

AMENDMENT I TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as Amendment I, is made and entered into this 11th day of July, 2017, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY," and each provider listed in Revised Exhibit A, attached hereto and by this reference incorporated herein, and collectively referred to hereinafter as "**CONTRACTORS.**" Reference in this Amendment to "party" or "parties" shall be understood to refer to COUNTY and each individual CONTRACTOR, unless otherwise specified.

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 13-315, effective July 1, 2013, (hereinafter referred to as the Agreement) whereby CONTRACTOR agreed to provide a Mental Health Services Act (MHSA) funded Full Service Partnership (FSP) Mental Health and Community Services and Supports services to underserved or unserved high risk children ages primarily 0–10 with Serious Emotional Disturbance (SED), and their families.

WHEREAS, the parties desire to amend the Agreement regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the parties agree as follows:

1. All references in the Agreement to "Exhibit A" shall be replaced by "Revised Exhibit A." Revised Exhibit A is attached hereto and incorporated herein by this reference.

2. All references in the Agreement to "Exhibit B" shall be replaced by "Revised Exhibit B." Revised Exhibit B is attached hereto and incorporated herein by this reference.

3. All references in the Agreement to "Exhibit C" shall be replaced by "Revised Exhibit C." Revised Exhibit C is attached hereto and incorporated herein by this reference.

4. That the following text in the Agreement, Page Three (3), beginning with Paragraph Four (4), Line Twenty-Three (23), with the number "4" and ending on Page Three (3), Line Twenty-Seven (27) with the word "Term" shall be deleted and the following inserted in its place:

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1 **“4. COMPENSATION**

2 “Contingent upon confirmation of funding by the California Department of Health Care
3 Services, COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive
4 compensation for actual expenditures incurred in accordance with the budget projections specified
5 Revised Exhibit C: Full Service Partnership Budget, attached hereto and incorporated herein by
6 reference.

7 The maximum collective compensation under this Agreement for each twelve month
8 period from July 1, 2013 through June 30, 2017 shall not exceed Three Million Four Hundred Three
9 Thousand Three Hundred Thirty-Nine and No/100 Dollars (\$3,403,339.00). The maximum collective
10 compensation under this Agreement for the period of July 1, 2017 through June 30, 2018 shall not
11 exceed Four Million Five Hundred Forty-Eight Thousand Six Hundred Seventy-Nine and No/100
12 Dollars (\$4,548,679.00). The total contract maximum for the entire Term of this Agreement shall not
13 exceed Eighteen Million One Hundred Sixty-Two Thousand Thirty-Five and No/100 Dollars
14 (\$18,162,035.00).”

15 5. That Paragraph Seven (7) – Modification – of the Agreement, on Page Eight (8),
16 beginning on Line Seventeen (17), and ending on Page Eight (8), Line Twenty-Four (24) shall be
17 deleted in its entirety and the following inserted in its place:

18 **“7. MODIFICATION**

19 Notwithstanding the above, changes to services as needed to accommodate changes in
20 the law relating to mental health and substance use disorder treatment, as set forth in Revised Exhibit
21 B, may be made with the signed written approval of COUNTY’s DBH Director or designee and
22 CONTRACTOR through an amendment approved by County Counsel and Auditor. Changes to line
23 items in the budget, as set forth in Revised Exhibit C, that do not exceed 10% of the maximum
24 compensation payable to CONTRACTOR, may be made with the written approval of COUNTY’s
25 Department of Behavioral Health Director, or her designee. Changes to the line items in the budget
26 that exceed ten percent (10%) of the maximum compensation payable to CONTRACTOR, may be
27 made with the signed written approval of COUNTY’s Department of Behavioral Health Director, or
28 designee through an amendment approved by County Counsel and Auditor. Said budget line item

changes shall not result in any change to the annual maximum compensation amount payable to CONTRACTOR, as stated in this Agreement.”

6. That Paragraph Nineteen (19) – Health Insurance Portability and Accountability Act – of the Agreement, on Page Fifteen (15), beginning on Line Seven (7), and ending on Page Twenty-Two (22), Line One (1) shall be deleted in its entirety and the following inserted in its place:

“19. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

COUNTY and CONTRACTOR each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and agree to use and disclose protected health information as required by law.

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

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

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

7. That Paragraph Thirty-Three (33) – Notices – of the Agreement, on Page Thirty-Three (33), beginning on Line Twelve (12), and ending on Page Thirty-Three (33), Line Twenty-Two (22) shall be deleted in its entirety and the following inserted in its place:

“33. NOTICES

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

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COUNTY

Director, Fresno County
Department of Behavioral Health
3133 N. Millbrook Avenue
Fresno, CA 93703

CONTRACTOR

SEE REVISED EXHIBIT A

Any and all notices between COUNTY and CONTRACTOR provided for or permitted under this Agreement or by law shall be in writing and shall be deemed duly served when personally delivered to one of the parties, or in lieu of such personal service, when deposited in the United States Mail, postage prepaid, addressed to such party.”

8. COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend the Agreement No. 13-315; and that upon execution of this Amendment I, the Agreement and Amendment I together shall be considered the Agreement.

The Agreement, as hereby amended, is ratified and continued. All provisions, terms, covenants, conditions and promises contained in the Agreement , and not amended herein, shall remain in full force and effect. This Amendment I shall become effective upon execution by all parties.

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1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment I to Agreement
2 No. 13-315 as of the day and year first hereinabove written.
3

4 ATTEST:

5 CONTRACTOR:

COUNTY OF FRESNO

6 PLEASE SEE ATTACHED SIGNATURES
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8
9

By: 
Chairman, Board of Supervisors

Date: 7-11-17

10
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12
13
14 BERNICE E. SEIDEL, Clerk
15 Board of Supervisors

16
17 By: Susan Bishop, Deputy

18 Date: 7-11-17
19

20 PLEASE SEE ADDITIONAL
21 SIGNATURE PAGES ATTACHED
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23
24
25
26
27
28

1 APPROVED AS TO LEGAL FORM:
2 DANIEL C.CEDERBORG, COUNTY COUNSEL

3
4 By  _____
5

6 APPROVED AS TO ACCOUNTING FORM:
7 OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
8 TREASURER-TAX COLLECTOR

9
10 By  _____
11

12 REVIEWED AND RECOMMENDED FOR
13 APPROVAL:

14
15 By  _____
16

17 Dawan Utecht, Director
18 Department of Behavioral Health
19
20

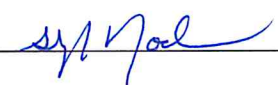
21 Fund/Subclass: 0001/10000
22 Organization: 56304320
23 Account/Program: 7295/0
24
25
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1 **COMPREHENSIVE YOUTH SERVICES**
2 **OF FRESNO, INC.**

