

AGREEMENT

THIS AGREEMENT is made and entered into this 17th day of May, 2022, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "**COUNTY**," and **CENTRO LA FAMILIA ADVOCACY SERVICES, INC.**, whose address is 302 Fresno Street, Suite 102, Fresno, California 93706, hereinafter referred to as "**CONTRACTOR**."

WITNESSETH:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), Community Services and Support (CSS) component of the Mental Health Services Act (MHSA), and through input from the community stakeholder process, recognizes the need to provide Consumer/Family Advocacy services, as specified in this Agreement and as part of Fresno County’s approved State MHSA Plan, to perform activities to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities; and

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

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

1. SERVICES

A. CONTRACTOR shall perform all services and fulfill all responsibilities as identified in COUNTY’S Request for Proposal (RFP) No. 22-027 dated December 1, 2021, Addendum No. One (1) to COUNTY’S RFP No. 22-027 dated December 23, 2021 (hereinafter collectively referred to as COUNTY’S Revised RFP No. 22-027), and CONTRACTOR’S response to Revised RFP No. 22-027 dated January 5, 2022, all incorporated herein by reference and made part of this Agreement. In the event of any inconsistency among these documents, the inconsistency shall be resolved by giving precedence in the following order: 1) to this Agreement, including all exhibits and all amendments thereto, 2) to the Revised RFP No. 22-027, and 3) to CONTRACTOR’S response to the Revised RFP No. 22-027. A copy of COUNTY’S Revised RFP No. 22-027 and CONTRACTOR’S response thereto shall be retained and made available during the term of this Agreement by

1 COUNTY's Department of Behavioral Health (DBH) Contracts Division.

2 B. CONTRACTOR shall perform all services and fulfill all responsibilities as set
3 forth in Exhibit A "Scope of Work" attached hereto and incorporated herein by this reference.

4 C. CONTRACTOR shall align programs, services, and practices with the vision,
5 mission, and guiding principles of the COUNTY's DBH, as further described in Exhibit B "Guiding
6 Principles of Care Delivery", attached hereto and by this reference incorporated herein and made part of
7 this Agreement.

8 D. CONTRACTOR shall provide tracking tools and measurements for effectiveness,
9 efficiency, and client satisfaction indicators as required by Commission on Accreditation of Rehabilitation
10 Facilities (CARF) standards and as further detailed in Exhibit C.

11 E. Any change to CONTRACTOR's location of the service site(s) may be made
12 only upon sixty (60) days advance written notification to COUNTY's DBH Director and upon written
13 approval from the COUNTY's DBH Director or designee.

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

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

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

24 I. It is mutually agreed by all parties to this Agreement, that the program funded
25 under this Agreement shall be identified and subsequently named/branded through the review and
26 approval of COUNTY's DBH Director or designee. All print or media materials, including program
27 branding and program references shall be reviewed and approved by the COUNTY'S DBH Director or
28 designee. The program funded under this Agreement shall be identified as a "County of Fresno,

1 Department of Behavioral Health funded program”, and operated by the CONTRACTOR under the
2 terms and conditions of this Agreement.

3 **2. TERM**

4 This term of this Agreement shall become effective on the first day of July 2022,
5 through and including the 30th day of June, 2023. This Agreement may be extended for four (4)
6 additional consecutive twelve (12) month periods upon written approval of both parties no later than
7 thirty (30) days prior to the first day of the next twelve (12) month extension period. The Director or
8 his or her designee is authorized to execute such written approval on behalf of COUNTY based on
9 CONTRACTOR’s satisfactory performance.

10 **3. TERMINATION**

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

15 A. Breach of Contract - The COUNTY may immediately suspend or terminate this
16 Agreement in whole or in part, where in the determination of the COUNTY there is:

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

22 In no event shall any payment by the COUNTY constitute a waiver by the COUNTY of any
23 breach of this Agreement or any default which may then exist on the part of the CONTRACTOR. Neither
24 shall such payment impair or prejudice any remedy available to the COUNTY with respect to the breach
25 or default. The COUNTY shall have the right to demand of the CONTRACTOR the repayment to the
26 COUNTY of any funds disbursed to the CONTRACTOR under this Agreement, which in the judgment of
27 the COUNTY were not expended in accordance with the terms of this Agreement. The CONTRACTOR
28 shall promptly refund any such funds upon demand.

