all such actions must be
16 brought and maintained in Fresno County.

17 25.5 **Construction.** The final form of this Agreement is the result of the parties' combined
18 efforts. If anything in this Agreement is found by a court of competent jurisdiction to be
19 ambiguous, that ambiguity shall not be resolved by construing the terms of this Agreement
20 against either party.

21 25.6 **Days.** Unless otherwise specified, "days" means calendar days.

22 25.7 **Headings.** The headings and section titles in this Agreement are for convenience
23 only and are not part of this Agreement.

24 25.8 **Severability.** If anything in this Agreement is found by a court of competent
25 jurisdiction to be unlawful or otherwise unenforceable, the balance of this Agreement remains in
26 effect, and the parties shall make best efforts to replace the unlawful or unenforceable part of
27 this Agreement with lawful and enforceable terms intended to accomplish the parties' original
28 intent.

1 25.9 **Nondiscrimination.** During the performance of this Agreement, the Contractor shall
2 not unlawfully discriminate against any employee or applicant for employment, or recipient of
3 services, because of race, religious creed, color, national origin, ancestry, physical disability,
4 mental disability, medical condition, genetic information, marital status, sex, gender, gender
5 identity, gender expression, age, sexual orientation, military status or veteran status pursuant to
6 all applicable State of California and federal statutes and regulation.

7 Contractor shall take affirmative action to ensure that services to intended Medi-Cal
8 beneficiaries are provided without use of any policy or practice that has the effect of
9 discriminating on the basis of race, color, religion, ancestry, marital status, national origin, ethnic
10 group identification, sex, sexual orientation, gender, gender identity, age, medical condition,
11 genetic information, health status or need for health care services, or mental or physical
12 disability.

13 25.10 **No Waiver.** Payment, waiver, or discharge by the County of any liability or obligation
14 of the Contractor under this Agreement on any one or more occasions is not a waiver of
15 performance of any continuing or other obligation of the Contractor and does not prohibit
16 enforcement by the County of any obligation on any other occasion.

17 25.11 **Entire Agreement.** This Agreement, including its exhibits, is the entire agreement
18 between the Contractor and the County with respect to the subject matter of this Agreement,
19 and it supersedes all previous negotiations, proposals, commitments, writings, advertisements,
20 publications, and understandings of any nature unless those things are expressly included in
21 this Agreement. This Agreement supersedes and terminates Agreement No. 23-303, as
22 amended, in its entirety, and Agreement No. 23-308, as amended, in its entirety, effective upon
23 execution of this Agreement. If there is any inconsistency between the terms of this Agreement
24 without its exhibits and the terms of the exhibits, then the inconsistency will be resolved by
25 giving precedence first to the terms of this Agreement without its exhibits, and then to the terms
26 of the exhibits.

27 25.12 **No Third-Party Beneficiaries.** This Agreement does not and is not intended to
28 create any rights or obligations for any person or entity except for the parties.

1 **25.13 Authorized Signature.** The Contractor represents and warrants to the County that:

2 (A) The Contractor is duly authorized and empowered to sign and perform its
3 obligations under this Agreement.

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

7 **25.14 Electronic Signatures.** The parties agree that this Agreement may be executed by
8 electronic signature as provided in this section.

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

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

19 (C) The provisions of this section satisfy the requirements of Civil Code section
20 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3,
21 Part 2, Title 2.5, beginning with section 1633.1).

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

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

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

[SIGNATURE PAGE FOLLOWS]

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

KINGS VIEW

COUNTY OF FRESNO

DocuSigned by:

Amanda Nugent Divine

A04F847F73014D6

Amanda Nugent Divine, CEO

1396 W. Herndon Ave
Fresno, CA 93711

Nathan Magsig, 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: *Hanana Me*

Deputy

For accounting use only:

Org No.: 56304763 (Metro); 56304766 (Rural); 56302259 (CCMU)
Account No.: 7295
Fund No.: 0001
Subclass No.: 10000

Exhibit A

Crisis Intervention Team (CIT) Services

SCOPE OF SERVICES

CONTRACTOR: Kings View

I. PROJECT DESCRIPTION

Effective April 9, 2024, Metro and Rural CIT services will be operated as one CIT program. There may continue to be service strategies specific to metro and rural communities and partnerships, and will be identified as such.

METRO: Contractor shall provide the following behavioral health crisis intervention services to individuals within the Fresno metropolitan (metro) area. Crisis intervention services shall be provided in collaboration with law enforcement agencies (which includes City of Fresno Police Department, City of Clovis Police Department and the County's Sheriff's Office) and other first responders. These services shall be provided out in the field where person served interaction with law enforcement and emergency services personnel (first responders) typically occurs, and where crisis intervention services are most beneficial. Crisis intervention services are community based, incorporate stigma reduction and prevention as a product of the placement of staff in first responder scenarios.

A pilot project began in September of 2017 with a small group of Fresno County Department of Behavioral Health (DBH) field clinicians co-located and providing co-response with the Fresno Police Department (FPD). Through evaluation of that initial phase of the pilot, it was determined that the need for CIT services is far greater, requiring increased staffing levels and hours of operation. With this Agreement, DBH will be entering into Phase 2 of the Fresno Metro CIT program, which will include services provided by the Contractor. This CIT program growth will allow for expansion to include the Fresno County's Sheriff's Office (FSO) and the City of Clovis Police Department (CPD).

The Crisis Intervention Team (CIT) Field Clinicians shall serve as active liaisons with law enforcement to provide training, outreach, and direct field response to persons served actively experiencing a behavioral health crisis in the community, specifically in the Fresno metro area. Evaluations for Welfare and Institutions Code 5150 holds and recurrent calls from law enforcement are a primary focus.

RURAL: Crisis intervention services to the rural communities in Fresno County are provided by interagency coordination between behavioral health clinicians, law enforcement and other first responders to identify, triage, assess, and connect or reconnect individuals to treatment and support, and mitigate unnecessary involvement with the criminal justice system. Rural CIT services include, but are not limited to: assessments, crisis intervention, suicide risk assessments, community referrals and linkages, and case management and care coordination activities. Rural CIT services shall be provided in collaboration with law enforcement and other first responders and out in the field where person served interaction with these agencies typically occurs. Rural CIT staff shall have an understanding of the parameters of law enforcement and first responders, as well as the challenges of serving the rural Fresno County communities.

Exhibit A

A. Program Methods

- a. With the placement of Rural CIT staff in rural law enforcement agencies, staff will be able to establish data that denotes behavioral health individuals served, crisis and interventions, and will identify those that have repeated use of emergency and crisis resources for each of the rural Fresno County communities.
- b. Rural CIT staff collaboration with local law enforcement agencies will increase justice system resources for response to safety and criminal behavioral needs.
- c. Rural CIT staff will co-respond with law enforcement for rapid response to provide behavioral health crisis intervention as a subject matter experts and provide appropriate follow-up case management and care coordination activities.
- d. Individuals engaged by the Rural CIT program will have more efficient access to crisis services, receive services more sensitive to their behavioral health needs, and mitigate further involvement with the criminal justice system.
- e. Provide law enforcement and other first responders behavioral health training and education to assist with appropriate triage of individuals in a behavioral health crisis.

II. TARGET POPULATION

The target population to be served by CIT services shall be any individual within the Fresno metro and rural areas currently experiencing an acute behavioral health crisis, including any behavioral health signs and symptoms, requiring immediate crisis intervention, de-escalation, and triage services. There is no stipulation regarding age or severity of mental illness and/or substance use disorder.

The target population to be served by case managers through the Crisis Care Mobile Unit (CCMU) grant shall be every youth twenty-five (25) years of age or younger after a CIT encounter. Although this population must be prioritized, the case management staff may conduct post-crisis follow-up with other individuals as time permits.

III. LOCATION OF SERVICES

Services shall be provided to individuals in the community, as opposed to services being performed at traditional behavioral health offices or clinics. Crisis intervention services are intended to be provided in the field where person served interaction with law enforcement and emergency services personnel (first responders) typically occurs and where crisis intervention services are most beneficial. For the rural communities with lower call volumes and when the clinician deems their travel time is detrimental to the individual's wellbeing, telehealth services may be provided in very limited circumstances.

Services are not to be provided in any facility that employs staff who have the ability to evaluate for and write a Welfare and Institutions Code 5150 hold. These facilities include, but are not limited to: hospitals, emergency departments, the Fresno County jail, inpatient facilities (e.g., psychiatric health facilities, crisis stabilization units, crisis residential facilities, skilled nursing

Exhibit A

facilities, full-service partnerships, short-term residential treatment programs, etc.), and mental health treatment facilities (residential or outpatient). Should the Contractor have any questions about which facilities are not considered part of community response, they must immediately request such clarification from DBH and approval prior to providing services.

Post-crisis follow-up services are to be provided face-to-face, over the phone, using video or via United States mail as appropriate and in accordance with DBH's Guiding Principles of Care Delivery.

For Rural CIT services, Contractor is highly encouraged to continue the existing collaborations with the Kerman, Firebaugh, Coalinga, Huron, Sanger, Selma and Kingsburg police departments, and co-locate with these rural law enforcement agencies as circumstances permit.

In addition to co-location strategies with law enforcement agencies, Contractor is required to have office space for administrative and clinical staff, which must be Medi-Cal site certified (see Section 10 of the Fresno County Mental Health Plan Provider Manual) prior to services being delivered.

IV. DESCRIPTION OF SERVICES

Contractor shall provide CIT services throughout the Fresno metro and rural areas. Metro CIT services will be provided within the city limits of Fresno and Clovis, and within the area under Sheriff Jurisdiction (known as "County Islands"). Rural CIT shall be provided in East Fresno County cities of : Selma, Sanger, Kingsburg, Fowler, Reedley, Orange Cove and Parlier and in West Fresno County cities of Firebaugh, Mendota, Kerman, San Joaquin, Huron and Coalinga. Services should be flexible to the needs of rural Fresno County communities and may include other rural cities and areas between and around the indicated cities that may be served by Sheriff Jurisdiction.

The types of crisis intervention services provided should be consistent; however, the location of operation should be flexible to the needs of the jurisdictions and law enforcement agencies identified.

Behavioral health crisis intervention services include, but are not limited to: assessment, crisis intervention, community referrals and linkages and short-term/brief case management. In addition, time permitting, services shall also include community outreach, engagement, education, and prevention to those potentially in need of services for mental illness and/or co-occurring substance use disorders. CIT services shall be provided out in the field and in collaboration with law enforcement as well as the first responders and the Contractor will be expected to coordinate and build relationships with community agencies, such as schools, hospitals and churches. CIT services shall be culturally responsive, strengths-based, trauma-informed, and recovery-oriented. Services shall also be community-based, incorporate stigma reduction and suicide prevention, and be comprehensive of recovery practices and community engagement during the course of service delivery. These services will be continuously evaluated by County and Contractor.

The CIT program will be a unit consisting of field clinicians and law enforcement officers, providing dual response to behavioral health crisis calls for service. This collaboration will allow the CIT program, to respond to calls in which there is a behavioral health need to provide compassionate,

Exhibit A

person/family centered crisis interventions to persons served and their support systems that are experiencing behavioral health signs and symptoms. The CIT program will assist in 911 calls from the public and will be dispatched jointly to the scene, which will allow law enforcement patrol officers to continue on to new incoming 911 calls. CIT program will jointly provide the behavioral health interventions within a secure scene. CIT will be able to respond to and handle the initial crisis, but shall also provide post-crisis contacts, referrals, and linkages to appropriate services.

The CIT program shall be a partnership between Contractor and DBH. DBH staff shall oversee program expenditures, outcomes reporting, and contract monitoring. CIT services will be funded by Crisis Care Mobile Unit (CCMU), Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI), and Medi-Cal Federal Financial Participation (FFP) funding, which also mandate specific reporting requirements of Contractor.

As this Agreement will initiate Phase 2 of the Fresno Metro CIT pilot program, the Contractor will be expected to demonstrate a capability to evolve the program along its intended course and redirect, as needed, upon coordination with the DBH Director, or designee, and input from each of the law enforcement agencies. The Contractor shall agree to cooperate with DBH and all law enforcement agencies involved in discussing and evaluating the program and be open to testing/experimenting with appropriate and effective co-response design(s).

Existing DBH field clinicians teamed up with FPD are currently experimenting with a “full co-response” model, which includes allowing clinicians to ride along to the crisis calls in FPD vehicles. If this model works effectively, DBH may decide to include said model with these contracted services. If this occurs, DBH will negotiate with Contractor to amend the existing contract terms.

Contractor must adapt to meet the geographically dispersed needs of those living in rural Fresno County, the communities’ needs as crisis services and demands fluctuate, and as County identifies more appropriate mobile crisis models that improve service delivery. Staff providing Rural CIT services shall have an understanding of the parameters of rural law enforcement and other first responders, as well as geographic challenges of serving rural Fresno County communities.

Contractor must demonstrate a capability to evolve the program along its intended course and redirect, as needed, in collaboration with County, law enforcement, other first responders and community agencies. Contractor must agree to cooperate with County and the agencies mentioned above in discussing and evaluation the program design and be open to adopting new CIT and mobile crisis models.

With regard to crisis intervention services, the Contractor shall demonstrate the capability to meet the following service provisions:

1. Crisis intervention services shall be provided in the field during person served interaction with law enforcement and first responders. Given the nature of crisis intervention services, Contractor shall include all of the following:
 - A. Crisis prevention and intervention services, including 5150 holds, as necessary.

Exhibit A

- B. Determination if the person served who is in need of crisis services, has other health coverage, no health coverage, or Medi-Cal. Ensure crisis intervention services are provided regardless of ability to pay.
 - C. Provide post-crisis follow-up as applicable.
 - D. Address and minimize recidivism with regards to use of local emergency services.
 - E. Ensure the crisis response system is monitored and rapidly responsive to changing needs within the Fresno metro area.
- 2. The CIT Program is designed to be a co-response model and therefore staffing will be co-located with each participating law enforcement agency. The Contractor shall collaborate with participating law enforcement agencies with regard to site location selections. The County will work with the Contractor and the participating law enforcement agencies to identify appropriate sites where CIT staff and law enforcement officers shall be co-located in order to provide co-response for the purpose of providing rapid, effective, recovery/well-being-oriented crisis services. Available co-location sites may vary by agency and may be modified during the term of this Agreement.
- 3. Contractor shall provide data collection and reporting, including but not limited to:
 - A. Contractor shall submit monthly staffing reports due by the 10th of each month that identify all direct service and support staff by first and last name, applicable licensure/certifications, and full-time hours worked to be used as a tracking tool to determine if Contractor's program is staffed according to the requirements of this Agreement.
 - B. Contractor shall submit Crisis Care Mobile Unit (CCMU) grant reports as requested by County. Data includes, but is not limited to, person served demographic information, mobile crisis dispatch reason, encounter disposition, encounter location, services and resources provided as well as trainings, community events and outreach materials.
 - C. Training and resource/community development hours shall be captured and reported by the 10th of the month, for the preceding reporting period, to the DBH Staff Analyst. This data will not be billed as revenue.
 - D. The Contractor shall ensure billable specialty mental health services meet all County, State, Federal regulations including any utilization review, credentialing, site certifications, and other quality assurance standards. All pertinent and appropriate information shall be provided in a timely manner to County in order to bill Medi-Cal for services rendered. The Contractor should also ensure that private insurance and/or Medi-Care is properly billed prior to submitting Medi-Cal claims to the County. The necessary data can be provided by a variety of means, including but not limited to: 1) direct data entry into County's information system; 2) providing an electronic file compatible with County's information system; or 3) integration between County's information system and Contractor's information system(s).
 - E. The Contractor shall maintain ongoing crisis tracking data per individual law enforcement agency as requested by DBH and/or law enforcement.
- 4. The Contractor must also use any standardized tools, such as the "Columbia Suicide Severity Risk," as directed by DBH.

Exhibit A

5. The Contractor must adhere to any and all applicable statutes as stated in MHSUDS Notice 18-011, "Federal Network Adequacy Standards for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties" as well as any updates to the notice.
6. Contractor may be asked, at the request of specific law enforcement agencies, to have clinical personnel participate in hostage negotiation training and make that personnel available to co-respond with the law enforcement agencies in matters which require that unique expertise. Each law enforcement agency will determine whether CIT clinicians will be utilized in this fashion.
7. Case management services are provided by interagency coordination between behavioral health clinicians, case managers and community-based organizations to link these individuals to behavioral health services and other supports identified by the behavioral health clinician during the CIT encounter(s). A case manager must be assigned to each individual within twenty-four (24) hours of the crisis encounter.

Case management services will be culturally responsive, strengths-based, trauma-informed and recovery-oriented. These services will be continuously evaluated by the County and Contractor. The Contractor must adapt to meet the geographically dispersed needs of those living in rural and metropolitan Fresno County, the communities' needs as crisis services and demands fluctuate, and as Fresno County identifies more appropriate CIT models that improve service delivery.

Case management services must be community-based; incorporate stigma reduction and suicide prevention; and comprehensive of recovery practices and community engagement during the course of service delivery.

8. Documentation and Billing
 - A. Contractor will use Fresno County DBH's electronic health record (EHR) and billing system (currently SmartCare), and business management platform (currently DOMO) to conduct data analysis.
 - B. Contractor must complete all documentation within 24 hours of service delivery, including but not limited to: access forms, person served referral forms and progress notes. In addition, all related documents need to be uploaded within the same timeframe.
 - C. Contractor must adhere to the documentation standards established in the Fresno County DBH Clinical Documentation and Billing Manual for Specialty Mental Health Services, DBH Policy and Procedure Guides (PPG) 2.1.9 "Assessments" and DBH PPG 4.4.6 "Documentation Standards for Progress Notes" as well as any future amendments to these documents.
 - D. Contractor shall utilize collaborative documentation with the person served whenever it is clinically indicated. Staff must adhere to DBH's collaborative documentation standards, which may include training courses offered by DBH.

Exhibit A

9. Care Coordination and Community Collaboration

- A. Contractor shall participate in care coordination activities with DBH, law enforcement and other community agencies.
- B. Contractor agrees to coordinate with the Family Urgent Response System in Fresno County and utilize this program as a resource for qualified individuals.
- C. Comprehensive knowledge of community resources is essential for clinical and case management staff to refer persons served to appropriate services. Contractor must make all attempts to ensure program staff are aware of applicable community resources and how to refer to these programs.
- D. If the person served is linked to a DBH program, Contractor will notify the service provider as soon as practicable.

This Scope of Work provides an outline of desired services and should not be considered all-inclusive.