3 By: 

4
5 Print Name: Richard Brown

6
7 Title: Board President
8 Chairman of Board, or President
9 Or any Vice President

10
11 By: 

12
13 Print Name: Sheryl Noel

14
15 Title: Secretary of CYS
16 Secretary of Corporation, or
17 Any Assistant Secretary, or
18 Chief Financial Officer, or
19 Any Assistant Treasurer

20 Mailing Address:
21 4545 N. West Avenue
22 Fresno, CA 93705
23 (559) 229-3561

24
25 Contact: Becky Kramer, Executive Director
26
27
28

1 EXCEPTIONAL PARENTS UNLIMITED, INC.

2 By: Th Cooper

3
4 Print Name: Trisha Cooper

5
6 Title: Chairman of Board
7 Chairman of Board, or President
8 Or any Vice President

9
10 By: Suzanne Ellis

11
12 Print Name: SUZANNE ELLIS

13
14 Title: Chief Financial officer
15 Secretary of Corporation, or
16 Any Assistant Secretary, or
17 Chief Financial Officer, or
18 Any Assistant Treasurer

19 Mailing Address:
20 4440 N. Fresno Street
21 Fresno, CA 93726
22 (559) 229-2000

23 Contact: Ellen Knapp, Executive Director
24
25
26
27
28

By: [Signature]
Chairman, Board of Supervisors

Date: 7-11-17

BERNICE E. SEIDEL, Clerk
Board of Supervisors

By: Susan Bishop, Deputy

Date: 7-11-17

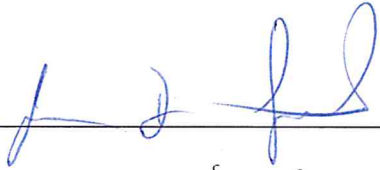
1 **UPLIFT FAMILY SERVICES, INC.**

2
3 By: 

4 Print Name: DARRELL EVORA

5
6 Title: CEO

7 Chairman of Board, or President
8 Or any Vice President

9
10 By: 

11 Print Name: Jason D. Gurahoo

12
13 Title: CFO

14 Secretary of Corporation, or
15 Any Assistant Secretary, or
16 Chief Financial Officer, or
17 Any Assistant Treasurer

18
19 Mailing Address:
20 251 Llewellyn Ave xxx
21 Campbell, CA 95008
(408) 379-3790
(559) 446-3054

22 Contact: Marilyn Bamford, Executive Director, Central Region
23
24
25
26
27
28

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

Provider List

Uplift Family Services

251 Llewellyn Avenue

Campbell, CA 95008

Phone: (408) 379-3790

(559) 446-3054

Contact: Marilyn Bamford, Executive Director, Central Region

Comprehensive Youth Services of Fresno, Inc.

4545 N. West Avenue

Fresno, CA 93705

Phone: (559) 229-3561

Contact: Becky Kramer, Executive Director

Exceptional Parents Unlimited, Inc.

4440 N. First Street

Fresno, CA 93726

Phone: (559) 229-2000

Contact: Ellen Knapp, Executive Director

Bright Beginnings for Families
MHSA Full Service Partnership Services to Children/Youth Ages 0 – 10 Years
Scope of Work

ORGANIZATIONS: Uplift Family Services, Inc. (formerly EMQ Families First, Inc.)
 1630 E. Shaw Avenue, Suite 150
 Fresno, CA 93710

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

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

SERVICES: **Full Services Partnership Services to Children/Youth 0 – 10 Years**

CONTRACT TERM: July 1, 2013 – June 30, 2018

CONTRACT AMOUNT:

FY 2013-14	\$3,403,339
FY 2014-15	\$3,403,339
FY 2015-16	\$3,403,339
FY 2016-17	\$3,403,339
FY 2017-18	\$4,548,679

I. SCHEDULE OF SERVICES:

CONTRACTORS' staff shall be available to provide services and supports to clients 24 hours per day, seven (7) days per week.

II. TARGET POPULATION:

CONTRACTORS shall provide Full Service Partnership (FSP) Community Services and Support services (mental health and non-mental health services) to children and youth, ages 0 - 10, with serious emotional disturbance (SED), and their families as stated in COUNTY's RFP #952-5113 and CONTRACTORS' response to RFP #952-5113. CONTRACTORS will provide expanded services to care givers of youth, as needed, to positively impact the wellness and recovery of participating youth. The target population shall include children and families who live in rural and metro areas; have no or limited means of payment for services; have traditionally been reluctant to seek services from traditional mental health settings; and are in danger of homelessness, hospitalizations, incarcerations, out of home placements, and/or emergency room visits.

A minimum caseload of 250 clients shall be enrolled in this program throughout each twelve (12) month period of this Agreement. Uplift Family Services will maintain a caseload of 150 children, EPU will maintain a caseload of 50 children, and CYS will maintain a caseload of 50 children.

III. PROJECT DESCRIPTION:

Uplift Family Services will partner with EPU and CYS, to expand the scope and capacity of COUNTY's existing multi-agency FSP Program targeting historically unserved and underserved children from birth through 10 years of age, and their families.

This program shall meet the requirements of a Mental Health Services Act (MHSA) Full Service

Partnership (FSP) program as defined in the California Code of Regulations, Title 9, Section 3200.130.

The Individual Services and Supports Plan (ISSP) and the plan of care, both collaboratively created by the child, family, and CONTRACTORS, determine the services and supports to be provided to each child and family.

The concepts of wellness and recovery shall be embedded in this program through all interventions which focuses on the strengths of the family and work toward the goal of enhancing those strengths and self-sufficiency.

CONTRACTORS shall provide services that encourage children and families to achieve wellness and recovery, and utilize a “whatever it takes” approach to help children and families reach their treatment goals. As children and families advance in the program they should be able to reach a level of wellness and recovery that would allow them to successfully discharge from the program or move to a lower level of service. CONTRACTORS shall make appropriate decisions that allow them to efficiently serve enrolled children and families and those that are on a waiting list for services.