1 Without Cause - Under circumstances other than those set forth above, this Agreement
2 may be terminated by COUNTY upon the giving of thirty (30) days advance written notice of an intention
3 to terminate to CONTRACTOR.

4 **4. COMPENSATION**

5 COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive
6 compensation for actual expenditures incurred in accordance with the CONTRACTOR's "budget"
7 documents approved by the COUNTY's DBH Director or designee and attached hereto as Exhibit D
8 and incorporated herein by this reference.

9 A. Maximum Contract Amount

10 The maximum amount payable to the CONTRACTOR for the period of July 1, 2022, through June 30,
11 2023, shall not exceed One Hundred Thirteen Thousand Five Hundred Sixty-Eight and No/100
12 Dollars (\$113,568.00).

13 The maximum amount payable to the CONTRACTOR for the period of July 1, 2023, through
14 June 30, 2024, shall not exceed One Hundred Thirteen Thousand Five Hundred Sixty-Eight and
15 No/100 Dollars (\$113,568.00).

16 The maximum amount payable to the CONTRACTOR for the period of July 1, 2024, through
17 June 30, 2025, shall not exceed One Hundred Thirteen Thousand Five Hundred Sixty-Eight and
18 No/100 Dollars (\$113,568.00).

19 The maximum amount payable to the CONTRACTOR for the period of July 1, 2025, through
20 June 30, 2026, shall not exceed One Hundred Thirteen Thousand Five Hundred Sixty-Eight and
21 No/100 Dollars (\$113,568.00).

22 The maximum amount payable to the CONTRACTOR for the period of July 1, 2026, through
23 June 30, 2027, shall not exceed One Hundred Thirteen Thousand Five Hundred Sixty-Eight and
24 No/100 Dollars (\$113,568.00). In no event shall the maximum compensation amount under this
25 Agreement for all terms combined (July 1, 2022, through June 30, 2027) exceed Five Hundred Sixty-
26 Seven Thousand Eight Hundred Forty and No/100 Dollars (\$567,840.00).

27 B. It is understood that all expenses incidental to CONTRACTOR's performance of
28 services under this Agreement shall be borne by CONTRACTOR. If CONTRACTOR should fail to

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

3 C. Travel shall be reimbursed based on actual expenditures and mileage
4 reimbursement shall be at CONTRACTOR's adopted rate per mile, not to exceed the Federal Internal
5 Revenue Services (IRS) published rate.

6 D. Payments shall be made by COUNTY to CONTRACTOR in arrears, for services
7 provided during the preceding month, within forty-five (45) days after the date of receipt and approval
8 by COUNTY of the monthly invoicing as described in Section Five (5) herein. Payments shall be
9 made after receipt and verification of actual expenditures incurred by CONTRACTOR for monthly
10 program costs, as identified in Exhibit D, in the performance of this Agreement in accordance with
11 Exhibit A, and shall be documented to COUNTY on a monthly basis by the tenth (10th) of the month
12 following the month of said expenditures.

13 CONTRACTOR shall submit to the COUNTY by the tenth (10th) of each month a detailed
14 general ledger (GL), itemizing the costs incurred in the previous month. Failure to submit GL reports and
15 supporting documentation shall be deemed sufficient cause for COUNTY to withhold payments until there
16 is compliance, as further described in Section Five (5) herein.

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

20 F. All final invoices and/or any final budget modification requests shall be
21 submitted by CONTRACTOR within sixty (60) days following the final month of services for which
22 payment is claimed. No action shall be taken by COUNTY on invoices submitted beyond the sixty
23 (60) day closeout period. Any compensation which is not expended by CONTRACTOR pursuant to
24 the terms and conditions of this Agreement shall automatically revert to COUNTY.

25 G. The services provided by CONTRACTOR under this Agreement are funded in
26 whole or in part by the State of California. In the event that funding for these services is delayed by
27 the State Controller, COUNTY may defer payments to CONTRACTOR. The amount of the deferred
28 payment shall not exceed the amount of funding delayed by the State Controller to COUNTY. The

1 period of time of the deferral by COUNTY shall not exceed the period of time of the State Controller's
2 delay of payment to COUNTY plus forty-five (45) days.