V. STAFFING LEVELS

At minimum, Contractor will provide the following staffing components:

1. A program manager who holds a clinical license to provide program oversight, supervise all program staff, work with agencies to build and expand services, and provide crisis response as needed. The program manager shall meet the supervision experience standards required by the licensing board and have experience working in a CIT program. Separate program managers are recommended for metro and rural program components.
2. A licensed clinical supervisor to provide oversight to all clinicians, collaborate with other community-based organizations and treatment providers, and provide crisis response as needed. The clinical supervisor shall meet the supervision experience standards required by the licensing board and have experience working in a CIT program. Separate clinical supervisors are recommended for metro and rural program components.
3. Contractor shall recruit and maintain the identified number of skilled, licensed, culturally competent and appropriately trained staff dedicated to the CIT program throughout the term of this Agreement.
4. All CIT program staff shall be skilled at engaging persons in crisis in a stabilizing, therapeutic, recovery/well-being focused and person-centered manner. Clinical staff should be adequately trained in crisis de-escalation techniques, suicide risk assessment and crisis response for youth and adult populations. In addition to mental health, clinical staff must be trained to identify and screen for substance use disorders and provide linkage to substance use disorder resources. All CIT clinicians shall be 5150 trained and certified by County's Managed Care Division.
5. Every CIT clinician and case manager will need to be credentialed via DBH's Managed Care Division. Training in Compliance, and Documentation and Billing are required and will be provided by DBH to Contractor staff for all new hires within their first thirty (30) days of being credentialed, and then annually thereafter.
6. Staffing levels may need to be modified, as appropriate, based upon need, as agreed upon between County and Contractor.

Specific geographic boundaries will be established for each law enforcement agency; however, jurisdictional crossover may be required to assist in immediate crisis need. Clinicians are to be

Exhibit A

directly assigned to each law enforcement agency permanently, not to be on a rotational basis between agencies. This shall be conducted to encourage rapport-building between law enforcement staff and clinical staff. Although clinicians will be assigned to one specific agency on a permanent basis, it's expected that all CIT clinicians are cross-trained in the event there is a urgent need for CIT clinician(s) within another law enforcement agency's jurisdiction.

7. Designated case management/peer support staff to conduct post-crisis follow-up activities, including but not limited to: linkage to community-based behavioral health services and care coordination activities.
8. On-call, extra help or part-time clinical staff to cover shifts and back-up, as needed.
9. Designated administrative support shall collect data for tracking and reporting purposes.

Contractor must be prepared to capture, evaluate and report staff productivity, and make necessary program adjustments to meet the requirements.

VI. HOURS OF OPERATION

Contractor shall provide CIT services from 6:00 am – 12:00 am, seven (7) days per week throughout the year including holidays, providing face-to-face and telephone contact as needed. Case management services shall be provided minimally from 8:00 am – 5:00 pm, Monday through Friday.

Staff work schedules shall be responsive to person served needs and shall permit staff to work evenings and weekends. During off-hour periods (5:00 pm – 8:00 am), Contractor shall have identified staff that are regularly scheduled to work after regular business hours and/or on the weekends, if deemed necessary, in order to reduce over-time costs and in order to provide a more flexible treatment schedule for persons served.

VIII. PERFORMANCE AND OUTCOME MEASUREMENTS

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

Contractor will be required to submit measurable outcomes on an annual basis, as identified in the Departments Policy and Procedure Guide (PPG) 1.2.7 Performance Outcomes Measures as well as any updates to this policy. Performance outcomes 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 four (4) domains identified by the Commission Accreditation of Rehabilitation Facilities (CARF). The domains are Effectiveness, Efficiency, Access, and Satisfaction. These are defined and listed below.

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

Exhibit A

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.
 - a. 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.
 - a. 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.
 - a. Examples of indicators include: Timeliness of program entry (From 1st request for service to 1st 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, 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.
 - a. Examples of indicators include: opinion of persons served or other key stakeholders in regards to access, process, or outcome of services received, person served and/or Treatment Perception Survey.

Contractor must address each of the categories referenced above and any additional performance and outcome measures that are deemed best to evaluate the services provided to persons served and/or to evaluate overall program performance. 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 the County. Contractor will be required to utilize and integrate clinical tools as directed by DBH.

Contractor must utilize a computerized tracking system with which performance and outcome measures and other relevant data, such as demographics, will be maintained. The data tracking system may be incorporated into the selected Contractor's Electronic Health Record (EHR) or be a stand-alone database. DBH must be afforded reasonable access to the data tracking system, if applicable.

Exhibit A

Additional Reporting Requirements

Contractor will be responsible for meeting with County on a monthly basis, or more often as agreed upon between County and Contractor, for contract and performance monitoring. Contractor 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 services) persons served; actual expenses; the number of persons served/anticipated to be served; wait lists; utilization of services by persons served; and staff composition. These reports will be due within 30 days after the last day of the previous month or payments may be delayed.

County requires the following data reporting, which must be submitted to the Department by the 10th of each month, unless otherwise indicated. The reporting period is typically the prior month in which services were provided. The following funding, staffing, services and data must be collected, maintained and reported by the established deadlines. Reporting templates and requirements are subject to change based on State and Federal regulations, funding guidelines and efforts to improve service delivery.

1. Invoices must be submitted each month and shall include expenses and revenues from the prior month.
2. The Monthly Staffing Report shall be submitted each month and must include each program staff member, their title, full-time equivalent, salary and other information as deemed appropriate by County.
3. Annual Performance Outcome Measures reports shall be completed at least annually and submitted to County as requested. County staff will notify the Contractor when participation is required. The performance outcome measurement report process will include survey instruments, person served and staff interviews, chart reviews, and other methods of obtaining necessary information as appropriate. Refer to DBH PPG 1.2.7 Performance Outcome Measures for more information.
4. Encounter-Based Report is due quarterly and includes, but is not limited to the following:
 - a. Total unduplicated persons served in each report period.
 - b. Total number of service contacts in each report period.
 - c. Basic demographic information for all individuals served in each reporting period. Demographic information shall include information on age, race, ethnicity, gender. If available, Contractor shall also provide information on language spoken, cultural heritage, LGBTQ+ status, and military status.
 - d. Description of specific services that each person served was referred to by CIT personnel in each reporting period.
 - e. For each person served at the time the crisis intervention services were provided, was the person served enrolled in any mental health service? If yes, what service?
5. MHSA PEI Reporting – Per Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA, all programs funded through the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA) are required to have outcome and performance reporting requirements. Some reporting requirements are standard for any and all PEI

Exhibit A

programs (such as demographic data), and others are dependent on which of the six PEI strategies the program is classified within.

- a. Program shall collect information on the total number of unduplicated individuals served for early intervention services. The early intervention shall track the number of calls, the services provide and required demographics.
 - b. The goals and outcomes for early intervention programs are:
 - i. Increase access to early medically necessary mental health services
 - ii. Improve access to timely care
 - iii. Stabilize participants experiencing a serious mental illness
 - iv. Reduce the number of individuals in crisis
 - v. Reduce the number of hospitalization
 - vi. Reduce criminal justice involvement
6. Contractor is required to provide culturally and linguistically appropriate services that align with the National Standards for Culturally and Linguistically Appropriate Services and DBH PPG 1.5.1 Culturally and Linguistically Appropriate Services as well as any updates to these standards. Contractor will be required to report staff training related to cultural competency as requested by County.

Exhibit A-1

Mobile Crisis Response Team (MCRT)

SCOPE OF SERVICES

CONTRACTOR: Kings View

I. BACKGROUND

Pursuant to Section 14132.57 of the Welfare and Institutions Code (W&I), Department of Health Care Services (DHCS) sought all necessary federal approvals to provide qualifying community-based mobile crisis intervention services to eligible Medi-Cal beneficiaries experiencing a mental health and/or substance use disorder (SUD) crisis. Accordingly, DHCS submitted to the Centers for Medicare and Medicaid Services (CMS) State Plan Amendment (SPA) 22-0043 that establishes mobile crisis services as a new benefit in the Medi-Cal program. DHCS is not making any changes to the existing crisis intervention services and SUD crisis intervention services benefits covered under the Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC) and Drug Medi-Cal-Organized Delivery System (DMC-ODS) delivery systems. Medi-Cal behavioral health delivery systems shall continue covering these services in accordance with existing federal and state, and contractual requirements.

Upon receiving approval from DHCS of its Medi-Cal mobile crisis implementation plan, Fresno County shall provide, or arrange for the provision of, qualifying mobile crisis services in accordance with the requirements set forth in Behavioral Health Information Notice (BHIN) No. 23-025. Mobile crisis services are an integral part of California's efforts to strengthen the continuum of community-based care for individuals who experience behavioral health crises.

II. SERVICES START DATE

The Contractor shall start services on January 9, 2024. In order to meet this start date, Contractor will be using existing Medi-Cal site certification and DMC-ODS site certification. It is not the expectation that the Contractor be fully staffed at the start of the services, but will be utilizing existing staff for these services and hiring and training staff as appropriate.

III. TARGET POPULATION

The target population to be served by this program are individuals currently experiencing an acute behavioral health crisis, including any behavioral health signs and symptoms, requiring immediate crisis intervention, de-escalation, but not requiring law enforcement or first responders, within the Fresno metropolitan (metro) and rural areas.

IV. LOCATION OF SERVICES

With the exception of the settings listed in the next paragraph, the mobile crisis response shall be provided where the person served is in crisis, or at an alternate location of the individual's choosing. Examples of settings include, but are not limited to:

- Houses and multi-unit housing;

Exhibit A-1

- Workplaces;
- Public libraries;
- Parks;
- Schools;
- Homeless shelters;
- Outpatient clinics;
- Assisted living facilities; and
- Primary care provider settings.

Mobile crisis services shall not be provided in the following settings due to restrictions in federal law and/or because these facilities and settings are already required to provide other crisis services:

- Inpatient Hospital;
- Inpatient Psychiatric Hospital;
- Emergency Department;
- Residential SUD treatment and withdrawal management facility;
- Mental Health Rehabilitation Center;
- Psychiatric Health Facility (PHF);
- Special Treatment Program;
- Skilled Nursing Facility;
- Intermediate Care Facility;
- Settings subject to the inmate exclusion such as jails, prisons, and juvenile detention facilities;
- Other crisis stabilization and receiving facilities (e.g., sobering centers, crisis respite, crisis stabilization units, psychiatric health facilities, psychiatric inpatient hospitals, crisis residential treatment programs, etc.).

Should the Contractor have any questions about which facilities are not considered part of community response, they must immediately request such clarification from DBH and approval prior to providing services.

Mobile crisis teams shall arrive at the community-based location where a crisis occurs in a timely manner. Specifically, mobile crisis teams shall arrive within 60 minutes of the person served being determined to require mobile crisis services in the metro area and within 120 minutes in rural areas.

Post-crisis follow-up services are to be provided face-to-face, over the phone, using video or via United States mail as appropriate and in accordance with DBH's Guiding Principles of Care Delivery.

V. HOURS OF OPERATION

Contractor is required to be available to provide services 24 hours a day, 7 days a week, and 365 days a year.

VI. DESCRIPTION OF SERVICES

Exhibit A-1

The mobile crisis response team (MCRT) will establish a rapid response, individual assessment and community-based stabilization to persons served who are experiencing a behavioral health crisis. MCRT services shall be designed to provide relief to persons served experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement. While mobile crisis services are intended to support an integrated approach to responding to both mental and substance use related crises, and mobile crisis teams will be carrying, trained, and able to administer naloxone, this team is not intended to replace emergency medical services for medical emergencies.

1. Dispatch

County identified telephone number 559-600-6000 to serve as the mobile crisis services hotline connected to the dispatch of mobile crisis teams to receive and triage calls from the community. The county's 24/7 Access Line, community partners, and other crisis lines such as the 988 Suicide and Crisis Lifeline, local law enforcement and 911 systems, and the Family Urgent Response System (FURS) will be able to refer calls to the county mobile crisis service hotline.

Contractor will staff the mobile crisis hotline with hotline operators who shall use a standardized dispatch tool and procedures to determine when to dispatch a mobile crisis team, versus determine when the person served needs can be addressed via alternative means. These means include, but are not limited to, de-escalation by the hotline operator or connection to other services. The hotline operator may also determine that the call needs to be routed to emergency services if the situation has developed into a safety risk.

The hotline operators shall be live staff to receive and respond to all calls from the mobile crisis service hotline. Hotline operators shall follow procedures identifying how mobile crisis teams will respond to dispatch requests. When screened directly or through the individual calling on their behalf to request assistance, and the standardized dispatch tool has been used to determine mobile crisis services need, a mobile crisis team will be dispatched. The mobile crisis team shall meet the person served who is experiencing the behavioral health crisis in the location where the crisis occurs unless the person served requests to be met in an alternative location in the community or cannot be located.

2. Crisis Response & Follow-up

The mobile crisis response teams will not respond with a law enforcement presence unless it is determined to be required. The goal of the MCRT program is to provide more efficient access to crisis services to person served, with the main goal of deescalating the situation to avoid an emergency room visit and/or placement within an inpatient facility.

MCRT services shall include the following services:

- Warm handoffs to appropriate settings and providers when the person served requires additional stabilization and/or treatment services;
- Coordination with and referrals to appropriate health, social and other services and supports, as needed;

Exhibit A-1

- And short-term follow-up support to help ensure the crisis is resolved and the person served is connected to ongoing care.

MCRT services are directed toward the person served in crisis but may include contact with a family member(s) or other significant support collateral(s) if the purpose of the collateral's participation is to assist the person served in addressing their behavioral health crisis and restoring the person served to the highest possible functional level. For children and youth, in particular, mobile crisis teams shall work extensively with parents, caretakers and guardians, as appropriate and in a manner that is consistent with all federal and state laws related to minor consent, privacy and confidentiality.

Contractor shall ensure that persons served receive a follow-up check-in within 72 hours of the initial mobile crisis response. The purpose of the follow-up check-in is to support continued resolution of the crisis, as appropriate, and should include the creation of or updates to the person's served crisis safety plan, or additional referrals to ongoing supports, as needed. If the person served received a referral to ongoing supports during the initial mobile crisis response, as part of follow-up the mobile crisis team shall check on the status of appointments and continue to support scheduling, arrange for transportation, and provide reminders as needed.

Follow-up may be conducted by any mobile crisis team member who meets DHCS' core training requirements and may be conducted in-person or via telehealth, which includes both synchronous audio-only (e.g., telephone) and video interactions. Follow-up may be conducted by a mobile crisis team member that did not participate in the initial mobile crisis response. If the mobile crisis team member conducting follow-up is not part of the mobile crisis team that provided the initial crisis response, the individual providing follow-up shall coordinate with the team members that participated in the initial mobile crisis response to gather information on the recent crisis and any other relevant information about the person served. There may be times when the mobile crisis team is unable to engage the person served in follow-up. Examples include but are not limited to the person served is in inpatient treatment, otherwise incapacitated, unwilling to engage, or cannot be reached despite reasonably diligent efforts. The mobile crisis team shall document those instances where the person served cannot be engaged for follow-up.

These services will be continuously evaluated by the County and Contractor. The Contractor must adapt to meet the geographically dispersed needs of those living in metropolitan Fresno County, the communities' needs as crisis services and demands fluctuate, and as Fresno County identifies more appropriate CIT models that improve service delivery.

3. Responding to the Needs of Children and Youth

Mobile crisis teams shall work with parents, caregivers, and guardians in a manner consistent with state and federal privacy and confidentiality laws. These teams prioritize the well-being and safety of individuals experiencing a crisis while also respecting the privacy and rights of those involved.

- Assessment and initial contact: When a mobile crisis team responds to a crisis situation involving a child or youth, they will conduct the standardized assessment tool to gather relevant information about the situation. This may involve speaking with parents,

Exhibit A-1

caregivers, or guardians to understand the background, triggers, and any immediate concerns.

- Collaboration and information sharing: The mobile crisis team will work collaboratively with parents, caregivers, and guardians to develop a comprehensive understanding of the needs and preferences of the child or youth involved. They may seek consent to exchange information with relevant professionals, such as primary care providers or therapists, to ensure comprehensive care.
- Privacy and confidentiality: Mobile crisis teams adhere to state and federal privacy laws, such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States. This means they protect the privacy and confidentiality of individuals involved, unless there is a legal requirement or serious safety concern that necessitates sharing information with appropriate authorities or professionals.
- Informed consent: Mobile crisis teams will inform parents, caregivers, or guardians about the purpose of their involvement, the services they can provide, and the limits of confidentiality. The team will obtain informed consent before initiating any services or sharing information, ensuring that everyone involved is aware of their rights and responsibilities.
- Collaboration and support: Throughout the crisis intervention process, mobile crisis teams will engage parents, caregivers, and guardians in developing a crisis response plan. They will provide support, education, and resources to enhance the family's ability to manage crises and promote the well-being of the child or youth.

4. Coordination with Other Delivery Systems

A mobile crisis response is a powerful indicator that an individual needs additional services or that something is not working well with their current array of services; it warrants an alert to other providers who are involved in the individual's care and coordinated follow-up.

Contractor shall establish policies and procedures to ensure mobile crisis services are integrated into a whole person approach to care. Policies and procedures may include, but are not limited to:

- Contractor shall alert the person's served Medi-Cal behavioral health delivery system within 48 hours of a mobile crisis response and provide basic information about the encounter (e.g., disposition of the mobile crisis call);
- The Medi-Cal behavioral health delivery system shall inform the Contractor if they are aware if the person served is receiving care management through targeted case management, intensive care coordination (ICC), enhanced care management (ECM), or any other benefit including non-Medi-Cal benefits such as Full-Service Partnership;
- Contractor shall alert the person's served managed care plan (MCP) or insurance provider, if known, of the behavioral health crisis; and

Exhibit A-1

- If a mobile crisis team receives information that a person served is receiving services from a care manager, it shall alert the person's served care manager(s) of the behavioral health crisis, as applicable, and coordinate referrals and follow-up consistent with privacy and confidentiality requirements.
- Mobile crisis teams shall ensure that they have the person's served consent for these disclosures in cases where consent is required by applicable law.

5. Collaboration with Law Enforcement

The Contractor shall establish and maintain collaborative relationships with the Fresno County Police Departments. The Contractor shall be willing to provide information on the program services through trainings and infographics to our community and law enforcement partners.

6. Collaboration with EMS

As a Central California Emergency Medical Services Agency, Fresno County through its Department of Public Health obtained approval for paramedic triage to alternate destination (PAD) services. Under PAD, local EMS responds via 911 emergency services dispatch or call from behavioral health provider to a community-based behavioral health crisis where an involuntary hold has been placed and provides transportation to the county's crisis stabilization center and no medical emergency is present. The Contractor shall establish and maintain collaborative relationships with local EMS services as EMS will continue to provide transportation services for person served.