IV. CONTRACTORS RESPONSIBILITIES:

CONTRACTORS shall:

A. Provide the following as it relates to CONTRACTORS’ roles:

1. Provide MHSA FSP Care Management/Personal Service Coordination for all children and families receiving services under this Agreement. Care management, also referred to as personal service coordination, is described in Section IV.C of this Revised Exhibit B.
2. Coordinate and facilitate collaboration of FSP program to ensure the service delivery system provides seamless, comprehensive, and intensive services and supports for each child and family receiving services under this Agreement.
3. Measure and report client and system outcomes consistent with the COUNTY’s MHSA plan requirements, with Uplift Family Services serving as the manager of outcome data. CONTRACTORS shall enter data in the State’s Data Collection and Reporting (DCR) System in accordance with MHSA FSP requirements.
4. Comprehensive Youth Services shall serve as the primary provider of the following treatment services:
 - a) Parent-Child Interaction Therapy (PCIT) treatment services for children and families that meet the criteria for PCIT services. The PCIT treatment model is described in Section IV.D of this Revised Exhibit B.
 - b) Child Parent Psychotherapy (CPP) for children and families that meet CPP criteria, as a secondary provider, as needed. The CPP treatment model is described in Section IV.F of this Revised Exhibit B.
5. Exceptional Parents Unlimited shall serve as the primary provider of the following treatment services:
 - a) Incredible Years (IY) therapy for children and families that meet the criteria for IY services. The IY treatment model is described in Section IV.E of this Revised Exhibit B.
 - b) Child Parent Psychotherapy (CPP) for children and families that meet the criteria for

CPP services.

- c) Parent-Child Interaction Therapy (PCIT) services for children and families that meet PCIT criteria, as a secondary provider, as needed.
6. Uplift Family Services shall serve as the primary provider of the following treatment services:
- a) Positive Parenting Program (Triple P) services for children and families that meet the criteria for Triple P services. Triple P is described in Section IV.G of this Revised Exhibit B.
 - b) Trauma Focused Cognitive Behavioral Therapy (TF CBT) for children and families that meet the criteria for TF CBT services. TF CBT is described in Section IV.H of this Revised Exhibit B.
 - c) Managing and Adapting Practices (MAP) services for children and families that meet the criteria for MAP services. MAP services are described in Section IV.I of this Revised Exhibit B.
7. Institute mental health treatment models other than those listed above, as needed, to meet the mental health treatment needs of the children and families engaged in services offered through this Agreement.

B. Provide the following staffing components:

- 1. Personal Service Coordinators (PSC) will each have a caseload of 12-14 clients. At least one of the PSC positions shall be occupied by a former client or family member with comparable experience to the child and family receiving services. These positions shall be recruited based on linguistic and cultural needs of the targeted population (e.g., Latino, Southeast Asian, African American, Native American, and/or SED). A Bachelors degree level is preferred for the requirements of the PSC positions; however, 12 college units (psychology, counseling, etc.) with mental health experience can act as a substitute for the Bachelors degree requirement.
- 2. Family Partners, or equivalent, occupied by a former client or family member with comparable experience to the child and family receiving services.
- 3. Licensed or license-eligible therapists to provide linkages and therapeutic services to enrolled children and their caregivers as identified in the individual services and supports plan.
- 4. Licensed or license-eligible therapists to provide evidenced-based clinical treatment. At least one of the therapist positions will be occupied by a former client or family member with comparable experience to the child and family receiving services. At least one of the therapist positions shall be occupied by a licensed clinician with advanced training in infant mental health in order to provide adequate oversight. These positions shall be recruited based on linguistic and cultural needs of the targeted population (e.g., Latino, Southeast Asian, African American, Native American, and/or SED).

C. Provide the following specific services as it relates to Personal Service Coordination:

- 1. Assign a primary Personal Service Coordinator (PSC) to each identified client. The primary PSC will work with each client, and family member when appropriate, to develop the client's ISSP. The ISSP is used to identify the client's goals and describe the array of services and supports necessary to advance these goals based on the client's needs and

preferences and, when appropriate, the needs and preferences of the client's family. ISSPs are reviewed by COUNTY's DBH during client chart audits.

2. The PSC will act as a single point of responsibility and contact for the delivery of personal service coordination for each client. Personal service coordination is the assistance provided to the child, and the child's family when appropriate, to access medical, educational, social, vocational, rehabilitative, crisis intervention, or other community services, when needed.
 3. Ensure all children and families that receive personal service coordination services also receive mental health treatment services when a determination is made by qualified staff using clinically-proven assessment tools that a child and/or family would benefit from mental health treatment. CONTRACTORS shall institute mental health treatment models to meet the mental health treatment needs of the children/families engaged in services offered in this Agreement.
- D. Provide the following specific services as it relates to the Parent Child Interaction Therapy (PCIT) treatment model for children ages 2 – 8 years:
1. Provide FSP services to clients that are identified as candidates for PCIT evidenced based treatment services.
 2. PCIT is an effective evidenced-based treatment model with highly specified, step-by step, live-coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions, and, using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. A PCIT trained therapist provides the coaching from behind a one-way mirror.
 3. Place emphasis on changing negative parent/caregiver-child patterns by focusing on the following PCIT treatment goals:
 - a. Improve the quality of the parent/caregiver-child relationship;
 - b. Decrease child behavior problems and increase prosocial behaviors;
 - c. Increase parenting skills, including positive discipline; and
 - d. Decrease parenting stress.
- E. Provide the following specific services as it relates to the Incredible Years (IY) treatment model for children ages 0 – 8 years:
1. Provide FSP services for clients that are identified as candidates for IY evidenced-based treatment services.
 2. IY is an evidence-based intervention that will be provided for children 0 – 8 years of age (identified clients ages 0 – 5, and siblings of identified clients ages 6 – 8) under this Agreement. The IY treatment model consists of components a through c described below:
 - a. Parent Basic: Educates parents on social learning and child development and non-violent discipline techniques;
 - b. Parent Advanced: Help parents/caregivers to cope with personal and interpersonal problems, collaborate with teachers, and work with their child to foster academic readiness (peer support for families-parenting groups);