3 **5. INVOICING**

4 A. CONTRACTOR shall invoice COUNTY in arrears by the tenth (10th) day of each
5 month for actual expenses incurred during the prior month electronically to: 1)
6 dbhinvoicereview@fresnocountyca.gov, 2) dbh-invoices@fresnocountyca.gov; and 3)
7 dbhcontractedservicesdivision@fresnocountyca.gov with a copy to the assigned COUNTY's DBH Staff
8 Analyst. Invoices and reports shall be in such detail as acceptable to COUNTY's DBH, as described
9 herein and in Section Fifteen (15) of this Agreement. No reimbursement for costs incurred by
10 CONTRACTOR for services delivered under this Agreement shall be made until the invoice and
11 supporting documentation is received, verified, and approved by COUNTY's DBH.

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

23 C. CONTRACTOR shall provide a monthly activity report with each invoice, further
24 described in Section Twelve (12). In addition, each monthly invoice will be in the format as identified
25 in Exhibit D, showing each budget line item, expenses incurred, and the balance remaining for each
26 budget line item for all services and items as identified in Exhibit D.

27 D. CONTRACTOR shall submit monthly staffing reports that identify all direct
28 service and support staff, applicable licensure/certifications, and full-time hours worked to be used as

1 a tracking tool to determine if CONTRACTOR's program is staffed according to the services provided
2 under this Agreement.

3 B. CONTRACTOR shall submit monthly invoices and general ledgers to COUNTY's
4 DBH that itemize the line item charges for monthly program costs. Unallowable costs such as lobbying or
5 political donations must be deducted from the monthly invoice reimbursements. The invoices and general
6 ledgers will serve as tracking tools to determine if CONTRACTOR's program costs are in accordance with
7 its budgeted cost. Failure to submit reports and other supporting documentation shall be deemed
8 sufficient cause for COUNTY to withhold payments until there is compliance, as further described in
9 Section Five (5) herein.

10 E. CONTRACTOR must attend COUNTY DBH's Business Office training on
11 equipment reporting for assets, intangible and sensitive minor assets.

12 **6. INDEPENDENT CONTRACTOR**

13 In performance of the work, duties, and obligations assumed by CONTRACTOR under
14 this Agreement, it is mutually understood and agreed that CONTRACTOR, including any and all of
15 CONTRACTOR's officers, agents, and employees will at all times be acting and performing as
16 independent contractor, and shall act in an independent capacity and not as an officer, agent,
17 servant, employee, joint venture, partner, or associate of COUNTY. Furthermore, COUNTY shall
18 have no right to control or supervise or direct the manner or method by which CONTRACTOR shall
19 perform its work and function. However, COUNTY shall retain the right to administer this Agreement
20 so as to verify that CONTRACTOR is performing their obligations in accordance with the terms and
21 conditions thereof. CONTRACTOR and COUNTY shall comply with all applicable provisions of law
22 and the rules and regulations, if any, of governmental authorities having jurisdiction over matters
23 which are directly or indirectly the subject of this Agreement.

24 Because of its status as an independent contractor, CONTRACTOR shall have
25 absolutely no right to employment rights and benefits available to COUNTY employees.
26 CONTRACTOR shall be solely liable and responsible for providing to, or on behalf of, its employees
27 all legally-required employee benefits. In addition, CONTRACTOR shall be solely responsible and
28 save COUNTY harmless from all matters relating to payment of CONTRACTOR's employees,

1 including compliance with Social Security, withholding, and all other regulations governing such
2 matters. It is acknowledged that during the term of this Agreement, CONTRACTOR may be providing
3 services to others unrelated to COUNTY or to this Agreement.

4 **7. MODIFICATION**

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

7 In addition, changes to expense category (i.e., Personnel Expenses, Operating
8 Expenses, Financial Services Expenses, etc.) subtotals in the budgets that do not exceed ten percent
9 (10%) of the maximum compensation payable to the CONTRACTOR, may be made with the written
10 approval of COUNTY's DBH Director, or designee.