7. Collaboration with FURS

The local FURS services are coordinated through the Department of Social Services, Probation Department, and a county contracted provider of behavioral health services for 24/7 in-home/community mobile response within prescribed timeframes for current and former foster youth, including foster youth currently or formerly involved with Probation Department. The contracted FURS mobile response team provides services such as de-escalation, crisis stabilization and reconnection to social services or mental health services.

As with current contracted crisis co-response services, when it is determined that the person served is eligible for FURS, the mobile crisis hotline and/or team will coordinate services by informing the individual of FURS as a resource and provide linkage to Child Welfare Services partners. If appropriate, the mobile crisis hotline may dispose the call to the local FURS services.

The local FURS services may also refer to the mobile crisis hotline if the youth is determined to need higher level of care. FURS mobile response team members who are clinical staff are not delegated authority under the MHP to evaluate for involuntary holds. In the event that the FURS team is unable to de-escalate a youth that is in crisis, mobile crisis teams may be dispatched to the location if appropriate.

To ensure effective engagement with FURS and County Social Services so that the most appropriate system is providing crisis response, interagency collaboration will be needed to

Exhibit A-1

share information, streamline processes and coordinate services effectively. The Contractor shall establish and maintain collaborative relationships with local FURS services.

8. Documentation and Billing

- Contractor will use Fresno County DBH's electronic health record (EHR) and billing system, and business management platform to conduct data analysis.
- Contractor must complete all documentation within 24 hours of service delivery, including but not limited to: access forms, client referral forms and progress notes. In addition, all related documents need to be uploaded within the same timeframe.
- Contractor must adhere to the documentation standards established in DHCS's [CalAIM Documentation Manuals](#) as well as any future amendments to these documents on the [CalMHSA](#) website.
- Contractor shall utilize collaborative documentation with the person served whenever it is clinically indicated. Staff must adhere to DBH's collaborative documentation standards, which may include training courses offered by DBH.

9. Care Coordination and Community Collaboration

- Contractor shall participate in care coordination activities with DBH, law enforcement and other community agencies.
- Contractor agrees to coordinate with the Family Urgent Response System in Fresno County and utilize this program as a resource for qualified individuals.
- Comprehensive knowledge of community resources is essential for case management staff to refer persons served to appropriate services. Contractor must make all attempts to ensure program staff are aware of applicable community resources and how to refer to these programs.
- If the person served is linked to a DBH program, Contractor will notify the service provider as soon as practicable.

VII. STAFFING

Contractor shall provide a staffing plan that is clear and concise and allows for full implementation of all services described in the program. Staff shall be qualified in education experience, clinical, and cultural competencies according to MHP and DMC-ODS provider manual requirements.

The CIT crisis co-response programs are currently staffed with Licensed or Associate-Level Mental Health Professionals (LMHP), Licensed or Associate-Level Practitioners of the Healing Arts (LPHA) and Other Qualified Providers, specifically case managers. The MCRT program shall use these provider types in teams of two with at least one team member being a licensed or associate level clinician. This will allow for the clinical support and expertise needed to determine if the person served requires further treatment at a higher level of care and authority to take the person served into custody for a 72-hour involuntary hold (5150 hold) under Welfare and Institutions (W&I) 5150. Contractor shall follow best practice and have the two providers be physically present onsite during

Exhibit A-1

the initial mobile crisis response. At least one onsite team member will conduct the crisis assessment. At least one onsite team member will be carrying, trained and able to administer naloxone.

Contractor shall provide robust, comprehensive, and ongoing training and mentoring to staff in evidence-based practices (EBP) of the program to ensure fidelity and to build competency and expertise of their staff. In addition to EBPs, Contractor shall provide training on co-occurring and trauma informed practice.

All mobile crisis team staff, including hotline operators and mobile crisis responders, shall complete the DHCS' core training requirements made available on the County's learning management system, currently Relias Learning, prior to delivering MCRT services. Training may include, but is not limited to, delivering culturally responsive care, particularly when working with children, youth and young adults who are LGBTQ+, Black, Indigenous, and People of Color, involved in the child welfare system, or living with intellectual and/or Developmental Disabilities (I/DD). Mobile crisis teams shall abide by all state and federal minor consent laws. Required training shall also include an overview of existing minor consent obligations and appropriate protocols for communicating with parents, guardians and other responsible adults who may or may not be present at the time of the crisis. In order to ensure the most appropriate systems are responding to a crisis, the mobile crisis hotline operator and mobile crisis team will be familiar with FURS, Regional Centers and other dispatch lines to be able to coordinate referrals as appropriate.

Contractor shall demonstrate staff proficiency (training and certification) in suicide and crisis intervention procedures and other training subjects that would benefit the individuals in their wellness goals.

Contractor shall ensure clinical supervisor(s) will oversee the work of the clinicians, including approving documentation and claiming in the electronic medical records as required. The clinical supervisor(s) shall be able to provide Board of Behavioral Sciences (BBS) supervision.

All staff, who provide direct care or perform coding/billing functions, must meet the requirements of the Fresno County Mental Health Plan (FCMHP) and DMC-ODS Compliance Program. This includes the screening for excluded persons and entities by accessing or querying the applicable licensing board(s), the National Provide Data Bank (NPDB), Office of Inspector General's List of Excluded Individuals/Entities (LEIE), Excluded Parties List System (EPLS) and Medi-Cal Suspended and Ineligible List prior to hire and monthly thereafter. In addition, all licensed/registered/waivered staff must complete a FCMHP/DMC-ODS Provider Application and be credentialed by the DBH Credentialing Committee. All licensed staff shall have Department of Justice (DOJ), Federal Bureau of Investigation (FBI), and Sherriff fingerprinting (Live scan) executed.

VIII. REPORTING

Contractor shall comply with the following reporting requirements:

1. DHCS Reporting:
 - a. Contractor shall provide data necessary for all reports mandated by DHCS. Demographic, process and outcomes data reporting are referenced under Behavioral Health Information Notice No. 23-025 and may be updated as additional guidance is issued by DHCS.
2. CSI Reporting

Exhibit A-1

- a. Contractor shall work with DBH to capture and enter all Client Service Information (CSI), admission data, and billing information into DBH's data system for the purposes of effective care coordination and State reporting. Contractor shall provide all necessary data to allow DBH to capture all CSI data for services provided and to meet all State and Federal reporting requirements. Methods of providing such information include, but not limited to, the following:
 - i. Direct data entry in DBH's electronic information system; or
 - ii. Provide an electronic file compatible with DBH's electronic information system.
3. Contractor shall comply with all reporting requests made by DBH. Reporting requirements are subject to change as the program develops.

IX. PERFORMANCE AND OUTCOME MEASUREMENTS

Contractor shall comply with all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. County and Contractor 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 the program is 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.

Performance outcome measures shall be tracked on an ongoing basis and used to update the County monthly. In addition, 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. Contractor 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 and at appropriate intervals during the fiscal year.

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.

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

Contractor will collect data about the characteristics of the individuals served and measure service delivery performance indicators in the four Commission on Accreditation of Rehabilitation Facilities (CARF) domains listed below, with at least one performance indicator for each of the four domains. Contractor shall submit annual outcomes on a report template to be provided by the County for each level of care provided.

1. Effectiveness

Exhibit A-1

2. Efficiency
3. Access
4. Satisfaction & Feedback of Persons Served & Stakeholders

Additional Reporting Requirements

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

DBH requires the following data reporting, which must be submitted to the Department by the 10th of each month, unless otherwise indicated. The reporting period is typically the prior month in which services were provided. The following funding, staffing, services and data must be collected, maintained and reported by the established deadlines. Reporting templates and requirements are subject to change based on State and Federal regulations, funding guidelines and efforts to improve service delivery.

- A. Invoices must be submitted each month and shall include expenses and revenues from the prior month.
- B. The Monthly Staffing Report shall be submitted each month and must include each program staff member, their title, full-time equivalent, salary and other information as deemed appropriate by DBH.
- C. CCMU grant reports must be submitted at least quarterly, but more frequently as needed.
- D. Annual Performance Outcome Measures reports shall be completed at least annually and submitted to DBH as requested. County staff will notify the awarded vendor when its agency's participation is required. The performance outcome measurement report process will include survey instruments, person served and staff interviews, chart reviews, and other methods of obtaining necessary information as appropriate.

The Contractor will be required to provide culturally and linguistically appropriate services that align with the National Standards for Culturally and Linguistically Appropriate Services and DBH PPG 1.5.1 Culturally and Linguistically Appropriate Services as well as any updates to these standards. The program will be required to report staff training related to cultural competency as requested by DBH.

Exhibit A-2

California Health Facilities Financing Authority (CHFFA)

School-Based Mobile Crisis

SCOPE OF SERVICES

CONTRACTOR: Kings View

I. BACKGROUND

In 2013, Senate Bill 82, the Investment in Mental Health Wellness Act of 2013, established a competitive grant program to disburse funds to California counties or to their nonprofit or public agency designees for the purpose of developing mental health crisis support programs. In 2016, Senate Bill 833 (Section 20) expanded the Investment in Mental Health Wellness Act to specifically address a continuum of crisis services for children and youth, 21 years of age and under and allocated funding to develop four mental health programs - crisis residential treatment, crisis stabilization, mobile crisis support teams and family respite care. The California Health Facilities Financing Authority (CHFFA) is responsible for developing the program as well as awarding and administering the grants.

The Fresno County Department of Behavioral Health (DBH) applied for grant funding to enhance mobile crisis response and post-crisis follow up services in K-12 schools throughout the County. The Kings View Metro CIT and Rural CIT program will each receive funding to add 2 case managers and 2 clinicians who will be dedicated to the Investment in Mental Health Wellness Grant Program for Children and Youth (CY) project. While current Kings View Metro CIT and Rural CIT clinicians respond to calls for service in K-12 schools, the CY project teams will be dedicated to this population within the both the metropolitan and rural areas of Fresno County. These teams will also provide post-crisis services for at least thirty (30) days after the initial crisis response and provide education for the youth, parents/caregivers, and schools. Unlike current program operations, the clinicians on these two teams will receive calls directly from school's resource officers and other school staff, rather than 9-1-1 dispatch. Law enforcement will only be requested if there are safety concerns. The goal is to provide more efficient access to crisis services and de-escalation to avoid an emergency room visit and/or placement within an inpatient facility.

II. SERVICES START DATE

The Contractor shall follow the timeline summarized as follows:

Anticipated Timeline

- 1. APRIL 2024 – JUNE 2024 – Ramp-up**
 - a. Recruitment and Infrastructure Enhancements
 - i. Purchase vehicles by May 19, 2024 (as required by CHFFA funding) and outfit with appropriate equipment

Exhibit A-2

- ii. Post job openings and begin recruitment/staff orientation by Fresno County Mental Health Plan (FCMHP)
- b. Coordination with Justice Partners and School Districts
 - i. Work with different Dispatch agencies and school districts to develop dispatch criteria and policies.
- c. Policies and Procedures
 - i. Dispatch policies and procedures to be developed at this time with the assistance of the schools, law enforcement partners and other first responders

2. JULY 2024 – JUNE 2025 – Services

- a. Contractor will work with DBH to establish a targeted approach to initially focus on the schools and districts that receive the most crisis calls. The program will then expand to be inclusive of all K-12 schools.
- b. Go-live service date of August 19, 2024 (as required by CHFFA funding)
- c. See “Description of Services” section in following sections for more information.

Contractor and DBH shall remain in constant communication with regards to the need to modify the start-up period earlier or later than anticipated.

III. TARGET POPULATION

The target population to be served by this program are children and youth, 21 years of age and under, currently experiencing an acute behavioral health crisis, including any behavioral health signs and symptoms, requiring immediate crisis intervention, de-escalation, and triage services at schools, K-12, within the Fresno metro and rural areas.

IV. LOCATION OF SERVICES

Services shall be provided in the field, at K-12 school campuses throughout the Fresno County metro and rural areas, as opposed to services being performed at traditional behavioral health offices or clinics. Crisis intervention services are intended to be provided in the field where person served interaction with law enforcement and emergency services personnel (first responders) typically occurs and where crisis intervention services are most beneficial.

Services are not to be provided in any facility that employs staff who have the ability to evaluate for and write a Welfare and Institutions Code 5150 hold. These facilities include, but are not limited to: hospitals, emergency departments, the Fresno County jail, inpatient facilities (e.g., psychiatric health facilities, crisis stabilization units, crisis residential facilities, skilled nursing facilities, full-service partnerships, short-term residential treatment programs, etc.), and mental health treatment facilities (residential or outpatient). Should the Contractor have any questions about which facilities are not considered part of community response, they must immediately request such clarification from DBH and approval prior to providing services.

School-based mobile crisis teams shall arrive within 60 minutes of the person served being determined to require crisis services in the metro area. Contractor is highly encouraged to continue the existing collaborations with police departments and co-locate with the metro law enforcement agencies as circumstances permit.

Exhibit A-2

Contractor is required to have office space for clinical staff, which must be Medi-Cal site certified (see Section 10 of the Fresno County Mental Health Plan Provider Manual) prior to services being delivered.

Post-crisis follow-up services are to be provided face-to-face, over the phone, using video or via United States mail as appropriate and in accordance with DBH's Guiding Principles of Care Delivery.

V. HOURS OF OPERATION

Contractor will be available to provide services from 8:00 am - 5:00pm, Monday through Friday, throughout the year including school breaks and vacations, through face-to-face contact and telephone as needed. Contractor acknowledges extended school hours that cover after-school activities, and will work with CIT and MCRT staffing as appropriate to provide appropriate responses. Shift times may be modified, based upon identified need within the school communities and subject to approval by DBH.

VI. DESCRIPTION OF SERVICES

The school-based mobile crisis program will establish a trauma-informed mobile crisis support teams dedicated to providing culturally and linguistically appropriate behavioral health crisis intervention services to children and youth who experience a behavioral health crisis while in attendance at a Fresno County K-12 school campus. While the current CIT and MCRT teams do respond to calls for children and youth and provide services at school campuses, the newly established school-base mobile crisis team will be dedicated to respond to calls only at Fresno K-12 schools and will also provide follow-up with the children and youth served, as well as their parents/caregivers, and the schools.

Unlike the current programs, the clinicians on this team will receive calls directly from the schools' resource officers or school staff, and will not respond with a law enforcement presence, unless it is determined to be required. Contractor will provide a number for schools' resource officers and staff to contact the school-based mobile crisis support team directly for services. The goal of the team is to provide more efficient access to crisis services for this population, with the main goal of de-escalating the situation to avoid an emergency room visit and/or placement within an inpatient facility. Follow-up with the youth will be provided by the case manager to help provide the children and youth, as well as their families or caregivers with additional services, further mitigating the need for emergency room services, inpatient placement, and/or involvement with law enforcement. Data gathered from the utilization and service provision during this pilot project will determine Fresno County DBH's next steps with regard to this program enhancement.

Services will include but are not limited to assessments, crisis intervention, suicide risk assessments, community referrals and linkages, case management and care coordination activities, follow-up with the children and youth for at least thirty (30) days, after the initial call response, and education for the youth, parent/caregivers, and school.

Case management services will be culturally responsive, strengths-based, trauma-informed and recovery-oriented. These services must be community-based; incorporate stigma reduction and suicide prevention; and comprehensive of recovery practices and community engagement during

Exhibit A-2

the course of service delivery. Services will be continuously evaluated by the County and Contractor. The Contractor must adapt to meet the geographically dispersed needs of those living in the metro and rural areas of Fresno County, the school communities' needs as crisis services and demands fluctuate, and as Fresno County identifies more appropriate CIT and mobile crisis models that improve service delivery.

The combination of a dedicated, trauma-informed team stationed in a central location and providing culturally and linguistically appropriate services during extended school hours will ensure timely access and efficient services to the target population. As opportunities are available, outreach and engagement efforts will take place to ensure that schools, their students and families, and the local community are aware of the services available by this program and how to access them. Ongoing discussion with the program's stakeholders will also take place to invite feedback and ensure that barriers unique to this community are properly assessed and resolved, so that services are accessed and provided in the most efficient way possible.

A. Documentation and Billing

1. Contractor will use Fresno County DBH's electronic health record (EHR) and billing system, and business management platform to conduct data analysis.
2. Contractor must complete all documentation within 24 hours of service delivery, including but not limited to: access forms, client referral forms and progress notes. In addition, all related documents need to be uploaded within the same timeframe.
3. Contractor must adhere to the documentation standards established in DHCS's [CalAIM Documentation Manuals](#) as well as any future amendments to these documents on the [CalMHSA](#) website.
4. Contractor shall utilize collaborative documentation with the person served whenever it is clinically indicated. Staff must adhere to DBH's collaborative documentation standards, which may include training courses offered by DBH.

B. Care Coordination and Community Collaboration

1. Contractor shall participate in care coordination activities with DBH, school administration, law enforcement and other community agencies.
2. Contractor agrees to coordinate with the Family Urgent Response System in Fresno County and utilize this program as a resource for qualified individuals.
3. Comprehensive knowledge of community resources is essential for case management staff to refer persons served to appropriate services. Contractor must make all attempts to ensure program staff are aware of applicable community resources and how to refer to these programs.
4. If the person served is linked to a DBH program, Contractor will notify the service provider as soon as practicable.

VII. STAFFING

Contractor shall provide a staffing plan that is clear and concise and allows for full implementation of all services described in the program. Staff shall be qualified in education experience, clinical, and cultural competencies according to MHP provider manual requirements..

Staffing for the school-based mobile crisis support teams through CHFFA funding includes the addition of four clinicians and four case managers specifically for this program. Each team will be

Exhibit A-2

stationed in a location central to the region for which they will provide services in the metropolitan and rural areas of Fresno County, and will utilize eight vehicles (one for each member of each team) for transportation to the applicable school of the person served. A team response can be comprised of a clinician and case manager together, or a clinician or case manager individually. The clinician must be certified by DBH in order to place individuals on an involuntary hold under WIC Section 5150.

Contractor shall provide robust, comprehensive and ongoing training and mentoring to staff in evidence-based practices (EBP) of the program to ensure fidelity and to build competency and expertise of their staff. In addition to EBPs, Contractor shall provide training on co-occurring and trauma informed practice.

Contractor shall demonstrate staff proficiency (training and certification) in suicide and crisis intervention procedures and other training subjects that would benefit the individuals in their wellness goals.