- c. Children's Groups: Promote pro-social behavior and serves as a source of ongoing treatment; and
 - d. Teacher Training: Educate teachers regarding how to manage misbehavior and develop a plan with the parents/caregivers for behavior management. **NOTE**: this component is provided by the Fresno County Office of Education to local school districts and not funded under this Agreement.
- F. Provide the following specific services as it relates to the Child Parent Psychotherapy (CPP) treatment model for children ages 0 – 5 years:
- 1. Provide FSP services for clients that are identified as candidates for CPP evidence-based treatment services.
 - 2. Children who meet CPP criteria will have at least one traumatic event and are experiencing behavior, attachment, and/or mental health problems, including posttraumatic stress disorder.
 - 3. Provide supports and strengthens the relationship between a child and caregiver; restore child's sense of safety and attachment; and improve cognitive, behavioral, and social functioning.
- G. Provide the following specific services as it relates to Positive Parenting Program (Triple P) for children ages 0 – 10 years:
- 1. Provide FSP services for clients that are identified as candidates for Triple P services.
 - 2. Provide education, prevention, and early intervention strategies for parents. Parents learn the five core principles of Triple P:
 - a. Ensure a safe and engaging environment;
 - b. Create a positive learning environment;
 - c. Use assertive discipline;
 - d. Have realistic expectations; and
 - e. Take care of oneself as a parent.
- H. Provide the following specific services as it relates to Trauma Focused Cognitive Behavioral Therapy (TF CBT) treatment model for children/youth ages 4 – 10 years:
- 1. Provide FSP services for clients that are identified as candidates for TF CBT services.
 - 2. TF CBT is used to treat posttraumatic stress and related emotional and behavioral problems. It has been adapted for use with children who have a wide array of traumatic experiences, including but not limited to, child sexual abuse, domestic violence, traumatic loss, and multiple psychological traumas.
- I. Provide the following specific services as it relates to the Managing and Adapting Practices (MAP) services for children and youth ages 0 – 18 years:
- 1. Provide FSP services for clients that are identified as candidates for MAP services.
 - 2. The MAP system is designed to coordinate and supplement the use of evidence-based programs for children's mental health. The system is not a single treatment program;

rather, it involves several decision and practice support tools to assist in the selection, review, adaptation, or construction of empirically derived common treatment elements to match particular child characteristics.

3. The three main features of the MAP system are:
 - a. The Practice Wise Evidence Based Services Database;
 - b. The Clinical Dashboard; and
 - c. The Practitioner Guide.

J. Provide the following as it relates to community outreach:

1. Outreach to target populations through participation in community resource fairs; public presentations; distribution of informational materials; one-on-one communications with community partners; and visits to local preschools, schools, daycare centers, and to consumers of CONTRACTORS' other programs operated outside the scope of this Agreement.
2. Use targeted outreach and presentation practices to reach harder to engage communities, such as the Native American population.
3. Provide outreach and education to referring agencies to assist those agencies as they determine appropriate resources for clients in need of services, such as those available under this Agreement.

K. Provide the following as it relates to cultural competence:

1. Recruit and hire staff that have demonstrated experience working with the Latino, African American, Southeast Asian, Native American, and other minority populations, and have knowledge about the culture of these targeted groups as well as other diverse communities.
2. Ensure staff attend annual trainings on cultural competency, awareness, and diversity as provided by selected bidder(s), or online via COUNTY's eLearning system. CONTRACTORS' staff shall be appropriately trained in providing services in a culturally sensitive manner.
3. Ensure staff attend civil rights training as provided by CONTRACTORS, or online via COUNTY's eLearning system.
4. Recruit and hire bilingual staff. At a minimum, CONTRACTORS shall hire staff who are competent in Spanish and Hmong, the threshold languages of Fresno County.
5. Secure trained translation and interpretation services in the threshold languages as well as Cambodian, Russian, Arabic, Armenian, Punjabi, and other languages commonly used in Fresno County. Translators and interpreters shall be appropriately trained to provide services in a culturally sensitive manner.
6. Provide services by seeking to understand and placing importance on the traditional values, beliefs, and family histories of clients, as cultural values and traditions offer special strengths in treating and helping to guide clients toward wellness and recovery.
7. Provide services within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the target population.

8. Develop plans to continually engage targeted populations.
9. Recruit and hire former client/family members as a significant portion of their staffing in consultation with COUNTY, as needed.
10. Demonstrate knowledge and experience in working with Latino, Southeast Asian, African American, Native American communities, and other diverse communities.
11. Develop and expand partnerships with the following unserved and underserved populations by engaging community leaders and members to identify and document their specific needs: Latino (migrant workers, immigrants, etc.), African-American (within targeted zip codes), Southeast Asian (refugees, etc.), and Native American (specific targeted tribes). Engagement will include visiting rancheros, reservations, and other targeted population areas.
12. Ensure a streamlined approach is used to provide target populations with access to appropriate services at convenient times.
13. Distribute literature or informational brochures in threshold languages to clients and request feedback in regard to engaging and improving access to care for culturally diverse communities within the service area.
14. Conduct an annual cultural competency self-assessment and provide the results to COUNTY. COUNTY shall review and revise the self-assessment tool as necessary to meet COUNTY's approval.
15. Provide services in communities throughout Fresno County, as opposed to traditional mental health offices, to increase the frequency of client access of needed services and decrease reluctance to seek and obtain services due to fear or negative stigma.
16. Promote system of care accountability for performance outcomes which enable children and their families to live independently, work, maintain community supports, stay in good health, and avoid substance abuse and incarceration.
17. Develop individual services and supports plans that are flexible and open to meet the unique needs of the targeted populations.
18. Collaborate with agencies that are recognized and accepted by the targeted populations.
19. Provide family support and help create family partnerships utilizing peer support for families and parenting support.
20. Establish culturally specific multidisciplinary treatment teams to provide services.
21. Provide supportive housing vouchers and referrals for safe, adequate, and affordable housing.
22. Provide parenting groups that are conducted in the child and family's preferred language.
23. Provide gender sensitive services with consideration to gender-specific psychologies and needs, including the identity and role of the primary care giver, domestic violence, and
24. Ensure staff are trained to keep an open mind and maintain non-judgmental interaction with clients/families.
25. Seek to hire and train staff and community stakeholders that provide services to the target

populations in the development of age specific and gender appropriate program services and service delivery methods.