11 Said modifications shall not result in any change to the total combined maximum
12 compensation amount payable to CONTRACTOR under this Agreement, as stated herein.

13 **8. NON-ASSIGNMENT**

14 Neither party shall assign, transfer or sub-contract this Agreement nor their rights or
15 duties under this Agreement without the prior written consent of the other party.

16 **9. HOLD-HARMLESS**

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

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

27 **10. INSURANCE**

28 Without limiting COUNTY's right to obtain indemnification from CONTRACTOR or any

1 third parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect the following
2 insurance policies throughout the term of this Agreement:

3 A. Commercial General Liability

4 Commercial General Liability Insurance with limits of not less than Two Million
5 Dollars (\$2,000,000.00) per occurrence and an annual aggregate of Four Million
6 Dollars (\$4,000,000.00). This policy shall be issued on a per occurrence basis.
7 COUNTY may require specific coverages including completed operations,
8 products liability, contractual liability, Explosion-Collapse-Underground, fire legal
9 liability or any other liability deemed necessary because of the nature of this
10 contract..

11 B. Automobile Liability

12 Comprehensive Automobile Liability Insurance with limits of not less than One
13 Million Dollars (\$1,000,000.00) per accident for bodily injury and for property
14 damages. Coverage should include any auto used in connection with this
15 Agreement.

16 C. Professional Liability

17 If CONTRACTOR employs licensed professional staff, (e.g., Ph.D., R.N.,
18 L.C.S.W., M.F.C.C.) in providing services, Professional Liability Insurance with
19 limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, Three
20 Million Dollars (\$3,000,000.00) annual aggregate. CONTRACTOR agrees that it
21 shall maintain, at its sole expense, in full force and effect for a period of three (3)
22 years following the termination of this Agreement, one or more policies of
23 professional liability insurance with limits of coverage as specified herein.

24 D. Real and Property Insurance

25 CONTRACTOR shall maintain a policy of insurance for all risk personal property
26 coverage which shall be endorsed naming the County of Fresno as an additional
27 loss payee. The personal property coverage shall be in an amount that will
28 cover the total of COUNTY purchase and owned property, at a minimum, as
discussed in Section Nineteen (19) of this Agreement.

E. All Risk Property Insurance

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

F. Worker's Compensation

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

1 G. Child Abuse/Molestation and Social Services Coverage

2 CONTRACTOR shall have either separate policies or umbrella policy with
3 endorsements covering Child Abuse/Molestation and Social Services Liability
4 coverage or have a specific endorsement on their General Commercial liability
5 policy covering Child Abuse/Molestation and Social Services Liability. The
6 policy limits for these policies shall be \$1,000,000 per occurrence with a
7 \$2,000,000 annual aggregate. The policies are to be on a per occurrence basis.

8 H. Cyber Liability

9 Cyber Liability Insurance, with limits not less than Two Million Dollars
10 (\$2,000,000) per occurrence or claim, Two Million Dollars (\$2,000,000)
11 aggregate. Coverage shall be sufficiently broad to respond to the duties and
12 obligations as is undertaken by CONTRACTOR(S) in this Agreement and shall
13 include, but not be limited to, claims involving infringement of intellectual
14 property, including but not limited to infringement of copyright, trademark, trade

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

20 **Definition of Cyber Risks.** "Cyber Risks" include but are not limited to (i) Security
21 Breaches, which may include Disclosure of Personal Information to an Unauthorized Third Party; (ii)
22 breach of any of the Contractor's obligations under Sections 1, 16, 17, and 18 of this Agreement; (iii)
23 infringement of intellectual property, including but not limited to infringement of copyright, trademark,
24 and trade dress; (iv) invasion of privacy, including release of private information; (v) information theft;
25 (vi) damage to or destruction or alteration of electronic information; (vii) extortion related to the
26 Contractor's obligations under this Agreement regarding electronic information, including Personal
27 Information; (viii) network security; (ix) data breach response costs, including Security Breach
28 response costs; (x) regulatory fines and penalties related to the Contractor's obligations under this
Agreement regarding electronic information, including Personal Information; and (xi) credit monitoring
expenses.