Contractor shall ensure clinical supervisor(s) will oversee the work of the clinicians, including approving documentation and claiming in the electronic medical records as required. The clinical supervisor(s) shall be able to provide Board of Behavioral Sciences (BBS) supervision.

The Contractor recognizes the value of the use of individual directed peer-to-peer support networks. The program shall work to employ staff who have lived mental health experience.

All staff, who provide direct care or perform coding/billing functions, must meet the requirements of the Fresno County Mental Health Plan (FCMHP) Compliance Program. This includes the screening for excluded persons and entities by accessing or querying the applicable licensing board(s), the National Provide Data Bank (NPDB), Office of Inspector General's List of Excluded Individuals/Entities (LEIE), Excluded Parties List System (EPLS) and Medi-Cal Suspended and Ineligible List prior to hire and monthly thereafter. In addition, all licensed/registered/waivered staff must complete a FCMHP Provider Application and be credentialed by the FCMHP's Credentialing Committee. All licensed staff shall have Department of Justice (DOJ), Federal Bureau of Investigation (FBI), and Sheriff fingerprinting (Live scan) executed.

VIII. REPORTING

Contractor shall comply with the following reporting requirements:

1. CHFFA Reporting:
 - a. Contractor shall provide data necessary for reports mandated by the CHFFA under CCR Title 4, Division 10 Section 7319(a)(3) and 7319.1(a)(3).
2. CSI Reporting
 - a. Contractor shall work with DBH to capture and enter all Client Service Information (CSI), admission data, and billing information into DBH's data system for the purposes of effective care coordination and State reporting. Contractor shall provide all necessary data to allow DBH to capture all CSI data for services provided and to meet all State and Federal reporting requirements. Methods of providing such information include, but not limited to, the following:

Exhibit A-2

- i. Direct data entry in DBH's electronic information system; or
 - ii. Provide an electronic file compatible with DBH's electronic information system.
3. Contractor shall comply with all reporting requests made by DBH. Reporting requirements are subject to change as the program develops.

IX. PERFORMANCE AND OUTCOME MEASUREMENTS

Contractor shall comply with all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. County and Contractor 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 the program is 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.

Performance outcome measures shall be tracked on an ongoing basis and used to update the County monthly. In addition, 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. Contractor 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 and at appropriate intervals during the fiscal year.

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.

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

Contractor will collect data about the characteristics of the individuals served and measure service delivery performance indicators in the four Commission on Accreditation of Rehabilitation Facilities (CARF) domains listed below, with at least one performance indicator for each of the four domains. Contractor shall submit annual outcomes on a report template to be provided by the County for each level of care provided.

1. Effectiveness

a. Hospitalization

Reduce hospital emergency room and psychiatric inpatient utilization.

Exhibit A-2

- i. Methodology: Tracking the number of calls received which result in either an emergency room visit or placement within a psychiatric inpatient facility and compare that data to the number of calls which were successfully de-escalated to the point where a higher level of care was not needed.
- ii. Time of Measure: Fiscal Year
- iii. Roles: Tracking to be completed by the Contractor. Fresno County DBH will monitor all reporting and stakeholder input processes from hospitals and psychiatric inpatient facilities.

b. Percentage of Children and Youth Served who Returned for Crisis Services from Another Institution within 15-30 days.

Decrease in the number of children and youth who return for crisis services at a hospital emergency department, psychiatric hospital, detainment center, juvenile hall, or jail, within 15 days of receiving services from the proposed mobile crisis support team.

- i. Methodology: Follow-up with person served and tracking of their outcome including, but not limited to: successful linkage to other resources; multiple calls to the mobile crisis support team; or a visit to a hospital emergency department, psychiatric hospital, detainment center, juvenile hall, or jail, within 15 days after receiving services from the proposed mobile crisis support team.
- i. Time of Measure: Fiscal Year
- ii. Roles: Tracking to be completed by the Contractor. Fresno County DBH will monitor all reporting and stakeholder input processes from hospitals and psychiatric inpatient facilities.

c. Reduction in Law Enforcement Involvement

Reduction in law enforcement involvement required for crisis calls (e.g., number of contacts made, number of person's served taken into custody, number of persons served transported by law enforcement for assessment.)

- i. Methodology: Tracking the number of calls received which result in contact with law enforcement and what type of contact was made and compare it to the number of calls which were successfully de-escalated to the point where involvement by law enforcement was not needed.
- iii. Time of Measure: Fiscal Year
- iv. Roles: Tracking to be completed by the Contractor. Fresno County DBH will monitor all reporting and stakeholder input processes from hospitals and psychiatric inpatient facilities.

2. Efficiency

a. Number of School-Based Mobile Crisis Support Teams, Vehicles, and Staff

The number of school-based mobile crisis support team, including the number of team vehicles and staff, will be appropriate to meet capacity of the number of calls received and the needs of the target population.

- i. Methodology: Tracking call response times and productivity levels of the response team compared to the number of calls received.
- ii. Time of Measure: Fiscal Year

Exhibit A-2

- iii. Roles: Tracking to be completed by the Contractor. Fresno County DBH will monitor all reporting and stakeholder input processes from persons served, their families, and Fresno County schools.

b. Program Value and Mitigation of Costs

- i. Methodology: Tracking program cost, cost per person served, and the number of calls successfully de-escalated and comparing these data points with the approximate cost for equivalent contact with an emergency room, inpatient psychiatric hospital, and/or law enforcement.
- ii. Time of Measure: Fiscal Year
- iii. Roles: Tracking to be completed by the Contractor. Fresno County DBH will monitor all reporting and stakeholder input processes from persons served, their families, and Fresno County schools.

3. Access

a. Program Participation

Increase in the number of calls received by the school-based mobile response team and the number of persons served by the program.

- i. Methodology: Tracking the number of calls received from each school and the utilization of the program, over time.
- ii. Time of Measure: Fiscal Year
- iii. Roles: Tracking to be completed by the Contractor. Fresno County DBH will monitor all reporting and stakeholder input processes from hospitals and psychiatric inpatient facilities.

b. Number of Children and Youth Being Served

The number of children and youth served by this program, the number of persons served fall under the target population, and the number of persons served who fall outside of the target population.

- i. Methodology: Tracking the number of calls received compared to the number of call responses and persons served. Additional tracking of demographics of persons served including, but not limited to: school site, school status, age, race/ethnicity, type of call, and preferred language.
- ii. Time of Measure: Fiscal Year
- iii. Roles: Tracking to be completed by the Contractor. Fresno County DBH will monitor all reporting and stakeholder input processes from persons served, their families, and Fresno County schools.

4. Satisfaction & Feedback of Persons Served & Stakeholders

a. Consumer Perception Surveys

As appropriate, children and youth served, their parents/caregivers, and stakeholders will be surveyed on their satisfaction with the crisis services provided by the school-based mobile crisis response team.

- i. Methodology: Collecting periodic surveys of persons served, their parents/caregivers, and stakeholders, which track satisfaction and feedback of the person surveyed.
- ii. Time of Measure: Fiscal Year

Exhibit A-2

- iii. Roles: Tracking to be completed by the Contractor. Fresno County DBH will monitor all reporting and stakeholder input processes from hospitals and psychiatric inpatient facilities.

Additional Reporting Requirements

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

DBH requires the following data reporting, which must be submitted to the Department by the 10th of each month, unless otherwise indicated. The reporting period is typically the prior month in which services were provided. The following funding, staffing, services and data must be collected, maintained and reported by the established deadlines. Reporting templates and requirements are subject to change based on State and Federal regulations, funding guidelines and efforts to improve service delivery.

- A. Invoices must be submitted each month and shall include expenses and revenues from the prior month.
- B. The Monthly Staffing Report shall be submitted each month and must include each program staff member, their title, full-time equivalent, salary and other information as deemed appropriate by DBH.
- C. Annual Performance Outcome Measures reports shall be completed at least annually and submitted to DBH as requested. County staff will notify the Contractor when its agency's participation is required. The performance outcome measurement report process will include survey instruments, person served and staff interviews, chart reviews, and other methods of obtaining necessary information as appropriate.

The Contractor will be required to provide culturally and linguistically appropriate services that align with the National Standards for Culturally and Linguistically Appropriate Services and DBH PPG 1.5.1 Culturally and Linguistically Appropriate Services as well as any updates to these standards. The program will be required to report staff training related to cultural competency as requested by DBH.

Exhibit B

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.

Exhibit B

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.

Exhibit B

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 B

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 B

- 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.

Exhibit B

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.

Exhibit B

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 B

- 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

Exhibit B

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 individual s 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

Exhibit B

- 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.

Exhibit B

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,

Exhibit B

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->

Exhibit B

[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 individual s do not need to use the term "grievance" for a complaint to be captured as an expression of dissatisfaction and, therefore, a grievance.

Exhibit B

- 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) (I), (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.

Exhibit B

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.

Exhibit B

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.

Exhibit B

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

Exhibit B

- 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.

Exhibit C

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

Exhibit C

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

Exhibit C

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

Exhibit C

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

Exhibit D

DOCUMENTATION STANDARDS FOR PERSON SERVED RECORDS

The documentation standards are described below under key topics related to care for persons served. All standards must be addressed in the person served's 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 person served's 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 person served's 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

Exhibit D

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 person served's 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,
 - Person served's plans will be consistent with the diagnosis, and the focus of intervention will be consistent with the person served's plan goals, and there will be documentation of the person served's participation in and agreement with the plan. Examples of the documentation include, but are not limited to, reference to the person served's participation and agreement in the body of the plan, person served's signature on the plan, or a description of the person served's participation and agreement in progress notes.
 - Person served's signature on the plan will be used as the means by which the Contractor documents the participation of the person served. When the person served's signature is required on the person served's plan and the person

Exhibit D

served refuses or is unavailable for signature, the person served's plan will include a written explanation of the refusal or unavailability.

- The Contractor will give a copy of the person served's plan to the person served 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

Exhibit E

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

Exhibit E

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.

Exhibit E

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)

Exhibit F

Crisis Intervention Team - Combined Metro & Rural

Kings View

July 1, 2023- January 22, 2024

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Executive Director	0.06	\$ 5,788		\$ 5,788
1102	Regional Director	0.27	18,086		18,086
1103	Financial Analyst (Accountant)	0.29	13,780		13,780
1104	Quality Improvement Data Analyst	0.50	19,682		19,682
1105	Administrative Specialist	1.75	47,006		47,006
1106	Program Manager	2.00	114,671		114,671
1107	Clinical Supervisor/UR	2.00	108,236		108,236
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-

Direct Personnel Admin Salaries Subtotal

6.87

\$ 327,249

\$ 327,249

Acct #	Program Position	FTE	Admin	Program	Total
1116	Licensed Field Clinician	2.00		89,115	\$ 89,115
1117	Unlicensed Field Clinician	24.00		1,040,489	1,040,489
1118	Licensed Lead Field Clinician	3.00		151,571	151,571
1119	Case Manager	3.00		78,952	78,952
1120	Per Diem Field Clinician (Licensed) 1,000 hrs/yr	0.50		22,421	22,421
1121		0.00		-	-
1122		0.00		-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-

Direct Personnel Program Salaries Subtotal

32.50

\$ 1,382,548

\$ 1,382,548

			Admin	Program	Total
Direct Personnel Salaries Subtotal		39.37	\$ 327,249	\$ 1,382,548	\$ 1,709,797

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	3,737	15,654	\$ 19,391
1202	Worker's Compensation	5,601	23,662	29,263
1203	Health Insurance	26,290	112,546	138,836
1204	Other (specify)	-	-	-
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-

Direct Employee Benefits Subtotal:

\$ 35,628

\$ 151,862

\$ 187,490

Exhibit F

Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	-	-	\$ -
1302	FICA/MEDICARE	24,735	104,446	129,181
1303	SUI	929	3,897	4,826
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ 25,664	\$ 108,343	\$ 134,007
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:		Admin	Program	Total
		\$ 388,541	\$ 1,642,753	\$ 2,031,294

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	19%	81%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	6,250
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	1,000
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 7,250

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 30,595
3002	Printing/Postage	3,025
3003	Office Supplies & Equipment	4,350
3004	Advertising	-
3005	Staff Development & Training	11,000
3006	Staff Mileage	600
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	45,075
3009	Other (Staff Recruitment)	1,350
3010	Other (Insurance)	14,441
3011	Other (Uniforms)	2,000
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 112,436

Exhibit F

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 6,725
4002	Rent/Lease Building	29,350
4003	Rent/Lease Equipment	4,110
4004	Rent/Lease Vehicles	47,000
4005	Security	2,550
4006	Utilities	6,702
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 96,437

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 67,550
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,550
5005	Other (EHR Fees)	8,576
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 77,676

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): Auto, Property, general, Professional Liability	10,000
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	110,087
6009	Other (Administrative Overhead)	165,064
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 285,151

INDIRECT COST RATE	12.19%
--------------------	--------

7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 12,500
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	1,100
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)	-

Exhibit F

FIXED ASSETS EXPENSES TOTAL	\$ 13,600
-----------------------------	-----------

TOTAL PROGRAM EXPENSES	\$ 2,623,844
------------------------	--------------

PROGRAM FUNDING SOURCES

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

Acct #	Line Item Description		Amount
	Estimated Specialty Mental Health Services Billing Totals:		\$ 2,878,168
	Estimated % of Clients who are Medi-Cal Beneficiaries	30%	
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries		863,450
	Federal Financial Participation (FFP) %	50%	431,725
	MEDI-CAL FFP TOTAL		\$ 431,725

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) - Medi-Cal Mobile Crisis Benefit SMHS

Acct #	Line Item Description	Service Units	Rate	Amount
	Transportation Mileage			\$ -
	Mobile Crisis			\$ -
	Transportation , staff time, per 15 minutes			\$ -
	Estimated Specialty Mental Health Services Billing Totals:	0		\$ -
	Estimated % of Clients who are Medi-Cal Beneficiaries		60%	
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			-
	Federal Financial Participation (FFP) %		50%	-
	MEDI-CAL FFP TOTAL			\$ -

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) - Medi-Cal Mobile Crisis Benefit DMC-ODS

Acct #	Line Item Description	Service Units	Rate	Amount
	Transportation Mileage			\$ -
	Mobile Crisis			\$ -
	Transportation , staff time, per 15 minutes			\$ -
	Estimated Specialty Mental Health Services Billing Totals:	0		\$ -
	Estimated % of Clients who are Medi-Cal Beneficiaries		60%	
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			-
	Federal Financial Participation (FFP) %		50%	-
	MEDI-CAL FFP TOTAL			\$ -

8100 - SUBSTANCE USE DISORDER FUNDS

Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ 0
8102	SABG	\$ -
	SUBSTANCE USE DISORDER FUNDS TOTAL	\$ 0

8200 - REALIGNMENT

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)

Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention	Crisis Intervention & Rural Triage	2,192,119
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
	MHSA TOTAL		\$ 2,192,119

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	\$ -

Exhibit F

8402	Client Insurance	-
8403	Grants (CCMU)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -
TOTAL PROGRAM FUNDING SOURCES:		\$ 2,623,844
NET PROGRAM COST:		\$ (0)

Exhibit F

**Crisis Intervention Team - Combined Metro & Rural
Kings View
July 1, 2023- January 22, 2024**

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 %
Executive Director	PATH SMHS/Fresno	0.02
	PATH OEL/Fresno	0.02
	PATH STARS	0.06
	Blue Sky/Fresno	0.10
	Rural Crisis Intervention/Fresno	0.06
	Metro CIT/Fresno	0.06
	Map Point/Fresno	0.02
	Suicide Prevention Follow-up Call/Fresno	0.02
	FURS/Fresno	0.06
	CVSPH/California State, Tulare, Calaveras, Tuolumne	0.26
	Shasta	0.18
	Tulare	0.52
	Madera	0.12
	Kings	0.46
	Administrative Department	0.04
Total		2.00

Position	Contract #/Name/Department/County	FTE %
Regional Director	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.04
	PATH STARS	0.12
	Blue Sky/Fresno	0.22
	Case Manager	0.32
	Metro CIT/Fresno	0.210
	Map Point/Fresno	0.10
	FURS/Fresno	0.06
	Suicide Prevention Follow-up Call/Fresno	0.02
	CVSPH/California State, Tulare, Calaveras, Tuolumne	0.58
	Madera	0.28
Total		1.99

Position	Contract #/Name/Department/County	FTE %
Accountant	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.10
	PATH STARS	0.10
	Blue Sky/Fresno	0.24
	Rural Crisis Intervention/Fresno	0.30
	Metro CIT/Fresno	0.28
	Map Point/Fresno	0.14
	FURS/Fresno	0.06
	Finance Department	0.74
Total		2.00

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Data Analyst	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.10
	PATH STARS	0.10
	Blue Sky/Fresno	0.24
	Rural Crisis Intervention/Fresno	0.50
	Metro CIT/Fresno	0.50
	Map Point/Fresno	0.14
	FURS/Fresno	0.06
	Shasta	0.08

Exhibit F

	QI Department	0.24
Total		<u>2.00</u>

Position	Contract #/Name/Department/County	FTE %
Administrative Specialist	PATH SMHS/Fresno	0.34
	PATH OEL/Fresno	0.10
	Rural Crisis Intervention/Fresno	1.50
	FURS/Fresno	0.06
		-
Total		<u>2.00</u>

Exhibit F

Crisis Intervention Team - Combined Metro & Rural
Kings View
July 1, 2023- January 22, 2024 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			2,031,294	
Administrative Positions			327,249	
	1101	Executive Director	5,788	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
	1102	Regional Director	18,086	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
	1103	Accountant	13,780	Prepares and provides budget guidance, monthly invoicing, and other fiscal services.
	1104	Quality Improvement Data Analyst	19,682	This position will perform a wide range of duties to support data collection, management, and reporting needs for all collaborative partnerships.
	1105	Administrative Specialist	47,006	Provides administrative support for the program and assist with medical billing and records.
	1106	Program Manager	114,671	Provides supervision of all staff and direct oversight of program management.
	1107	Clinical Supervisor/UR	108,236	Provides supervision of all licensed and unlicensed clinical staff.
	1108	0	-	
	1109	0	-	
	1110	0	-	
	1111	0	-	
	1112	0	-	
	1113	0	-	
	1114	0	-	
	1115	0	-	
Program Positions			1,382,548	
	1116	Licensed Field Clinician	89,115	Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages. Services shall include crisis assessments, suicide risk assessments, safety plan development, disseminating information regarding, and linkage to, behavioral health services & community resources, and post-crisis case management and care coordination activities. Additional services can include assistance locating stable housing, coordinating care meetings, collaboration with school staff, foster family agencies, regional center representatives, primary care physicians, inpatient and residential services, social workers, substance use disorder services, and parole or probation officers. These position may be filled by regular staff members, on call staff members, per diem staff, licensed and unlicensed clinicians. The higher cost reflects includes 1/2 of additional FTE and greater differentials to attract and retain clinicians to the MCRT program. The CIT program is two shifts a day and the MCRT program adds a third shift for overnight calls.
	1117	Unlicensed Field Clinicians	1,040,489	Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages. Services shall include crisis assessments, suicide risk assessments, safety plan development, disseminating information regarding, and linkage to, behavioral health services & community resources, and post-crisis case management and care coordination activities. Additional services can include assistance locating stable housing, coordinating care meetings, collaboration with school staff, foster family agencies, regional center representatives, primary care physicians, inpatient and residential services, social workers, substance use disorder services, and parole or probation officers. These position may be filled by regular staff members, on call staff members, per diem staff, licensed and unlicensed clinicians. The higher cost reflects includes 1/2 of additional FTE and greater differentials to attract and retain clinicians to the MCRT program. The CIT program is two shifts a day and the MCRT program adds a third shift for overnight calls.
	1118	Licensed Lead Field Clinician	151,571	Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages. Services shall include crisis assessments, suicide risk assessments, safety plan development, disseminating information regarding, and linkage to, behavioral health services & community resources, and post-crisis case management and care coordination activities. Additional services can include assistance locating stable housing, coordinating care meetings, collaboration with school staff, foster family agencies, regional center representatives, primary care physicians, inpatient and residential services, social workers, substance use disorder services, and parole or probation officers. These position may be filled by regular staff members, on call staff members, per diem staff, licensed and unlicensed clinicians. The higher cost reflects includes 1/2 of additional FTE and greater differentials to attract and retain clinicians to the MCRT program. The CIT program is two shifts a day and the MCRT program adds a third shift for overnight calls.
	1119	Case Manager	78,952	Provides post-crisis case management and care coordination activities.