26. Ensure hiring and contracting practices are based on local data and reflect the needs of the population to be served.
27. CONTRACTORS shall attend the COUNTY's Cultural Diversity Committee monthly meetings, maintain its own cultural competence oversight committee, and develop a cultural competency plan to address and evaluate cultural competency issues. COUNTY shall provide technical assistance and demographic data to CONTRACTORS in relation to cultural competency planning.
28. Train staff regarding best practice for utilizing interpreters to ensure effective communication with monolingual clients and families to assist in the delivery of culturally and linguistically appropriate services.

V. COUNTY RESPONSIBILITIES:

COUNTY shall:

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

VI. PERFORMANCE MEASUREMENT:

- A. Data Collection

1. Data collection and evaluation methods may include, but are not limited to, staff, participant, and family interviews; and case file reviews.
2. CONTRACTORS shall measure the performance of evidence-based practices through the use of instrument and measures such as Eyberg Child Behavior Inventory, the Child Behavior Checklist, the Parent Stress Index, or other similar tools. Uplift Family Services, as the lead agency, shall work with COUNTY to analyze the data to determine if the outcomes are higher or lower for specific ethnicities and languages.
3. CONTRACTOR shall conduct consumer satisfaction surveys to identify service efficacy and opportunities for program development, as well as gaps in meeting cultural needs of the clients and/or families.
4. CONTRACTOR shall ensure all active program clients and families participate in the semi-annual State Performance Outcomes Quality Improvement (POQI) survey. CONTRACTOR will distribute POQI surveys to and collect completed surveys from all active children and families.
5. CONTRACTOR(S) shall collect data regarding the ethnic and language demographics of children and/or families receiving services, as well as survey children and families in regard to improvements to programs to ensure culturally relevant service provision.
6. CONTRACTORS shall maintain all client data in permanent electronic case records, such as COUNTY's AVATAR system. CONTRACTORS shall have established policies and procedures for data collection and client confidentiality, and will be responsible for maintaining caseload data for clients served.
7. CONTRACTORS shall be responsible for gathering and reporting data in the State's Data Collection and Reporting (DCR) system in accordance with the requirements outlined in the DCR system guidelines.

B. Performance Outcomes

CONTRACTORS' performance will be evaluated by COUNTY using the following performance outcomes:

<u>Goal/Objective 1:</u>	Children shall demonstrate improved school performance, decreased involvement with the juvenile justice system, and decreased need for inpatient crisis intervention services.
<u>Outcome 1A:</u>	Children enrolled in grade school (K-8) shall demonstrate improved school attendance and grades.
<u>Outcome Indicator 1A:</u>	% of youth who improve (or maintain a score of 0 or 1) on the "School Achievement" item within the "Life Domain Functioning" category of the Child and Adolescent Needs and Strengths (CANS). At least 85% of youth will decrease (or maintain at 0) their number of expulsions/suspensions during the last 3 months of program participation, in comparison to 3 months prior to program participation.

<u>Outcome 1B:</u>	Children receiving services shall demonstrate decreased involvement in the juvenile justice system.
<u>Outcome Indicator 1B:</u>	At least 85% of youth will decrease (or maintain at 0) their number of probation violations during the last 3 months of program participation, in comparison to 3 months prior to program participation.
<u>Outcome 1C:</u>	Children receiving services shall have less need for inpatient crisis intervention services, (i.e., County's Children's Crisis Assessment and Intervention Resolution (CCAIR) program).
<u>Outcome Indicator 1C:</u>	At least 85% of children will decrease (or maintain at 0) their number of admissions to inpatient hospitals (i.e. CCAIR).
<u>Goal/Objective 2:</u>	Ensure all clients enrolled in the program receive mental health treatment when the determination is made by qualified staff that the client and/or family will benefit from such treatment.
<u>Outcome 2:</u>	Clients shall be successfully linked to evidence-based treatment or other mental health service providers in their communities as required by their mental health treatment plans and ISSPs.
<u>Outcome Indicator 2:</u>	100% of clients will have successful linkages to evidence-based practices/programs or other appropriate mental health service providers in their communities, as required by their mental health treatment plans and ISSPs.
<u>Goal/Objective 3:</u>	Improve functioning and emotional well-being for all participating clients.
<u>Outcome 3A:</u>	Clients receiving services shall demonstrate improved functioning skills.
<u>Outcome Indicator 3A:</u>	At least 85% of children served will improve their total CANS scores between intake and discharge.
<u>Outcome 3B:</u>	Clients receiving services shall demonstrate improvement in targeted behaviors after participating in mental health treatment.
<u>Outcome Indicator 3B:</u>	At least 85% of children served in mental health treatment will improve scores on treatment-specific outcome measures between the start and end of treatment.
<u>Outcome 3C:</u>	The emotional well-being of children receiving services will improve after participating in the program for a significant period of time.
<u>Outcome Indicator 3C:</u>	% of children who improve (or maintain an average score of 1 or less) on the "Child Behavioral/Emotional Needs" domain of the CANS.
<u>Goal/Objective 4:</u>	Improve the emotional well-being of identified clients' caregivers who are completing evidence based mental health treatment.
<u>Outcome 4A:</u>	Caregivers of clients completing evidence based treatment shall

	demonstrate decreased stress levels.
<u>Outcome Indicator 4A:</u>	At least 85% of caregivers served will improve their Parent Stress Index Score (PSI) at discharge in comparison to intake.
<u>Outcome 4B:</u>	Caregivers of clients will be able to act as effective advocates for their children.
<u>Outcome Indicator 4B:</u>	% of caregivers who improve (or maintain a score of 0 or 1) on the "Involvement" item within the "Caregiver Strengths and Needs" domain of the CANS.
<u>Outcome 4C:</u>	Caregivers of clients will develop a significant family and friend social support network that actively helps with raising their children.
<u>Outcome Indicator 4C:</u>	% of caregivers who improve (or maintain a score of 0 or 1) on the "Social Resources" item within the "Caregiver Strengths and Needs" domain of the CANS.
<u>Goal/Objective 5:</u>	Ensure clients/families are actively engaged in the program.
<u>Outcome 5:</u>	Clients/families will indicate satisfaction with services they receive.
<u>Outcome Indicator 5:</u>	At a minimum, 80% percent of clients/families will report their satisfaction with program services on CONTRACTORS' consumer satisfaction surveys, and in the semi-annual State POQI survey.