Additional Requirements Relating to Insurance. CONTRACTOR shall obtain
endorsements to the Commercial General Liability insurance naming the County of Fresno, its
officers, agents, and employees, individually and collectively, as additional insured, but only insofar
as the operations under this Agreement are concerned. Such coverage for additional insured shall

1 apply as primary insurance and any other insurance, or self-insurance, maintained by COUNTY, its
2 officers, agents and employees shall be excess only and not contributing with insurance provided
3 under CONTRACTOR's policies herein. This insurance shall not be cancelled or changed without a
4 minimum of thirty (30) days advance written notice given to COUNTY.

5 Within Thirty (30) days from the date CONTRACTOR signs and executes this Agreement,
6 CONTRACTOR shall provide certificates of insurance and endorsement as stated above for all of the
7 foregoing policies, as required herein, to the County of Fresno, Department of Behavioral Health, 3133
8 N. Millbrook Ave., Fresno, California 93703), Attention: Contracted Services Division or electronically
9 to dbhcontractedservicesdivision@fresnocountyca.gov with a copy to the assigned COUNTY's DBH
10 Staff Analyst, stating that such insurance coverage have been obtained and are in full force; that the
11 County of Fresno, its officers, agents and employees will not be responsible for any premiums on the
12 policies; that such Commercial General Liability insurance names the County of Fresno, its officers,
13 agents and employees, individually and collectively, as additional insured, but only insofar as the
14 operations under this Agreement are concerned; that such coverage for additional insured shall apply as
15 primary insurance and any other insurance, or self-insurance, maintained by COUNTY, its officers,
16 agents and employees, shall be excess only and not contributing with insurance provided under
17 CONTRACTOR's policies herein; and that this insurance shall not be cancelled or changed without a
18 minimum of thirty (30) days advance, written notice given to COUNTY.

19 Such other insurance in such amounts which from time to time may be reasonably
20 required by the mutual consent of the parties against other insurable risks relating to performance. It
21 should be expressly understood, however, that the coverages required under this Section shall not in
22 any way limit the liability of the insured party.

23 In the event either party fails to keep in effect at all times insurance coverage as herein
24 provided, the other party may, in addition to other remedies it may have, suspend or terminate this
25 Agreement upon the occurrence of such event.

26 All policies shall be issued by admitted insurers licensed to do business in the State of
27 California, and such insurance shall be purchased from companies possessing a current A.M. Best,
28 Inc. rating of A FSC VII or better.

1 **11. LICENSES/CERTIFICATES**

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

11 **12. REPORTS**

12 A. Activity Reports

13 CONTRACTOR shall submit to COUNTY's DBH by the 10th of each month all
14 monthly activity and budget reports for the preceding month.

15 B. Outcome Reports

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

19 C. Additional Reports

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

27 **13. MONITORING**

28 CONTRACTOR agrees to extend to COUNTY's staff, COUNTY's DBH Director and the

1 State Department of Mental Health, or their designees, the right to review and monitor records,
2 programs or procedures, at any time, in regard to clients, as well as the overall operation of
3 CONTRACTOR's programs, in order to ensure compliance with the terms and conditions of this
4 Agreement.

5 **14. REFERENCES TO LAWS AND RULES**

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

9 **15. COMPLIANCE WITH STATE REQUIREMENTS**

10 CONTRACTOR recognizes that COUNTY operates its mental health programs under
11 an agreement with the State of California Department of Mental Health, and that under said
12 agreement the State imposes certain requirements on COUNTY and its subcontractors.

13 CONTRACTOR shall adhere to all State requirements, including those identified in Exhibit E "State
14 Mental Health Requirements", attached hereto and by this reference incorporated herein.

15 **16. CONFIDENTIALITY**

16 All services performed by CONTRACTOR under this Agreement shall be in strict
17 conformance with all applicable Federal, State of California and/or local laws and regulations relating
18 to confidentiality, including all Health Insurance Portability Accounting Act (HIPAA) regulations.

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

20 COUNTY and CONTRACTOR each consider and represent themselves as covered
21 entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law
22 104-191 (HIPAA) and agree to use and disclose Protected Health Information (PHI) as required
23 by law. COUNTY and CONTRACTOR acknowledge that the exchange of PHI between them is only
24 for treatment, payment, and health care operations.