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	1120	Per Diem Field Clinician (Licensed) 1,000 hrs/yr	22,421	Per-Diem - Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages. Services shall include crisis assessments, suicide risk assessments, safety plan development, disseminating information regarding, and linkage to, behavioral health services & community resources, and post-crisis case management and care coordination activities. Additional services can include assistance locating stable housing, coordinating care meetings, collaboration with school staff, foster family agencies, regional center representatives, primary care physicians, inpatient and residential services, social workers, substance use disorder services, and parole or probation officers. These position may be filled by regular staff members, on call staff members, per diem staff, licensed and unlicensed clinicians. The higher cost reflects includes 1/2 of additional FTE and greater differentials to attract and retain clinicians to the MCRT program. The CIT program is two shifts a day and the MCRT program adds a third shift for overnight calls.
	1121		-	
	1122	0	-	
	1123	0	-	
	1124	0	-	
	1125	0	-	
	1126	0	-	
	1127	0	-	
Direct Employee Benefits			187,490	
	1201	Retirement	19,391	Cost of 401K
	1202	Worker's Compensation	29,263	Workers' Compensation Insurance
	1203	Health Insurance	138,836	Cost of medical, vision, dental, life and long-term disability insurance.
	1204	Other (Life Insurance)	-	Employee life insurance for employee beneficiaries.
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			134,007	
	1301	OASDI	-	Disability insurance
	1302	FICA/MEDICARE	129,181	Cost of FICA/Medicare
	1303	SUI	4,826	Unemployment insurance
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT			7,250	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	-	
	2004	Clothing, Food, & Hygiene	6,250	Expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	-	
	2011	Other (Program Supplies)	1,000	Various program supplies as needed for the program.
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

3000: DIRECT OPERATING EXPENSES			112,436	
	3001	Telecommunications	30,595	Cost of a cell phone, cell phones service, data connectivity.
	3002	Printing/Postage	3,025	Anticipating courier services and postage necessary for program. Business cards, 51/50 forms, and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
	3003	Office Supplies & Equipment	4,350	Includes all supplies and minor equipment used by staff in the course of providing services.
	3004	Advertising	-	
	3005	Staff Development & Training	11,000	Cost of continuation of staff development, training, and continuing education (CEUs). Includes, registration cost, travel transportation, staff meals, and lodging expenses.
	3006	Staff Mileage	600	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	45,075	Minor auto repairs & maintenance required to maintain 11 leased vehicles for client transportation and program needs. Includes expenses such as oil changes, car washes, vehicle tracking service, auto fuel, and DMV fees.
	3009	Other (Staff Recruitment)	1,350	Thorough background checks, drug testing, and job postings.
	3010	Other (Insurance)	14,441	Liability Insurance
	3011	Other (Uniforms)	2,000	Intended for the purpose of identifying ourselves to the people we are going to service, but also to identify who the KV people are to law enforcement, if law enforcement is called to the the scene for some reason. .
	3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT			96,437	
	4001	Building Maintenance	6,725	Maintenance of building
	4002	Rent/Lease Building	29,350	Shared building lease space.
	4003	Rent/Lease Equipment	4,110	Shared cost for copier leases and water dispenser rental
	4004	Rent/Lease Vehicles	47,000	Cost of (11) leased vehicles to assist with program and client needs
	4005	Security	2,550	Cost of security
	4006	Utilities	6,702	Cost of utilities.
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES			77,676	
	5001	Consultant (Network & Data Management)	67,550	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,550	Anticipating need of outsource translation services.
	5005	Other (EHR Fees)	8,576	EHR licensing fees
	5006	Other (specify)	-	

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	5007	Other (Dispatch)	-	
	5008	Other (specify)	-	

6000: INDIRECT EXPENSES			285,151	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	10,000	Direct expense to program general, professional liability, personal property, accidental, and auto insurance
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	110,087	
	6009	Other (Administrative Overhead)	165,064	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS			13,600	
	7001	Computer Equipment & Software	12,500	Computer equipment and ongoing software licenses
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	7003	Furniture & Fixtures	1,100	Anticipating cost or replacement furniture needs.
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (CHFFA capital acquisition)	-	
	7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 2,623,844

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 2,623,844

BUDGET CHECK: -

0

Exhibit F

Crisis Intervention Team & Mobile Crisis Response Team - Combined Metro & Rural

Kings View

January 23, 2024 - April 8, 2024

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Executive Director	0.06	\$ 2,894		\$ 2,894
1102	Regional Director	0.27	9,043		9,043
1103	Financial Analyst (Accountant)	0.29	6,889		6,889
1104	Quality Improvement Data Analyst	0.50	9,841		9,841
1105	Administrative Specialist	2.00	27,165		27,167
1106	Program Manager	2.00	65,903		65,903
1107	Clinical Supervisor/UR	3.00	81,175		81,175
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-

Direct Personnel Admin Salaries Subtotal 8.12 \$ 202,910 \$ 202,912

Acct #	Program Position	FTE	Admin	Program	Total
1116	Licensed Field Clinician	0.00		\$ -	\$ -
1117	Clinicians	28.00		655,934	655,934
1118	Licensed Lead Field Clinician	2.00		57,164	57,164
1119	Case Manager	8.00		108,902	108,902
1120	Per Diem Team Responder	0.00		-	-
1121	Lead Case Manager	2.00		31,562	31,562
1122	Dispatcher	0.00		-	-
1123	Field Clinician Supervisor	0.00		-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-

Direct Personnel Program Salaries Subtotal 40.00 \$ 853,562 \$ 853,562

			Admin	Program	Total
Direct Personnel Salaries Subtotal		48.12	\$ 202,910	\$ 853,562	\$ 1,056,474

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	\$ 3,116	\$ 11,690	\$ 14,806
1202	Worker's Compensation	4,112	15,425	19,537
1203	Health Insurance	23,138	86,799	109,937
1204	Other (Life Insurance)	400	1,502	1,902
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-

Direct Employee Benefits Subtotal: \$ 30,766 \$ 115,416 \$ 146,182

Exhibit F

Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ 459	\$ 1,723	\$ 2,182
1302	FICA/MEDICARE	15,164	56,887	72,051
1303	SUI	626	2,348	2,974
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ 16,249	\$ 60,958	\$ 77,207
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:		Admin	Program	Total
		\$ 249,925	\$ 1,029,936	\$ 1,279,863

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	20%	80%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	6,714
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	2,058
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 8,772

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 24,466
3002	Printing/Postage	83
3003	Office Supplies & Equipment	8,041
3004	Advertising	-
3005	Staff Development & Training	4,416
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	19,857
3009	Other (Staff Recruitment)	1,864
3010	Other (Insurance)	26,604
3011	Other (Uniforms)	2,500
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 87,831

Exhibit F

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 11,895
4002	Rent/Lease Building	27,811
4003	Rent/Lease Equipment	5,334
4004	Rent/Lease Vehicles	51,897
4005	Security	-
4006	Utilities	6,000
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 102,937

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 65,716
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	250
5005	Other (EHR Fees)	-
5006	Other (specify)	-
5007	Other (Dispatch)	15,000
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 80,966

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	\$ 10,000.00
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 (Administrative Overhead)	227,934
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 237,934

INDIRECT COST RATE	15.09%
--------------------	--------

7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 15,540
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	1,100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (CHFFA capital acquisition)	-
7008	Other (specify)	-

Exhibit F

FIXED ASSETS EXPENSES TOTAL	\$ 16,640
------------------------------------	------------------

TOTAL PROGRAM EXPENSES	\$ 1,814,943
-------------------------------	---------------------

PROGRAM FUNDING SOURCES

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

Acct #	Line Item Description			Amount
	Estimated Specialty Mental Health Services Billing Totals:			\$ 1,439,084
	Estimated % of Clients who are Medi-Cal Beneficiaries		30%	
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			431,725
	Federal Financial Participation (FFP) %	50%		215,863
	MEDI-CAL FFP TOTAL			\$ 215,863

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) - Medi-Cal Mobile Crisis Benefit SMHS
--

Acct #	Line Item Description	Service Units	Rate	Amount
	Transportation Mileage	260	0.65	\$ 169
	Mobile Crisis	66	3,585.77	\$ 236,661
	Transportation , staff time, per 15 minutes	33	86.73	\$ 2,862
	Estimated Specialty Mental Health Services Billing Totals:	359		\$ 239,692
	Estimated % of Clients who are Medi-Cal Beneficiaries		60%	
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			\$ 143,815
	Federal Financial Participation (FFP) %	50%		71,908
	MEDI-CAL FFP TOTAL			\$ 71,908

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) - Medi-Cal Mobile Crisis Benefit DMC-ODS

Acct #	Line Item Description	Service Units	Rate	Amount
	Transportation Mileage	55	0.65	\$ 36
	Mobile Crisis	14	3,585.77	\$ 50,201
	Transportation , staff time, per 15 minutes	7	86.73	\$ 607
	Estimated Specialty Mental Health Services Billing Totals:	76		\$ 50,844
	Estimated % of Clients who are Medi-Cal Beneficiaries		60%	
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			30,506
	Federal Financial Participation (FFP) %	50%		15,253
	MEDI-CAL FFP TOTAL			\$ 15,253

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	\$ 509,346
	REALIGNMENT TOTAL	\$ 509,346

8300 - MENTAL HEALTH SERVICE ACT (MHSA)
--

Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention	Crisis Intervention & Rural Triage	896,060
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
	MHSA TOTAL		\$ 896,060

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	\$ -

Exhibit F

8402	Client Insurance	-
8403	Grants (CCMU)	106,514
8404	Grants (CHFFA- Capital)	-
8405	Grants (CHFFA - Personnel)	-
OTHER REVENUE TOTAL		\$ 106,514
TOTAL PROGRAM FUNDING SOURCES:		\$ 1,814,943
NET PROGRAM COST:		\$ (0)

Exhibit F

**Crisis Intervention Team & Mobile Crisis Response Team - Combined Metro & Rural
Kings View
January 23, 2024 - April 8, 2024**

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 %
Executive Director	PATH SMHS/Fresno	0.02
	PATH OEL/Fresno	0.02
	PATH STARS	0.06
	Blue Sky/Fresno	0.10
	Rural Crisis Intervention/Fresno	0.06
	Metro CIT/Fresno	0.06
	Map Point/Fresno	0.02
	Suicide Prevention Follow-up Call/Fresno	0.02
	FURS/Fresno	0.06
	CVSPH/California State, Tulare, Calaveras, Tuolumne	0.26
	Shasta	0.18
	Tulare	0.52
	Madera	0.12
	Kings	0.46
	Administrative Department	0.04
Total		2.00

Position	Contract #/Name/Department/County	FTE %
Regional Director	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.04
	PATH STARS	0.12
	Blue Sky/Fresno	0.22
	Case Manager	0.32
	Metro CIT/Fresno	0.210
	Map Point/Fresno	0.10
	FURS/Fresno	0.06
	Suicide Prevention Follow-up Call/Fresno	0.02
	CVSPH/California State, Tulare, Calaveras, Tuolumne	0.58
	Madera	0.28
Total		1.99

Position	Contract #/Name/Department/County	FTE %
Accountant	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.10
	PATH STARS	0.10
	Blue Sky/Fresno	0.24
	Rural Crisis Intervention/Fresno	0.30
	Metro CIT/Fresno	0.28
	Map Point/Fresno	0.14
	FURS/Fresno	0.06
	Finance Department	0.74
Total		2.00

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Data Analyst	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.10
	PATH STARS	0.10
	Blue Sky/Fresno	0.24
	Rural Crisis Intervention/Fresno	0.50
	Metro CIT/Fresno	0.50
	Map Point/Fresno	0.14
	FURS/Fresno	0.06
	Shasta	0.08

Exhibit F

	QI Department	0.24
Total		<u>2.00</u>

Position	Contract #/Name/Department/County	FTE %
Administrative Specialist	PATH SMHS/Fresno	0.34
	PATH OEL/Fresno	0.10
	Rural Crisis Intervention/Fresno	1.50
	FURS/Fresno	0.06
Total		<u>2.00</u>

Exhibit F

Crisis Intervention Team & Mobile Crisis Response Team - Combined Metro & Rural

Kings View

January 23, 2024 - April 8, 2024 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		1,279,863	
Administrative Positions		202,912	
1101	Executive Director	2,894	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Regional Director	9,043	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1103	Accountant	6,889	Prepares and provides budget guidance, monthly invoicing, and other fiscal services.
1104	Quality Improvement Data Analyst	9,841	This position will perform a wide range of duties to support data collection, management, and reporting needs for all collaborative partnerships.
1105	Administrative Specialist	27,167	Provides administrative support for the program and assist with medical billing and records.
1106	Program Manager	65,903	Provides supervision of all staff and direct oversight of program management.
1107	Clinical Supervisor/UR	81,175	Provides supervision of all licensed and unlicensed clinical staff.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		853,562	
1116	Licensed Field Clinician	-	Combined with 1117
1117	Clinicians	655,934	Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages. Services shall include crisis assessments, suicide risk assessments, safety plan development, disseminating information regarding, and linkage to, behavioral health services & community resources, and post-crisis case management and care coordination activities. Additional services can include assistance locating stable housing, coordinating care meetings, collaboration with school staff, foster family agencies, regional center representatives, primary care physicians, inpatient and residential services, social workers, substance use disorder services, and parole or probation officers. These position may be filled by regular staff members, on call staff members, per diem staff, licensed and unlicensed clinicians. The higher cost reflects includes 1/2 of additional FTE and greater differentials to attract and retain clinicians to the MCRT program. The CIT program is two shifts a day and the MCRT program adds a third shift for overnight calls. In addition the clinicians may be assigned to provide services in under the CHFFA-funded school-based pilot program.
1118	Licensed Lead Field Clinician	57,164	Provides guidance and support to other field clinicians along with usual clinician field services. Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages. Services shall include crisis assessments, suicide risk assessments, safety plan development, disseminating information regarding, and linkage to, behavioral health services & community resources, and post-crisis case management and care coordination activities. Additional services can include assistance locating stable housing, coordinating care meetings, collaboration with school staff, foster family agencies, regional center representatives, primary care physicians, inpatient and residential services, social workers, substance use disorder services, and parole or probation officers.
1119	Case Manager	108,902	This is a position that co-responds with Field Clinicians and provides post-crisis case management and care coordination activities for all disciplines of the program. This position can be filled by regular, part-time, on-call and per diem staff. In addition the case manager may be assigned to provide services in under the CHFFA-funded school-based pilot program.
1120	Per Diem Field Clinician (Licensed) 1,000 hrs/yr	-	These positions have consolidated with 1117 Clinicians.
1121	Lead Case Manager	31,562	Oversees training and schedules Case Managers, while also providing co response and client follow-up as other case managers. This added position need to support the 6 new MCRT Case Managers.
1122	0	-	
1123	Field Clinician Supervisor	-	Contractor shall ensure clinical supervisor(s) will oversee the work of the clinicians, including approving documentation and claiming in the electronic medical records as required. The clinical supervisor(s) shall be able to provide Board of Behavioral Sciences (BBS) supervision. This position is expected to provide direct clinical services. This position will be split between the Metro and Rural School Based Programs. In addition the position may be assigned to provide guidance and support to clinicians and case managers in providing services in under the CHFFA-funded school-based pilot program.