C. Reports

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

Bright Beginnings for Families (FSP)
Uplift Family Services
Year 5: July 1, 2017 - June 30, 2018

Revised Exhibit C
Page 1 of 6

Budget Categories		FTE %	Total Proposed Budget		
Line Item Description			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Mental Health Clinician I	5.00	\$ -	\$ 258,899	\$ 258,899
0002	Mental Health Clinician II	1.00	\$ -	\$ 61,064	\$ 61,064
0003	Facilitator I	8.00	\$ -	\$ 388,788	\$ 388,788
0004	Facilitator II	1.00	\$ -	\$ 56,472	\$ 56,472
0005	Family Specialist I	2.00	\$ -	\$ 68,696	\$ 68,696
0006	Family Partner I	2.00	\$ -	\$ 61,858	\$ 61,858
0007	Clinical Program Manager	2.00	\$ -	\$ 140,523	\$ 140,523
0008	Client Services Coordinator	0.50	\$ -	\$ 23,342	\$ 23,342
0009	Program Support Staff	2.83	\$ -	\$ 148,715	\$ 148,715
SALARY TOTAL		24.33	\$ -	\$ 1,208,357	\$ 1,208,357
PAYROLL TAXES:					
0030	OASDI		\$ -	\$ 74,541	\$ 74,541
0031	MEDICARE		\$ -	\$ 17,433	\$ 17,433
0032	U.I.		\$ -	\$ 12,029	\$ 12,029
PAYROLL TAX TOTAL			\$ -	\$ 104,003	\$ 104,003
EMPLOYEE BENEFITS:					
0040	Retirement		\$ -	\$ 48,089	\$ 48,089
0041	Workers Compensation		\$ -	\$ 18,035	\$ 18,035
0042	Health Insurance (medical vision, life, dental)		\$ -	\$ 300,571	\$ 300,571
EMPLOYEE BENEFITS TOTAL			\$ -	\$ 366,695	\$ 366,695
SALARY & BENEFITS GRAND TOTAL					\$ 1,679,055

FACILITIES/EQUIPMENT EXPENSES:

1010 Rent/Lease Building	\$ 50,269
1011 Rent/Lease Equipment	\$ 5,715
1012 Utilities	\$ -
1013 Building Maintenance	\$ 4,799
1014 Equipment Purchase	\$ -
FACILITY/EQUIPMENT TOTAL	\$ 60,783

OPERATING EXPENSES:

1060 Telephone	\$ 32,361
1061 Answering Service	\$ -
1062 Postage	\$ -
1063 Printing/Reproduction	\$ -
1064 Publications	\$ -
1065 Informational Publications	\$ -
1066 Office Supplies & Equipment	\$ 8,134
1067 Food	\$ -
1068 Program Supplies - Therapeutic	\$ 1,833
1069 Program Supplies - Medical	\$ -
1070 Transportation of Clients	\$ -
1071 Staff Mileage/Vehicle Maintenance	\$ 58,077
1072 Staff Travel (Out of County)	\$ -
1073 Staff Training/Registration/Recruitment	\$ 10,400
1074 Depreciation	\$ 3,744
OPERATING EXPENSES TOTAL	\$ 114,549

FINANCIAL SERVICES EXPENSES:

1080 Accounting/Bookkeeping	\$ -
1081 External Audit	\$ 2,013
1082 Professional Liability Insurance	\$ 12,602
1083 Payroll Services	\$ -
1084 Administrative Overhead	\$ 343,131
FINANCIAL SERVICES TOTAL	\$ 357,746

SPECIAL EXPENSES:

1090	Consultant (Network & Data Management)	\$	-
1091	Translation Services	\$	-
1092	Contract Psychiatrist	\$	57,648
SPECIAL EXPENSES TOTAL		\$	57,648

FIXED ASSETS:

1190	Computers & Software - Telephone System & Computer Network	\$	-
1191	Furniture & Fixtures	\$	-
1192	Other- Leased Automobile	\$	-
FIXED ASSETS TOTAL		\$	-

NON MEDI-CAL CLIENT SUPPORT EXPENSE:

2000	Client Housing Support Expenditures (SFC 70)	\$	1,423
2001	Client Housing Operating Expenditures (SFC 71)	\$	2,131
2001.1	Clothing, Food & Hygiene (SFC 72)	\$	8,346
2001.2	Client Transportation & Support (SFC 72)	\$	2,308
2001.3	Education Support (SFC 72)	\$	355
2001.4	Employment Support (SFC 72)	\$	-
2001.5	Respite Care (SFC 72)	\$	-
2001.6	Household Items	\$	2,131
2001.7	Utility Vouchers (SFC 72)	\$	1,065
2001.8	Child Care (SFC 72)	\$	-
NON MEDI-CAL CLIENT SUPPORT EXPENSE TOTAL:		\$	17,759

TOTAL PROGRAM EXPENSES	\$ 2,287,540
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MENTAL HEALTH REVENUE:

	Vol/Units of Svc	Rate	\$ Amt.
3000	Mental Health Services (Individual/Family/Group/Therapy)	441,615 \$ 2.61	\$ 1,152,615
3100	Case Management	245,339 \$ 2.02	\$ 495,585
3200	Crisis Services	0 \$ 3.88	\$ -
3100	Medication Support	13,995 \$ 4.82	\$ 67,456
3200	Collateral	0 \$ -	\$ -
3100	Plan Development	0 \$ -	\$ -
3200	Assessment	0 \$ -	\$ -
3300	Rehabilitation	0 \$ -	\$ -
Estimated Medi-Cal Billing Totals		700,949	\$ 1,715,656
Estimated % of Federal Financial Participation		50%	
Estimated % of Clients Served that will be Medi-Cal Eligible		80%	
MEDI-CAL REVENUE TOTAL			\$ 1,372,524

OTHER REVENUE:

4000	Client Rents	\$	-
4100	Other	\$	-
4200	Other	\$	-
4300	Other	\$	-
OTHER REVENUE TOTAL		\$	-

MHSA FUNDS:

5000	CSS Recurring Funds	\$	915,016
5100	CSS Non-Recurring Funds	\$	-
MHSA FUNDS TOTAL		\$	915,016

TOTAL PROGRAM REVENUE	\$ 2,287,540
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Bright Beginnings for Families (FSP)
Comprehensive Youth Services
Year 5: July 1, 2017 - June 30, 2018