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	1124	0	-	
	1125	0	-	
	1126	0	-	
	1127	0	-	
Direct Employee Benefits			146,182	
	1201	Retirement	14,806	Cost of 401K
	1202	Worker's Compensation	19,537	Workers' Compensation Insurance
	1203	Health Insurance	109,937	Cost of medical, vision, dental, life and long-term disability insurance.
	1204	Other (Life Insurance)	1,902	Employee life insurance for employee beneficiaries.
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			77,207	
	1301	OASDI	2,182	Disability insurance
	1302	FICA/MEDICARE	72,051	Cost of FICA/Medicare
	1303	SUI	2,974	Unemployment insurance
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT			8,772	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	-	
	2004	Clothing, Food, & Hygiene	6,714	Expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	-	
	2011	Other (Program Supplies)	2,058	Various program supplies as needed for the program.
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

3000: DIRECT OPERATING EXPENSES			87,831	
	3001	Telecommunications	24,466	Cost of a cell phone, cell phones service, data connectivity. Increase for the additional case managers and program leads.
	3002	Printing/Postage	83	Anticipating courier services and postage necessary for program. Business cards, 51/50 forms, and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
	3003	Office Supplies & Equipment	8,041	Includes all supplies and minor equipment used by staff in the course of providing services.
	3004	Advertising	-	
	3005	Staff Development & Training	4,416	Cost of continuation of staff development, training, and continuing education (CEUs). Includes, registration cost, travel transportation, staff meals, and lodging expenses.
	3006	Staff Mileage	-	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	19,857	Minor auto repairs & maintenance required to maintain 11 leased vehicles for client transportation and program needs. Includes expenses such as oil changes, car washes, vehicle tracking service, auto fuel, and DMV fees.
	3009	Other (Staff Recruitment)	1,864	Thorough background checks, drug testing, and job postings.
	3010	Other (Insurance)	26,604	Liability Insurance
	3011	Other (Uniforms)	2,500	Intended for the purpose of identifying ourselves to the people we are going to service, but also to identify who the KV people are to law enforcement, if law enforcement is called to the the scene for some reason. .
	3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT			102,937	
	4001	Building Maintenance	11,895	Maintenance of building
	4002	Rent/Lease Building	27,811	Building lease space.
	4003	Rent/Lease Equipment	5,334	Cost for copier leases and water dispenser rental.
	4004	Rent/Lease Vehicles	51,897	Cost of leased vehicles to assist with program and client needs. Two additional vehicles are added to cover the MCRT program.
	4005	Security	-	
	4006	Utilities	6,000	Cost of utilities.
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES			80,966	
	5001	Consultant (Network & Data Management)	65,716	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	5004	Translation Services	250	Anticipating need of outsource translation services.
	5005	Other (EHR Fees)	-	
	5006	Other (specify)	-	
	5007	Other (Dispatch)	15,000	Dispatch software & services as needed
	5008	Other (specify)	-	

6000: INDIRECT EXPENSES			237,934	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	10,000	Direct expense to program for general, professional liability, personal property, accidental, and auto 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 (Administrative Overhead)	227,934	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS			16,640	
	7001	Computer Equipment & Software	15,540	Computer equipment and ongoing software licenses
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	7003	Furniture & Fixtures	1,100	Anticipating cost or replacement furniture needs.
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (CHFFA capital acquisition)	-	8 vehicles and 2 year maintenance contracts for each vehicle
	7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	1,814,943
--	-----------

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	1,814,943
--	-----------

BUDGET CHECK:	-
---------------	---

Exhibit F

Crisis Intervention Team, Mobile Crisis Response Team & CHFFA School-Based Mobile Crisis - Combined Metro & Rural

Kings View

April 9, 2024 - June 30, 2024

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Executive Director	0.06	\$ 2,894		\$ 2,894
1102	Regional Director	0.27	9,043		9,043
1103	Financial Analyst (Accountant)	0.29	6,889		6,890
1104	Quality Improvement Data Analyst	0.50	9,841		9,841
1105	Administrative Specialist	2.00	27,165		27,168
1106	Program Manager	2.00	65,903		65,902
1107	Clinical Supervisor/UR	3.00	81,175		81,174
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-

Direct Personnel Admin Salaries Subtotal	8.12	\$ 202,910		\$ 202,912
--	------	------------	--	------------

Acct #	Program Position	FTE	Admin	Program	Total
1116	Licensed Field Clinician	0.00		\$ -	\$ -
1117	Clinicians	31.00		742,088	742,088
1118	Licensed Lead Field Clinician	2.00		57,164	57,164
1119	Case Manager	12.00		108,902	172,688
1120	Per Diem Team Responder	0.00		-	-
1121	Lead Case Manager	2.00		31,562	31,562
1122	Dispatcher	0.00		-	-
1123	Field Clinician Supervisor	0.40		-	45,934
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-

Direct Personnel Program Salaries Subtotal	47.40		\$ 939,716	\$ 1,049,436
--	-------	--	------------	--------------

		Admin	Program	Total
Direct Personnel Salaries Subtotal	55.52	\$ 202,910	\$ 939,716	\$ 1,252,348

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	\$ 3,116	\$ 14,644	\$ 17,760
1202	Worker's Compensation	4,112	19,322	23,434
1203	Health Insurance	23,138	108,739	131,877
1204	Other (Life Insurance)	400	1,881	2,281
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-

Direct Employee Benefits Subtotal:	\$ 30,766	\$ 144,586	\$ 175,352
------------------------------------	-----------	------------	------------

Exhibit F

Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ 459	\$ 2,158	\$ 2,617
1302	FICA/MEDICARE	15,164	71,264	86,428
1303	SUI	626	2,942	3,568
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ 16,249	\$ 76,364	\$ 92,613
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:		Admin	Program	Total
		\$ 249,925	\$ 1,160,666	\$ 1,520,313

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	16%	76%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	6,714
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	2,058
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 8,772

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 24,466
3002	Printing/Postage	83
3003	Office Supplies & Equipment	8,041
3004	Advertising	-
3005	Staff Development & Training	4,416
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	19,857
3009	Other (Staff Recruitment)	1,864
3010	Other (Insurance)	26,604
3011	Other (Uniforms)	2,500
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 87,831

Exhibit F

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 11,895
4002	Rent/Lease Building	27,811
4003	Rent/Lease Equipment	5,334
4004	Rent/Lease Vehicles	51,897
4005	Security	-
4006	Utilities	6,000
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 102,937

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 65,716
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	250
5005	Other (EHR Fees)	-
5006	Other (specify)	-
5007	Other (Dispatch)	15,000
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 80,966

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	\$ 10,000.00
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 (Administrative Overhead)	227,934
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 237,934

INDIRECT COST RATE	9.96%
--------------------	-------

7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 28,500
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	9,100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (CHFFA capital acquisition)	550,378
7008	Other (specify)	-

Exhibit F

FIXED ASSETS EXPENSES TOTAL	\$ 587,978
-----------------------------	------------

TOTAL PROGRAM EXPENSES	\$ 2,626,731
------------------------	--------------

PROGRAM FUNDING SOURCES

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

Acct #	Line Item Description		Amount
	Estimated Specialty Mental Health Services Billing Totals:		\$ 1,439,084
	Estimated % of Clients who are Medi-Cal Beneficiaries	30%	
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries		431,725
	Federal Financial Participation (FFP) %	50%	215,863
	MEDI-CAL FFP TOTAL		\$ 215,863

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) - Medi-Cal Mobile Crisis Benefit SMHS

Acct #	Line Item Description	Service Units	Rate	Amount
	Transportation Mileage	260	0.65	\$ 169
	Mobile Crisis	66	3,585.77	\$ 236,661
	Transportation , staff time, per 15 minutes	33	86.73	\$ 2,862
	Estimated Specialty Mental Health Services Billing Totals:	359		\$ 239,692
	Estimated % of Clients who are Medi-Cal Beneficiaries	60%		
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			\$ 143,815
	Federal Financial Participation (FFP) %	50%		71,908
	MEDI-CAL FFP TOTAL			\$ 71,908

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) - Medi-Cal Mobile Crisis Benefit DMC-ODS

Acct #	Line Item Description	Service Units	Rate	Amount
	Transportation Mileage	55	0.65	\$ 36
	Mobile Crisis	13	3,585.77	\$ 46,615
	Transportation , staff time, per 15 minutes	6	86.73	\$ 520
	Estimated Specialty Mental Health Services Billing Totals:	74		\$ 47,171
	Estimated % of Clients who are Medi-Cal Beneficiaries	60%		
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			28,303
	Federal Financial Participation (FFP) %	50%		14,151
	MEDI-CAL FFP TOTAL			\$ 14,151

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	\$ 509,347
	REALIGNMENT TOTAL	\$ 509,347

8300 - MENTAL HEALTH SERVICE ACT (MHSA)

Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention	Crisis Intervention & Rural Triage	896,059
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
	MHSA TOTAL		\$ 896,059

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	\$ -

Exhibit F

8402	Client Insurance	-
8403	Grants (CCMU)	107,611
8404	Grants (CHFFA- Capital)	571,338
8405	Grants (CHFFA - Personnel)	240,454
OTHER REVENUE TOTAL		\$ 919,403
TOTAL PROGRAM FUNDING SOURCES:		\$ 2,626,731
NET PROGRAM COST:		\$ 0

Exhibit F

**Intervention Team, Mobile Crisis Response Team & CHFFA School-Based Mobile Crisis - Combined Metro
Kings View
April 9, 2024 - June 30, 2024**

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 %
Executive Director	PATH SMHS/Fresno	0.02
	PATH OEL/Fresno	0.02
	PATH STARS	0.06
	Blue Sky/Fresno	0.10
	Rural Crisis Intervention/Fresno	0.06
	Metro CIT/Fresno	0.06
	Map Point/Fresno	0.02
	Suicide Prevention Follow-up Call/Fresno	0.02
	FURS/Fresno	0.06
	CVSPH/California State, Tulare, Calaveras, Tuolumne	0.26
	Shasta	0.18
	Tulare	0.52
	Madera	0.12
	Kings	0.46
	Administrative Department	0.04
Total		2.00

Position	Contract #/Name/Department/County	FTE %
Regional Director	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.04
	PATH STARS	0.12
	Blue Sky/Fresno	0.22
	Case Manager	0.32
	Metro CIT/Fresno	0.210
	Map Point/Fresno	0.10
	FURS/Fresno	0.06
	Suicide Prevention Follow-up Call/Fresno	0.02
	CVSPH/California State, Tulare, Calaveras, Tuolumne	0.58
	Madera	0.28
Total		1.99

Position	Contract #/Name/Department/County	FTE %
Accountant	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.10
	PATH STARS	0.10
	Blue Sky/Fresno	0.24
	Rural Crisis Intervention/Fresno	0.30
	Metro CIT/Fresno	0.28
	Map Point/Fresno	0.14
	FURS/Fresno	0.06
	Finance Department	0.74
Total		2.00

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Data Analyst	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.10
	PATH STARS	0.10
	Blue Sky/Fresno	0.24
	Rural Crisis Intervention/Fresno	0.50
	Metro CIT/Fresno	0.50
	Map Point/Fresno	0.14
	FURS/Fresno	0.06
	Shasta	0.08

Exhibit F

	QI Department	0.24
Total		<u>2.00</u>

Position	Contract #/Name/Department/County	FTE %
Administrative Specialist	PATH SMHS/Fresno	0.34
	PATH OEL/Fresno	0.10
	Rural Crisis Intervention/Fresno	1.50
	FURS/Fresno	0.06
Total		<u>2.00</u>

Exhibit F

Crisis Intervention Team, Mobile Crisis Response Team & CHFFA School-Based Mobile Crisis - Combined Metro & Rural

Kings View

April 9, 2024 - June 30, 2024 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		1,279,863	
Administrative Positions		202,912	
1101	Executive Director	2,894	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Regional Director	9,043	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1103	Accountant	6,889	Prepares and provides budget guidance, monthly invoicing, and other fiscal services.
1104	Quality Improvement Data Analyst	9,841	This position will perform a wide range of duties to support data collection, management, and reporting needs for all collaborative partnerships.
1105	Administrative Specialist	27,167	Provides administrative support for the program and assist with medical billing and records.
1106	Program Manager	65,903	Provides supervision of all staff and direct oversight of program management.
1107	Clinical Supervisor/UR	81,175	Provides supervision of all licensed and unlicensed clinical staff.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		853,562	
1116	Licensed Field Clinician	-	Combined with 1117
1117	Clinicians	655,934	Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages. Services shall include crisis assessments, suicide risk assessments, safety plan development, disseminating information regarding, and linkage to, behavioral health services & community resources, and post-crisis case management and care coordination activities. Additional services can include assistance locating stable housing, coordinating care meetings, collaboration with school staff, foster family agencies, regional center representatives, primary care physicians, inpatient and residential services, social workers, substance use disorder services, and parole or probation officers. These position may be filled by regular staff members, on call staff members, per diem staff, licensed and unlicensed clinicians. The higher cost reflects includes 1/2 of additional FTE and greater differentials to attract and retain clinicians to the MCRT program. The CIT program is two shifts a day and the MCRT program adds a third shift for overnight calls. In addition the clinicians may be assigned to provide services in under the CHFFA-funded school-based pilot program.
1118	Licensed Lead Field Clinician	57,164	Provides guidance and support to other field clinicians along with usual clinician field services. Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages. Services shall include crisis assessments, suicide risk assessments, safety plan development, disseminating information regarding, and linkage to, behavioral health services & community resources, and post-crisis case management and care coordination activities. Additional services can include assistance locating stable housing, coordinating care meetings, collaboration with school staff, foster family agencies, regional center representatives, primary care physicians, inpatient and residential services, social workers, substance use disorder services, and parole or probation officers.
1119	Case Manager	108,902	This is a position that co-responds with Field Clinicians and provides post-crisis case management and care coordination activities for all disciplines of the program. This position can be filled by regular, part-time, on-call and per diem staff. In addition the case manager may be assigned to provide services in under the CHFFA-funded school-based pilot program.
1120	Per Diem Field Clinician (Licensed) 1,000 hrs/yr	-	These positions have consolidated with 1117 Clinicians.
1121	Lead Case Manager	31,562	Oversees training and schedules Case Managers, while also providing co response and client follow-up as other case managers. This added position need to support the 6 new MCRT Case Managers.
1122	0	-	
1123	Field Clinician Supervisor	-	Contractor shall ensure clinical supervisor(s) will oversee the work of the clinicians, including approving documentation and claiming in the electronic medical records as required. The clinical supervisor(s) shall be able to provide Board of Behavioral Sciences (BBS) supervision. This position is expected to provide direct clinical services. This position will be split between the Metro and Rural School Based Programs. In addition the position may be assigned to provide guidance and support to clinicians and case managers in providing services in under the CHFFA-funded school-based pilot program.

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	1124	0	-	
	1125	0	-	
	1126	0	-	
	1127	0	-	
Direct Employee Benefits			146,182	
	1201	Retirement	14,806	Cost of 401K
	1202	Worker's Compensation	19,537	Workers' Compensation Insurance
	1203	Health Insurance	109,937	Cost of medical, vision, dental, life and long-term disability insurance.
	1204	Other (Life Insurance)	1,902	Employee life insurance for employee beneficiaries.
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			77,207	
	1301	OASDI	2,182	Disability insurance
	1302	FICA/MEDICARE	72,051	Cost of FICA/Medicare
	1303	SUI	2,974	Unemployment insurance
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT			8,772	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	-	
	2004	Clothing, Food, & Hygiene	6,714	Expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	-	
	2011	Other (Program Supplies)	2,058	Various program supplies as needed for the program.
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

3000: DIRECT OPERATING EXPENSES			87,831	
	3001	Telecommunications	24,466	Cost of a cell phone, cell phones service, data connectivity. Increase for the additional case managers and program leads.
	3002	Printing/Postage	83	Anticipating courier services and postage necessary for program. Business cards, 51/50 forms, and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
	3003	Office Supplies & Equipment	8,041	Includes all supplies and minor equipment used by staff in the course of providing services.
	3004	Advertising	-	
	3005	Staff Development & Training	4,416	Cost of continuation of staff development, training, and continuing education (CEUs). Includes, registration cost, travel transportation, staff meals, and lodging expenses.
	3006	Staff Mileage	-	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	19,857	Minor auto repairs & maintenance required to maintain 11 leased vehicles for client transportation and program needs. Includes expenses such as oil changes, car washes, vehicle tracking service, auto fuel, and DMV fees.
	3009	Other (Staff Recruitment)	1,864	Thorough background checks, drug testing, and job postings.
	3010	Other (Insurance)	26,604	Liability Insurance
	3011	Other (Uniforms)	2,500	Intended for the purpose of identifying ourselves to the people we are going to service, but also to identify who the KV people are to law enforcement, if law enforcement is called to the the scene for some reason. .
	3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT			102,937	
	4001	Building Maintenance	11,895	Maintenance of building
	4002	Rent/Lease Building	27,811	Building lease space.
	4003	Rent/Lease Equipment	5,334	Cost for copier leases and water dispenser rental.
	4004	Rent/Lease Vehicles	51,897	Cost of leased vehicles to assist with program and client needs. Two additional vehicles are added to cover the MCRT program.
	4005	Security	-	
	4006	Utilities	6,000	Cost of utilities.
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES			80,966	
	5001	Consultant (Network & Data Management)	65,716	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	5004	Translation Services	250	Anticipating need of outsource translation services.
	5005	Other (EHR Fees)	-	
	5006	Other (specify)	-	
	5007	Other (Dispatch)	15,000	Dispatch software & services as needed
	5008	Other (specify)	-	

6000: INDIRECT EXPENSES			237,934	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	10,000	Direct expense to program for general, professional liability, personal property, accidental, and auto 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 (Administrative Overhead)	227,934	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS			16,640	
	7001	Computer Equipment & Software	15,540	Computer equipment and ongoing software licenses. (CHFFA amount is \$12,960)
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	7003	Furniture & Fixtures	1,100	Anticipating cost or replacement furniture needs. (CHFFA amount is \$8,000)
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (CHFFA capital acquisition)	-	8 vehicles and 2 year maintenance contracts for each vehicle
	7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	1,814,943
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	1,814,943
BUDGET CHECK:	-

Exhibit F

Crisis Intervention Team, Mobile Crisis Response Team & CHFFA School-Based Mobile Crisis - Combined Metro & Rural

Kings View

Fiscal Year (FY) 2024-25

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Executive Director	0.06	\$ 11,924		\$ 11,924
1102	Regional Director	0.27	37,258		37,258
1103	Accountant	0.29	28,384		28,384
1104	Quality Improvement Data Analyst	0.50	40,545		40,545
1105	Administrative Specialist	2.00	111,930		111,930
1106	Program Manager	2.00	274,164		274,164
1107	Clinical Supervisor/UR	3.00	334,439		334,439
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-

Direct Personnel Admin Salaries Subtotal	8.12	\$ 838,644		\$ 838,644
--	------	------------	--	------------

Acct #	Program Position	FTE	Admin	Program	Total
1116	Licensed Field Clinician	0.00		\$ -	\$ -
1117	Clinicians	31.00		2,880,186	2,880,186
1118	Licensed Lead Field Clinician	2.00		235,147	235,147
1119	Case Manager	12.00		513,283	513,283
1120	Per Diem Team Responders	0.00		-	-
1121	Lead Case Manager	2.00		133,017	133,017
1122	Dispatcher/Dispatch Counselors	4.00		274,228	274,228
1123	Field Clinician Supervisor	1.00		114,836	114,836
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-

Direct Personnel Program Salaries Subtotal	52.00		\$ 4,150,697	\$ 4,150,697
--	-------	--	--------------	--------------

		Admin	Program	Total
Direct Personnel Salaries Subtotal	60.12	\$ 838,644	\$ 4,150,697	\$ 4,989,341

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	\$ 12,879	\$ 58,417	\$ 71,296
1202	Worker's Compensation	16,993	77,080	94,073
1203	Health Insurance	105,190	477,132	582,322
1204	Life Insurance	1,654	7,501	9,155
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-
Direct Employee Benefits Subtotal:		\$ 136,716	\$ 620,130	\$ 756,846

Exhibit F

Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ 51,996	\$ 257,343	\$ 309,339
1302	FICA/MEDICARE	12,161	60,185	72,346
1303	SUI	2,587	11,732	14,319
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ 66,744	\$ 329,260	\$ 396,004
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:		Admin	Program	Total
		\$ 1,042,104	\$ 5,100,087	\$ 6,142,191

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	17%	83%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	12,500
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	2,000
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 14,500

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 82,771
3002	Printing/Postage	6,140
3003	Office Supplies & Equipment	12,360
3004	Advertising	-
3005	Staff Development & Training	33,000
3006	Staff Mileage	2,200
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	102,755
3009	Other (Staff Recruitment)	4,200
3010	Other (Insurance)	35,028
3011	Other (Uniforms)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 278,454

Exhibit F

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 13,854
4002	Rent/Lease Building	60,460
4003	Rent/Lease Equipment	8,468
4004	Rent/Lease Vehicles	111,220
4005	Security	5,253
4006	Utilities	13,805
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 213,060

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 269,045
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	3,100
5005	Other (Avatar Fees)	-
5006	Other (IT Support Services)	17,151
5007	Other (Dispatch Software and Panic Buttons)	60,000
5008	Other	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 349,296

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	\$ 39,160
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 (Administrative Overhead)	804,917
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 844,077

INDIRECT COST RATE	12.00%
--------------------	--------

7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 21,486
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	13,604
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		\$ 35,090

TOTAL PROGRAM EXPENSES	\$ 7,876,668
------------------------	--------------

Exhibit F

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description			Amount
	Estimated Specialty Mental Health Services Billing Totals:			\$ 7,235,674
	Estimated % of Clients who are Medi-Cal Beneficiaries			30%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			2,170,702
	Federal Financial Participation (FFP) %		50%	1,085,351
	MEDI-CAL FFP TOTAL			\$ 1,085,351

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) - Medi-Cal Mobile Crisis Benefit SMHS				
Acct #	Line Item Description	Service Units	Rate	Amount
	Transportation Mileage	1050	0.65	\$ 683
	Mobile Crisis	265	3,585.77	\$ 950,229
	Transportation , staff time, per 15 minutes	132	86.73	\$ 11,448
	Estimated Specialty Mental Health Services Billing Totals:	1,447		\$ 962,360
	Estimated % of Clients who are Medi-Cal Beneficiaries			60%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			577,416
	Federal Financial Participation (FFP) %		50%	288,708
	MEDI-CAL FFP TOTAL			\$ 288,708

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) - Medi-Cal Mobile Crisis Benefit DMC-ODS				
Acct #	Line Item Description	Service Units	Rate	Amount
	Transportation Mileage	230	0.65	\$ 150
	Mobile Crisis	55	3,585.77	\$ 197,217
	Transportation , staff time, per 15 minutes	27	86.73	\$ 2,342
	Estimated Specialty Mental Health Services Billing Totals:	312		\$ 199,709
	Estimated % of Clients who are Medi-Cal Beneficiaries			60%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			119,825
	Federal Financial Participation (FFP) %		50%	59,913
	MEDI-CAL FFP TOTAL			\$ 59,913

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

8200 - REALIGNMENT			Amount
Acct #	Line Item Description		
8201	Realignment		\$ 1,570,512
	REALIGNMENT TOTAL		\$ 1,570,512

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention	Crisis Intervention & Rural Triage	3,984,238
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
	MHSA TOTAL		\$ 3,984,238

8400 - OTHER REVENUE			Amount
Acct #	Line Item Description		
8401	Client Fees		\$ -
8402	Client Insurance		-
8403	Grants (CCMU)		408,732
8404	Grants (CHFFA- Capital)		12,444
8405	Grants (CHFFA - Personnel)		466,770
	OTHER REVENUE TOTAL		\$ 887,946

Exhibit F

TOTAL PROGRAM FUNDING SOURCES:		\$	7,876,668
--------------------------------	--	----	-----------

NET PROGRAM COST:	\$	0
-------------------	----	---

Exhibit F

**Intervention Team, Mobile Crisis Response Team & CHFFA School-Based Mobile Crisis - Combined Metro
Kings View
Fiscal Year (FY) 2024-25**

PARTIAL FTE DETAIL

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

Position	Contract #/Name/Department/County	FTE %
Executive Director	PATH SMHS/Fresno	0.02
	PATH OEL/Fresno	0.02
	PATH STARS	0.06
	Blue Sky/Fresno	0.10
	Rural Crisis Intervention/Fresno	0.06
	Metro CIT/Fresno	0.06
	Map Point/Fresno	0.02
	Suicide Prevention Follow-up Call/Fresno	0.02
	FURS/Fresno	0.06
	CVSPH/California State, Tulare, Calaveras, Tuolumne	0.26
	Shasta	0.18
	Tulare	0.52
	Madera	0.12
	Kings	0.46
	Administrative Department	0.04
Total		2.00

Position	Contract #/Name/Department/County	FTE %
Regional Director	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.04
	PATH STARS	0.12
	Blue Sky/Fresno	0.22
	Case Manager	0.32
	Metro CIT/Fresno	0.21
	Map Point/Fresno	0.10
	FURS/Fresno	0.06
	Suicide Prevention Follow-up Call/Fresno	0.02
	CVSPH/California State, Tulare, Calaveras, Tuolumne	0.58
	Madera	0.28
Total		1.99

Position	Contract #/Name/Department/County	FTE %
Accountant	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.10
	PATH STARS	0.10
	Blue Sky/Fresno	0.24
	Rural Crisis Intervention/Fresno	0.30
	Metro CIT/Fresno	0.28
	Map Point/Fresno	0.14
	FURS/Fresno	0.06
	Finance Department	0.74
Total		2.00

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Data Analyst	PATH SMHS/Fresno	0.04
	PATH OEL/Fresno	0.10
	PATH STARS	0.10
	Blue Sky/Fresno	0.24
	Rural Crisis Intervention/Fresno	0.50
	Metro CIT/Fresno	0.50
	Map Point/Fresno	0.14

Exhibit F

	FURS/Fresno	0.06
	Shasta	0.08
	QI Deparment	0.24
Total		2.00

Position	Contract #/Name/Department/County	FTE %
Administrative Specialist	PATH SMHS/Fresno	0.34
	PATH OEL/Fresno	0.10
	Rural Crisis Intervention/Fresno	1.50
	FURS/Fresno	0.06
Total		2.00

Exhibit F

Crisis Intervention Team, Mobile Crisis Response Team & CHFFA School-Based Mobile Crisis - Combined Metro & Rural

Kings View

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			6,142,191	
Administrative Positions			838,644	
	1101	Executive Director	11,924	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
	1102	Regional Director	37,258	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
	1103	Accountant	28,384	Prepares and provides budget guidance, monthly invoicing, and other fiscal services.
	1104	Quality Improvement Data Analyst	40,545	This position will perform a wide range of duties to support data collection, management, and reporting needs for all collaborative partnerships.
	1105	Administrative Specialist	111,930	Provides administrative support for the program and assist with medical billing and records.
	1106	Program Manager	274,164	Provides supervision of all staff and direct oversight of program management.
	1107	Clinical Supervisor/UR	334,439	Provides supervision of all licensed and unlicensed clinical staff.
	1108	0	-	
	1109	0	-	
	1110	0	-	
	1111	0	-	
	1112	0	-	
	1113	0	-	
	1114	0	-	
	1115	0	-	
Program Positions			4,150,697	
	1116		-	Combined with 1117
	1117	Clinicians	2,880,186	Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages. Services shall include crisis assessments, suicide risk assessments, safety plan development, disseminating information regarding, and linkage to, behavioral health services & community resources, and post-crisis case management and care coordination activities. Additional services can include assistance locating stable housing, coordinating care meetings, collaboration with school staff, foster family agencies, regional center representatives, primary care physicians, inpatient and residential services, social workers, substance use disorder services, and parole or probation officers. These positions may be filled by regular staff members, on call staff members, per diem staff, licensed and unlicensed clinicians. The higher cost reflects includes 1/2 of additional FTE and greater differentials to attract and retain clinicians to the MCRT program. The CIT program is two shifts a day and the MCRT program adds a third shift for overnight calls. In addition the clinicians may be assigned to provide services in under the CHFFA-funded school-based pilot program.
	1118	Licensed Lead Field Clinician	235,147	Provides guidance and support to other field clinicians along with usual clinician field services. Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages. Services shall include crisis assessments, suicide risk assessments, safety plan development, disseminating information regarding, and linkage to, behavioral health services & community resources, and post-crisis case management and care coordination activities. Additional services can include assistance locating stable housing, coordinating care meetings, collaboration with school staff, foster family agencies, regional center representatives, primary care physicians, inpatient and residential services, social workers, substance use disorder services, and parole or probation officers.
	1119	Case Manager	513,283	This is a position that co-responds with Field Clinicians and provides post-crisis case management and care coordination activities for all disciplines of the program. This position can be filled by regular, part-time, on-call and per diem staff. In addition the case manager may be assigned to provide services in under the CHFFA-funded school-based pilot program.
	1120		-	These positions have consolidated with 1117 Clinicians.
	1121	Lead Case Manager	133,017	Oversees training and schedules Case Managers, while also providing co response and client follow-up as other case managers. This added position need to support the 6 new MCRT Case Managers.
	1122	Dispatcher/Dispatch Counselors	274,228	These staff members will take the initial call for services and determine the next best course of action for the client. These staff members will be hired with mental health experience and receive specialized training and work closely with the clinical team.

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	1123	Field Clinician Supervisor	114,836	Contractor shall ensure clinical supervisor(s) will oversee the work of the clinicians, including approving documentation and claiming in the electronic medical records as required. This position is expected to provide direct clinical services. The clinical supervisor(s) shall be able to provide Board of Behavioral Sciences (BBS) supervision. This position will be split between the Metro and Rural School Based Programs. In addition the position may be assigned to provide guidance and support to clinicians and case managers in providing services in under the CHFFA-funded school-based pilot program.
	1124	0	-	
Direct Employee Benefits				
			756,846	
	1201	Retirement	71,296	Cost of 401K
	1202	Worker's Compensation	94,073	Workers' Compensation Insurance
	1203	Health Insurance	582,322	Cost of medical, vision, dental, life and long-term disability insurance.
	1204	Life Insurance	9,155	Employee life insurance for employee beneficiaries.
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:				
			396,004	
	1301	OASDI	309,339	Disability insurance
	1302	FICA/MEDICARE	72,346	Cost of FICA/Medicare
	1303	SUI	14,319	Unemployment insurance
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT			14,500	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	-	
	2004	Clothing, Food, & Hygiene	12,500	Expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	-	
	2011	Other (Program Supplies)	2,000	Various program supplies as needed for the program.
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

3000: DIRECT OPERATING EXPENSES			278,454	
	3001	Telecommunications	82,771	Cost of a cell phone, cell phones service, data connectivity. Increase for the additional case managers and program leads.
	3002	Printing/Postage	6,140	Anticipating courier services and postage necessary for program. Business cards, 51/50 forms, and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
	3003	Office Supplies & Equipment	12,360	Includes all supplies and minor equipment used by staff in the course of providing services.
	3004	Advertising	-	
	3005	Staff Development & Training	33,000	Cost of continuation of staff development, training, and continuing education (CEUs). Includes, registration cost, travel transportation, staff meals, and lodging expenses.
	3006	Staff Mileage	2,200	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	102,755	Minor auto repairs & maintenance required to maintain 11 leased vehicles for client transportation and program needs. Includes expenses such as oil changes, car washes, vehicle tracking service, auto fuel, and DMV fees.
	3009	Other (Staff Recruitment)	4,200	Thorough background checks, drug testing, and job postings.
	3010	Other (Insurance)	35,028	Liability Insurance
	3011	Other (Uniforms)	-	Intended for the purpose of identifying ourselves to the people we are going to service, but also to identify who the KV people are to law enforcement, if law enforcement is called to the the scene for some reason.
	3012	Other (specify)	-	Cost for miscellaneous computer software.

4000: DIRECT FACILITIES & EQUIPMENT			213,060	
	4001	Building Maintenance	13,854	Maintenance of building
	4002	Rent/Lease Building	60,460	Building lease space.
	4003	Rent/Lease Equipment	8,468	Cost for copier leases and water dispenser rental.
	4004	Rent/Lease Vehicles	111,220	Cost of leased vehicles to assist with program and client needs. Two additional vehicles are added to cover the MCRT program.
	4005	Security	5,253	Cost of security
	4006	Utilities	13,805	Cost of utilities.
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES			349,296	
	5001	Consultant (Network & Data Management)	269,045	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	

Exhibit F

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	5004	Translation Services	3,100	Anticipating need of outsource translation services.
	5005	Other (Avatar Fees)	-	
	5006	Other (IT Support Services)	17,151	
	5007	Other (Dispatch Software and Panic Buttons)	60,000	Dispatch software needed
	5008	Other	-	

6000: INDIRECT EXPENSES		844,077		
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	39,160	Direct expense to program for general, professional liability, personal property, accidental, and auto 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 (Adminstrative Overhead)	804,917	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS		35,090		
	7001	Computer Equipment & Software	21,486	Computer equipment and ongoing software licenses. (CHFFA amount is \$1,040)
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	7003	Furniture & Fixtures	13,604	Anticipating shared cost or replacement furniture needs. (CHFFA amount is \$11,404)
	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: 7,876,668

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 7,876,668

BUDGET CHECK: -

Exhibit G

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.

Exhibit G

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 19 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.

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.
- (iii) The automobile liability insurance certificate must state that the policy covers any auto used in connection with this Agreement.

Exhibit G

- (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.

Exhibit G

(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.

Exhibit H

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 H

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.

Exhibit I

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.
- Employees involved in a crisis incident should be offered appropriate Employee Assistance Program (EAP) or similar related wellness and recovery assistance. In conjunction with the DBH's Guiding Principles of Care Delivery and wellness of the workforce, Contractor shall align their practices around this vision and ensure needed debriefing services are offered to all employees involved in a crisis incident. Employees shall be afforded all services to strengthen their recovery and wellness related to the crisis incident. Appropriate follow-up with the employee shall be carried out and a plan for workforce wellness shall be submitted to DBH.

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.

Exhibit I



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:

Exhibit I

fresnodbh.logicmanager.com/incidents/?t=98&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e

LogicManager

Incident Report

Please complete this form

Client Information

Name of Facility*

Select option

Name of Reporting Party*

Enter text

Facility Address*

Enter text

Facility Phone Number*

Enter text

Mental Health or Substance Use Disorder Program?*

Select option

Client First Name*

Enter text

Client Last Name*

Enter text

Client Date of Birth

mm/dd/yyyy

Client Address

Enter text

Client ID

Enter text

Gender*

Select option

County of Origin*

Select option

Summary

Subject

Enter text

Incident (check all that apply)*

Select option(s)

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

Enter text

Description of the incident*

Enter text

I-3

Exhibit I

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

Enter text

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
mm/dd/yyyy

← → ↺ ⌂

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

Date of Incident*
mm/dd/yyyy

Time of Incident*
Enter text

Location of Incident*
Enter text

Key People Directly Involved in Incident (witnesses, staff)*
Enter text

Did the Injured Party seek Medical Attention?
Select option

Attach any additional details
Add File or Drop File Here

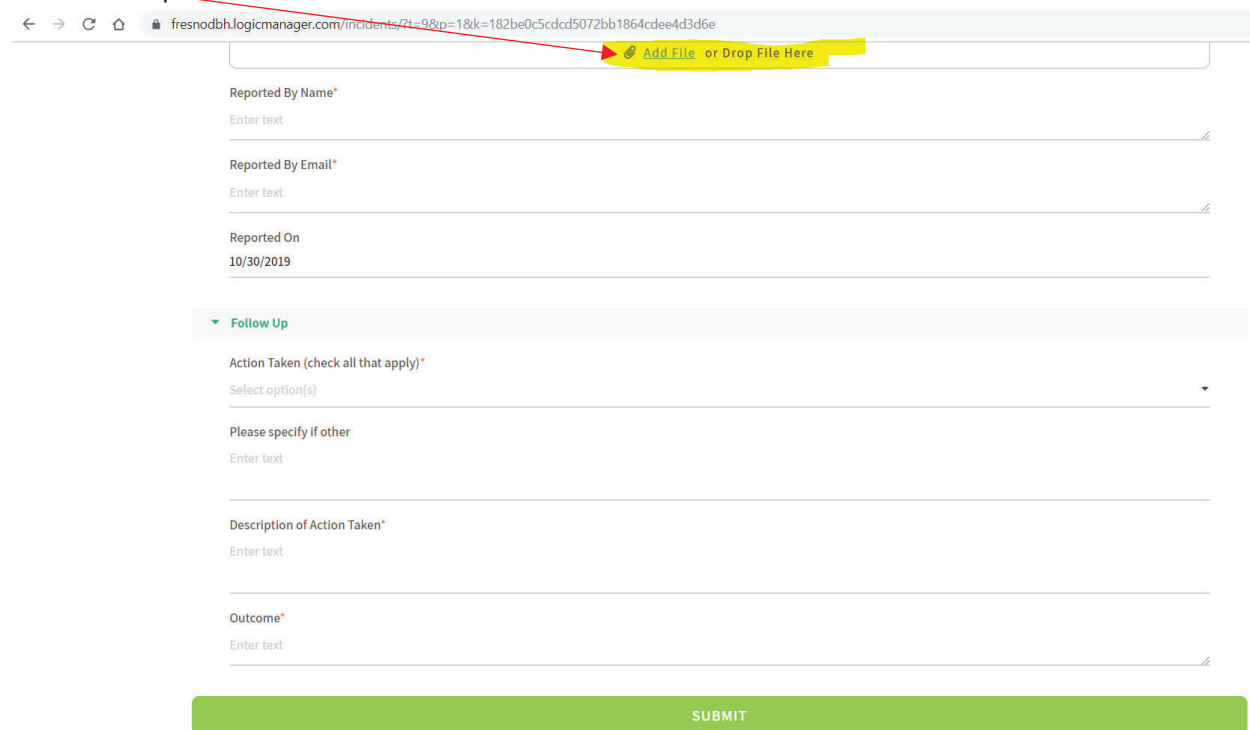
Reported By Name*
Enter text

Reported By Email*
Enter text

Reported On
10/30/2019

Exhibit I

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/incidents/?l=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e`. The form includes the following fields:

- Add File or Drop File Here**: A button with a file icon, highlighted with a yellow background and a red arrow pointing to it from the text above.
- Reported By Name***: A text input field with the placeholder "Enter text".
- Reported By Email***: A text input field with the placeholder "Enter text".
- Reported On**: A date input field showing "10/30/2019".
- Follow Up**: A section header with a dropdown arrow.
- Action Taken (check all that apply)***: A dropdown menu with the placeholder "Select option(s)".
- Please specify if other**: A text input field with the placeholder "Enter text".
- Description of Action Taken***: A text input field with the placeholder "Enter text".
- Outcome***: A text input field with the placeholder "Enter text".
- SUBMIT**: A large green button at the bottom.