Revised Exhibit C
Page 3 of 6

Budget Categories			FTE %	Total Proposed Budget		
Line Item Description				Admin.	Direct	Total
PERSONNEL SALARIES:						
0001	Program Manager		0.72	\$ -	\$ 69,258	\$ 69,258
0002	Clinical Director		0.06	\$ -	\$ 8,116	\$ 8,116
0003	Clinical Supervisor		0.54	\$ -	\$ 44,192	\$ 44,192
0004	PCIT Clinicians/Lead Therapist		6.00	\$ -	\$ 276,305	\$ 276,305
0005	Personal Service Coordinators		3.00	\$ -	\$ 100,411	\$ 100,411
0006	Exec Dir/Finance Mgr/Bookkeeping/Clerical		Varies	\$ 43,199	\$ 43,199	\$ 86,398
SALARY TOTAL			10.32	\$ 43,199	\$ 541,481	\$ 584,680
PAYROLL TAXES:						
0030	OASDI			\$ -	\$ -	\$ -
0031	MEDICARE			\$ 6,609	\$ 38,121	\$ 44,730
0032	U.I.			\$ 480	\$ 4,483	\$ 4,963
PAYROLL TAX TOTAL				\$ 7,089	\$ 42,604	\$ 49,693
EMPLOYEE BENEFITS:						
0040	Retirement			\$ 3,028	\$ 17,447	\$ 20,475
0041	Workers Compensation			\$ 876	\$ 5,479	\$ 6,355
0042	Health Insurance (medical vision, life, dental)			\$ 9,601	\$ 66,429	\$ 76,030
EMPLOYEE BENEFITS TOTAL				\$ 13,505	\$ 89,355	\$ 102,860
SALARY & BENEFITS GRAND TOTAL						\$ 737,233

FACILITIES/EQUIPMENT EXPENSES:

1010	Rent/Lease Building	\$ 51,666
1011	Rent/Lease Equipment	\$ 9,389
1012	Utilities	\$ 11,988
1013	Building Maintenance	\$ 6,158
1014	Equipment Purchase	\$ 9,000
FACILITY/EQUIPMENT TOTAL		\$ 88,201

OPERATING EXPENSES:

1060	Telephone	\$ 11,758
1061	Answering Service	\$ -
1062	Postage	\$ -
1063	Printing/Reproduction	\$ -
1064	Publications	\$ -
1065	Informational Publications	\$ 1,031
1066	Office Supplies & Equipment	\$ 10,226
1067	Food	\$ -
1068	Program Supplies - Therapeutic	\$ 4,000
1069	Program Supplies - Medical	\$ -
1070	Transportation of Clients	\$ 6,000
1071	Staff Mileage/Vehicle Maintenance	\$ 4,435
1072	Staff Travel (Out of County)	\$ -
1073	Staff Training/Registration/Recruitment	\$ 31,873
1074	Depreciation	\$ -
OPERATING EXPENSES TOTAL		\$ 69,323

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$ -
1081	External Audit	\$ 2,903
1082	Professional Liability Insurance	\$ 6,314
1083	Payroll Services	\$ 2,363
1084	Administrative Overhead	\$ 2,167
FINANCIAL SERVICES TOTAL		\$ 13,747

SPECIAL EXPENSES:

1090	Consultant (Network & Data Management)	\$	3,075
1091	Translation Services	\$	500
1092	Contract Psychiatrist	\$	-
SPECIAL EXPENSES TOTAL		\$	3,575

FIXED ASSETS:

1190	Computers & Software - Telephone System & Computer Network	\$	-
1191	Furniture & Fixtures	\$	-
1192	Other- Leased Automobile	\$	6,422
FIXED ASSETS TOTAL		\$	6,422

NON MEDI-CAL CLIENT SUPPORT EXPENSE:

2000	Client Housing Support Expenditures (SFC 70)	\$	-
2001	Client Housing Operating Expenditures (SFC 71)	\$	-
2001.1	Clothing, Food & Hygiene (SFC 72)	\$	2,500
2001.2	Client Transportation & Support (SFC 72)	\$	2,000
2001.3	Education Support (SFC 72)	\$	300
2001.4	Employment Support (SFC 72)	\$	200
2001.5	Respite Care (SFC 72)	\$	-
2001.6	Household Items	\$	-
2001.7	Utility Vouchers (SFC 72)	\$	-
2001.8	Child Care (SFC 72)	\$	-
NON MEDI-CAL CLIENT SUPPORT EXPENSE TOTAL:		\$	5,000
		TOTAL PROGRAM EXPENSES	\$ 923,501

MENTAL HEALTH REVENUE:

	Vol/Units of Svc	Rate	\$ Amt.
3000	Mental Health Services (Individual/Family/Group/Therapy)	33,669 \$ 2.61	\$ 87,876
3100	Case Management	44,190 \$ 2.02	\$ 89,264
3200	Crisis Services	14,730 \$ 3.88	\$ 57,152
3100	Medication Support	0 \$ 4.82	\$ -
3200	Collateral	10,522 \$ 2.61	\$ 27,462
3100	Plan Development	2,104 \$ 2.61	\$ 5,491
3200	Assessment	16,834 \$ 2.61	\$ 43,937
3300	Rehabilitation	88,380 \$ 2.61	\$ 230,672
Estimated Medi-Cal Billing Totals		210,429	\$ 541,855
Estimated % of Federal Financial Participation		50%	
Estimated % of Clients Served that will be Medi-Cal Eligible		50%	
MEDI-CAL REVENUE TOTAL			\$ 541,855

OTHER REVENUE:

4000	Client Rents	\$	-
4100	Other	\$	-
4200	Other	\$	-
4300	Other	\$	-
OTHER REVENUE TOTAL		\$	-

MHSA FUNDS:

5000	CSS Recurring Funds	\$	381,646
5100	CSS Non-Recurring Funds	\$	-
MHSA FUNDS TOTAL		\$	381,646
		TOTAL PROGRAM REVENUE	\$ 923,501

Bright Beginnings for Families (FSP)
Exceptional Parents Unlimited
Year 5: July 1, 2017 - June 30, 2018