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

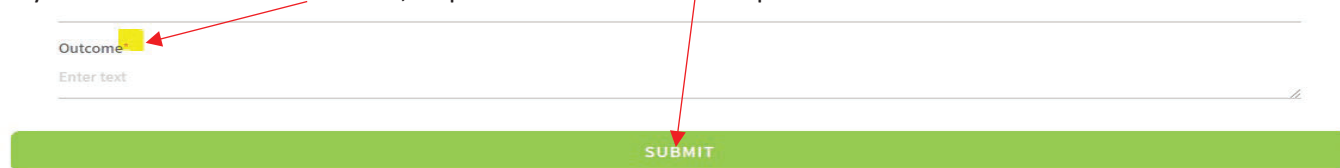


The screenshot shows the "Follow Up" section with the "Action Taken (check all that apply)*" dropdown menu open. The selected options are:

- Law Enforcement Contacted
- Called 911/EMS
- Consulted with Physician
- First Aid/CPR Administered
- Client removed from building
- Parent/Legal Guardian Contacted
- Other

When done entering all the information, simply click submit.

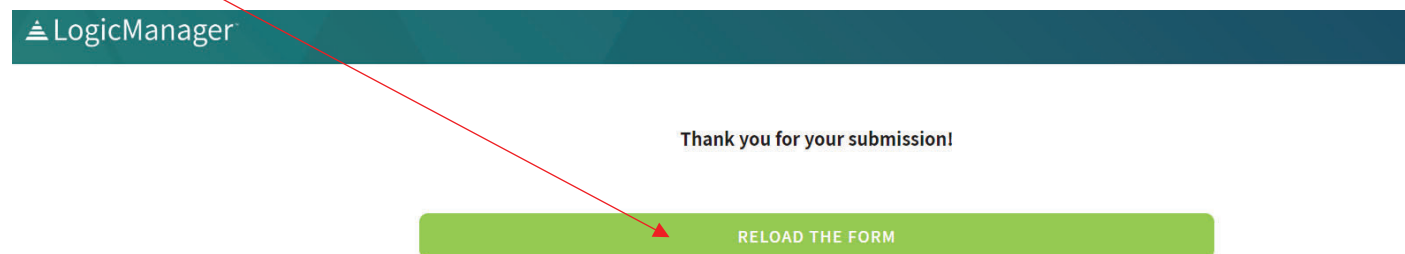
Any fields that have a red asterisk, require information and will prevent submission of the form if left blank.



The screenshot shows the "Outcome*" text input field with the placeholder "Enter text". A red arrow points to the red asterisk in the label. Another red arrow points to the "SUBMIT" button, which is a large green button at the bottom.

Exhibit I

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



A 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.

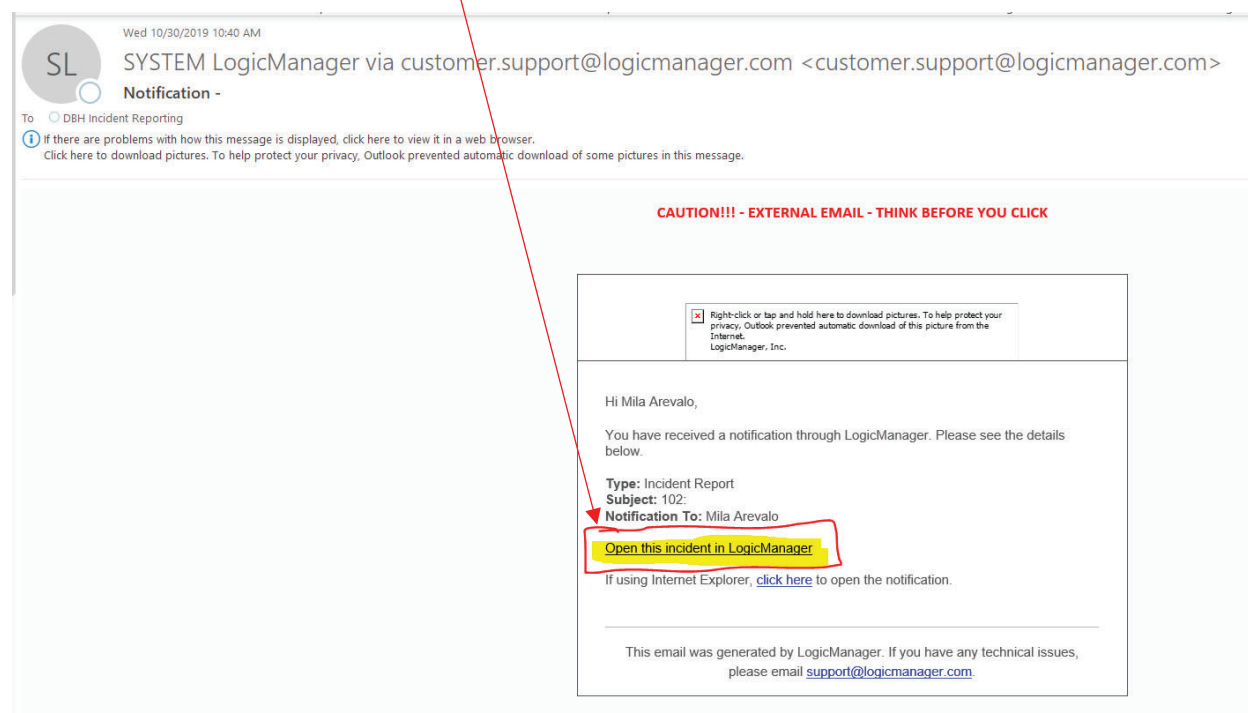
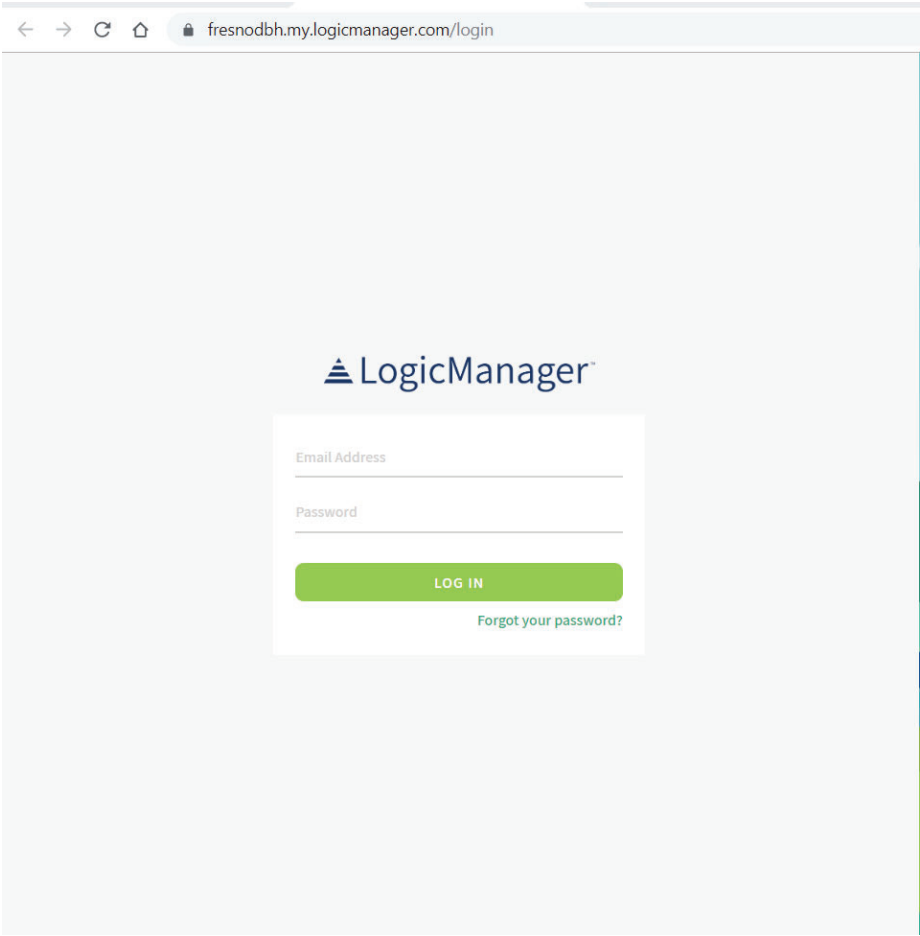


Exhibit I

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.

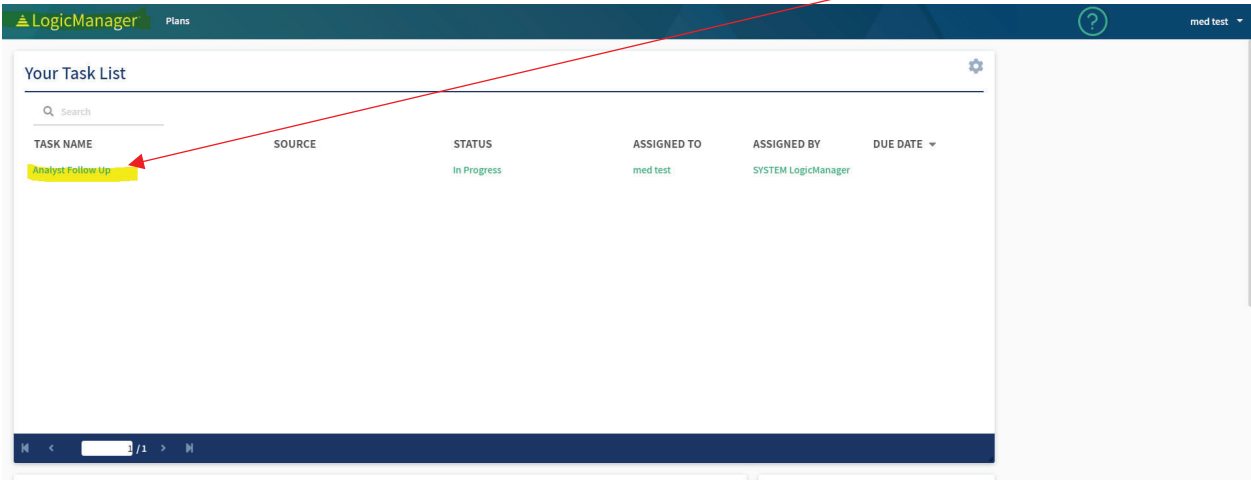


Exhibit I

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.

Analyst Follow Up

Task Details **Client Information** Summary Follow Up Documents

Name of Facility*

AA TEST FACILITY AA

Name of Reporting Party*

Facility Address*

Facility Phone Number*

Mental Health or Substance Use Disorder Program?

Mental Health

Client First Name*

Client Last Name*

Client Middle Initial

«

◀

2

▶

»

CANCEL

SAVE

SUBMIT

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

Analyst Follow Up

Task DetailsClient InformationSummaryFollow UpDocuments

Subject @

Enter text

Incident (check all that apply)*

Death of Client X

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

Enter text

Description of the Incident*

BILSSULIOLP

f

Date of Incident*

10/30/2019

Time of Incident*

f

Location of Incident*

f

Task ID: 313 Source: 103 null

<< < 3 > >>

CANCELSAVESUBMIT

Exhibit I

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 X

Please specify if other
Enter text

Description of Action Taken*
f

Outcome*
f
added information
cause of death - cancer per coroner 10-31-14

Task ID: 313 Source: 103: null

<< < 4 > >> 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

<< < 5 > >> 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

Exhibit I

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.

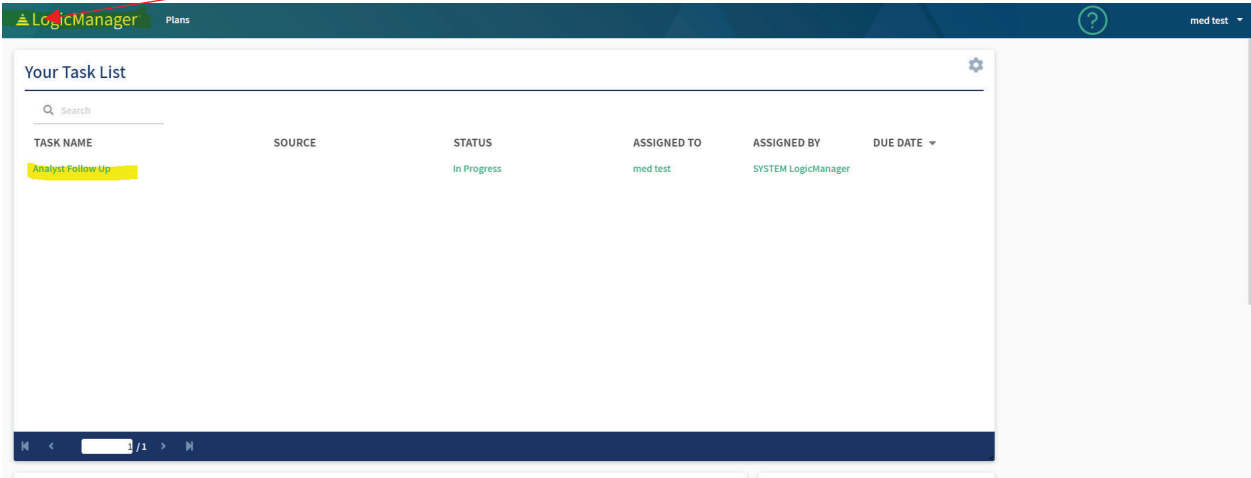


Exhibit J

FRESNO COUNTY MENTAL HEALTH COMPLIANCE PROGRAM

CONTRACTOR CODE OF CONDUCT AND ETHICS

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

Fresno County has established this Contractor Code of Conduct and Ethics with which contractor and its employees and subcontractors shall comply. Contractor shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County. After completion of this training, Contractor, Contractor' 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, persons served, 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.

Exhibit J

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

Exhibit J

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): _____ Kings View

Employee Name (print): _____ Amanda Nugent
Divine, PhD

Discipline: ☐ Psychiatrist ☐ Psychologist ☐ LCSW ☐ LMFT

☐ Other: _____

Job Title (if different from Discipline): _____ Chief
Executive
officer

Signature: _____ *Amanda Nugent Divine* Date: 3/21/2024
A04F817F73914D5...

Exhibit K

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.

Exhibit K

- 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 L

Data Security

1. Definitions

Capitalized terms used in this Exhibit 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 L.
- (C) **"Director"** means the County's Director of the Department of Behavioral Health or his or her 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 L.
- (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 L.

Exhibit L

- (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 L;
 - (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 L

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 L, 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 L

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 L. 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 L

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 addresses: incidents@fresnocountyca.gov, 559-600-5900, (559) 600-4645, dbhcontractedservices@fresnocountyca.gov, dbhforensicservices@fresnocountyca.gov (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 L, 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,

Exhibit L

including taking any corrective action under this Exhibit L, all at the Contractor's sole expense, in accordance with applicable privacy rights, laws, regulations and standards. 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 L.
- (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 L, 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 L.
- (C) The Contractor shall ensure that all Authorized Persons who Use Personal Information agree to the same restrictions and conditions in this Exhibit L. 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

Exhibit L

Contractor and such Authorized Persons, or amending any written agreements to provide same.

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 L, 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 L 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 L 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 L 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 L 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

Exhibit L

County. The provisions of this section 8 are cumulative to any other obligation of the Contractor to, defend, indemnify, or hold harmless any County Indemnatee under this Agreement. The provisions of this section 8 shall survive the termination of this Agreement.

9. Survival. The respective rights and obligations of the Contractor and the County as stated in this Exhibit L shall survive the termination of this Agreement.

10. No Third Party Beneficiary. Nothing express or implied in the provisions of in this Exhibit L is intended to confer, nor shall anything in this Exhibit L 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.

Exhibit M

Self-Dealing Transaction Disclosure Form

In order to conduct business with the County of Fresno ("County"), members of a contractor's board of directors ("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 used 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.

The form must be signed by the board member that is involved in the self-dealing transaction described in Sections (3) and (4).

Exhibit M

(1) Company Board Member Information:			
Name:	Amanda Nugent Divine, PhD	Date:	March 21, 2024
Job Title:	Chief Executive Officer		
(2) Company/Agency Name and Address:			
Kings View 1396 W. Henderson Ave. Fresno, CA 93711			
(3) Disclosure (Please describe the nature of the self-dealing transaction you are a party to)			
No self-dealing transaction to report			
(4) Explain why this self-dealing transaction is consistent with the requirements of Corporations Code § 5233 (a)			
No self-dealing transaction to report			
(5) Authorized Signature			
Signature:	<div><div>DocuSigned by:</div><div>Amanda Nugent Divine</div><div>A04F817F73914D5...</div></div>	Date:	3/21/2024

Exhibit N

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information				
Name of entity Kings View		D/B/A		
Address (number, street) 1396 W. Herndon Ave.		City	State	ZIP code
CLIA number Pescno CA 93711		Taxpayer ID number (EIN) 94-1412648		Telephone number (559-) 256-7601

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
N/A		

B. Type of entity: ☐ Sole proprietorship ☐ Partnership ☐ Corporation
 ☐ Unincorporated Associations ☐ Other (specify) 501c3

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
N/A		

Exhibit N

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 Kings View Foudation		EIN 01-0946385	
Address (number, name) 1396 W. Herndon Ave. Fresno CA	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) Amanda Nugent Divine, PHD		Title Chief Executive Officer	
Signature DocuSigned by: Amanda Nugent Divine		Date 3/21/2024	

Remarks

A04F817F73914D5...

Exhibit O

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;

Exhibit O

- (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:

DocuSigned by:

Amanda Nugent Divine

A04F817F73914D5...

Amanda Nugent
Divine, PhD

(Printed Name & Title)

Date:

March 21,
2024

kings view

(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.

Bibliography

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



Think Cultural Health
<https://www.thinkculturalhealth.hhs.gov/>
contact@thinkculturalhealth.hhs.gov