Revised Exhibit C
Page 5 of 6

Budget Categories		FTE %	Total Proposed Budget		
Line Item Description			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Senior Mental Health Clinician	1.00	\$ -	\$ 85,280	\$ 85,280
0002	Mental Health Clinician/Psychologist	2.00	\$ -	\$ 165,285	\$ 165,285
0003	Mental Health Clinician	1.00	\$ -	\$ 52,000	\$ 52,000
0004	Children's Services Coordinator II (Case Manager)	5.00	\$ -	\$ 194,000	\$ 194,000
0005	Family Resource Specialist (Parent Partner)	0.50	\$ -	\$ 20,000	\$ 20,000
0006	Children's Services Coordinator III	0.50	\$ -	\$ 23,400	\$ 23,400
0007	Support Services Supervisor	0.10	\$ -	\$ 4,620	\$ 4,620
0008	Children's Services Assistant II	0.40	\$ -	\$ 11,500	\$ 11,500
0009	Children's Services Assistant I	2.00	\$ -	\$ 51,400	\$ 51,400
0010	Call Line/Outreach Supervisor	0.05	\$ -	\$ 2,615	\$ 2,615
0011	Administrative Assistant	0.70	\$ 23,500	\$ -	\$ 23,500
0012	Billing Specialist	0.45	\$ 17,240	\$ -	\$ 17,240
0013	Billing Assistant	1.00	\$ 33,280	\$ -	\$ 33,280
0014	Facilities Coordinator	0.05	\$ 2,350	\$ -	\$ 2,350
0015	Operations Manager	0.15	\$ 9,750	\$ -	\$ 9,750
0016	Clinical Director	0.20	\$ -	\$ 23,000	\$ 23,000
SALARY TOTAL		15.10	\$ 86,120	\$ 633,100	\$ 719,220
PAYROLL TAXES:					
0030	OASDI		\$ -	\$ 44,592	\$ 44,592
0031	MEDICARE		\$ -	\$ 10,429	\$ 10,429
0032	U.I.		\$ -	\$ 2,750	\$ 2,750
PAYROLL TAX TOTAL			\$ -	\$ 57,770	\$ 57,770
EMPLOYEE BENEFITS:					
0040	Retirement		\$ -	\$ 28,768	\$ 28,768
0041	Workers Compensation		\$ -	\$ 10,069	\$ 10,069
0042	Health Insurance (medical vision, life, dental)		\$ -	\$ 79,114	\$ 79,114
EMPLOYEE BENEFITS TOTAL			\$ -	\$ 117,951	\$ 117,951
SALARY & BENEFITS GRAND TOTAL					\$ 894,941

FACILITIES/EQUIPMENT EXPENSES:

1010	Rent/Lease Building	\$ 60,500
1011	Rent/Lease Equipment	\$ 13,000
1012	Utilities	\$ 7,500
1013	Building Maintenance	\$ 10,250
1014	Equipment Purchase	\$ 88,697
FACILITY/EQUIPMENT TOTAL		\$ 179,947

OPERATING EXPENSES:

1060	Telephone	\$ 4,000
1061	Answering Service	\$ -
1062	Postage	\$ 1,000
1063	Printing/Reproduction	\$ 1,500
1064	Publications	\$ -
1065	Informational Publications	\$ -
1066	Office Supplies & Equipment	\$ 9,600
1067	Food	\$ 200
1068	Program Supplies - Therapeutic	\$ 8,600
1069	Program Supplies - Medical	\$ -
1070	Transportation of Clients	\$ -
1071	Staff Mileage/Vehicle Maintenance	\$ 6,500
1072	Staff Travel (Out of County)	\$ 4,000
1073	Staff Training/Registration/Recruitment	\$ 4,000
1074	Depreciation	\$ -
OPERATING EXPENSES TOTAL		\$ 39,400

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$ -
1081	External Audit	\$ 3,000
1082	Professional Liability Insurance	\$ 6,030
1083	Payroll Services	\$ -

1084	Administrative Overhead (includes EHR cost)	\$	164,720
	FINANCIAL SERVICES TOTAL	\$	173,750

SPECIAL EXPENSES:

1090	Consultant (Network & Data Management)	\$	8,900
1091	Translation Services	\$	600
1092	Contract Services - Billing System	\$	2,000
1093	Contract Psychiatrist	\$	36,000
	SPECIAL EXPENSES TOTAL	\$	47,500

FIXED ASSETS:

1190	Computers & Software - Telephone System & Computer Network	\$	-
1191	Furniture & Fixtures	\$	-
1192	Other- Leased Automobile	\$	-
	FIXED ASSETS TOTAL	\$	-

NON MEDI-CAL CLIENT SUPPORT EXPENSE:

2000	Client Housing Support Expenditures (SFC 70)	\$	200
2001	Client Housing Operating Expenditures (SFC 71)	\$	-
2001.1	Clothing, Food & Hygiene (SFC 72)	\$	400
2001.2	Client Transportation & Support (SFC 72)	\$	400
2001.3	Education Support (SFC 72)	\$	400
2001.4	Employment Support (SFC 72)	\$	200
2001.5	Respite Care (SFC 72)	\$	-
2001.6	Household Items	\$	300
2001.7	Utility Vouchers (SFC 72)	\$	200
2001.8	Child Care (SFC 72)	\$	-
	NON MEDI-CAL CLIENT SUPPORT EXPENSE TOTAL:	\$	2,100

TOTAL PROGRAM EXPENSES	\$ 1,337,638
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MENTAL HEALTH REVENUE:

	Vol/Units of Svc	Rate	\$ Amt.
3000	Mental Health Services (Individual/Family/Group/Therapy)	48,910 \$ 2.61	\$ 127,656
3100	Case Management	17,204 \$ 2.02	\$ 34,752
3200	Crisis Services	3,421 \$ 3.88	\$ 13,273
3100	Medication Support	- \$ 4.82	\$ -
3200	Collateral	58,329 \$ 2.61	\$ 152,239
3100	Plan Development	6,160 \$ 2.61	\$ 16,078
3200	Assessment	30,916 \$ 2.61	\$ 80,691
3300	Rehabilitation	43,011 \$ 2.61	\$ 112,259
	Estimated Medi-Cal Billing Totals	207,951	\$ 536,947
	Estimated % of Federal Financial Participation	50%	
	Estimated % of Clients Served that will be Medi-Cal Eligible	50%	
	MEDI-CAL REVENUE TOTAL		\$ 536,947

OTHER REVENUE:

4000	Client Rents	\$	-
4100	Other	\$	-
4200	Other	\$	-
4300	Other	\$	-
	OTHER REVENUE TOTAL	\$	-

MHSA FUNDS:

5000	CSS Recurring Funds	\$	800,691
5100	CSS Non-Recurring Funds	\$	-
	MHSA FUNDS TOTAL	\$	800,691

TOTAL PROGRAM REVENUE	\$ 1,337,638
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