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

1 applicable laws.

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

6 **18. DATA SECURITY**

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

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

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

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

21 B. CONTRACTOR-Owned Computers or Computer Peripherals

22 CONTRACTOR may not bring CONTRACTOR-owned computers or computer
23 peripherals into the COUNTY for use without prior authorization from the COUNTY's Chief
24 Information Officer, and/or designee(s), including but not limited to mobile storage devices. If data is
25 approved to be transferred, data must be stored on a secure server approved by the COUNTY and
26 transferred by means of a Virtual Private Network (VPN) connection, or another type of secure
27 connection. Said data must be encrypted.

28 ///

1 C. COUNTY-Owned Computer Equipment

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

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

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

12 F. Confidential client information transmitted to one party by the other by means
13 of electronic transmissions must be encrypted according to Advanced Encryption Standards (AES) of
14 128 BIT or higher. Additionally, a password or pass phrase must be utilized.

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

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

25 **19. PROPERTY OF COUNTY**

26 A. COUNTY and CONTRACTOR recognize that fixed assets are tangible and
27 intangible property obtained or controlled under COUNTY for use in operational capacity and will benefit
28 COUNTY for a period more than one year. Depreciation of the qualified items will be on a straight-line

1 basis.

2 For COUNTY purposes, fixed assets must fulfill three (3) qualifications:

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

6 type.

<u>Asset Type</u>	<u>Threshold</u>
• Land	\$0
• Buildings and Improvements	\$100,000
• Infrastructure	\$100,000
• Tangible	\$5,000
○ Equipment	
○ Vehicles	
• Intangible	\$100,000
○ Internally Generated Software	
○ Purchased Software	
○ Easements	
○ Patents	
• And Capital Lease	\$5,000

16 Qualified fixed asset equipment is to be reported and approved by COUNTY. If it
 17 is approved and identified as an asset, it will be tagged with a COUNTY program number. A Fixed Asset
 18 Log, attached hereto as Exhibit F and by this reference incorporated herein and made part of this
 19 Agreement, will be maintained by COUNTY's Asset Management System and annually inventoried until
 20 the asset is fully depreciated. During the terms of this Agreement, CONTRACTOR's fixed assets may
 21 be inventoried in comparison to COUNTY's DBH Asset Inventory System.

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

28 ///

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

8 CONTRACTOR further agrees to the following:

9 1) Maintain all items of equipment in good working order and condition,
10 normal wear and tear is expected;

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

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

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

24 E. 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, in whole
26 or in part, using funds under this Agreement. If any real or personal property acquired or improved with
27 said funds identified herein is sold and/or is utilized by CONTRACTOR for a use which does not qualify
28 under this Agreement, CONTRACTOR shall reimburse COUNTY in an amount equal to the current fair

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

6 **20. NON-DISCRIMINATION**

7 During the performance of this Agreement, CONTRACTOR shall not unlawfully
8 discriminate against any employee or applicant for employment, or recipient of services, because of
9 race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical
10 condition, genetic information, marital status, sex, gender, gender identity, gender expression, age,
11 sexual orientation, or military or veteran status, pursuant to all applicable State and Federal statutes
12 and regulations.

13 CONTRACTOR and subcontractors shall comply with the provisions of the Fair
14 Employment and Housing Act (Gov. Code §12800 et seq.), the regulations promulgated thereunder
15 (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3,
16 Title 2 of the Government Code (Gov. Code §11135-11139.5), and the regulations or standards
17 adopted by the awarding state agency to implement such article. CONTRACTOR(S) shall permit
18 access by representatives of the Department of Fair Employment and Housing and the awarding
19 state agency upon reasonable notice at any time during the normal business hours, but in no case
20 less than twenty-four (24) hours notice, to such of its books, records, accounts, and all other sources
21 of information and its facilities as said Department or Agency shall require to ascertain compliance
22 with this clause. CONTRACTOR(S) and its subcontractors shall give written notice of their
23 obligations under this clause to labor organizations with which they have a collective bargaining or
24 other agreement. (See Cal. Code Regs., tit. 2, §11105) CONTRACTOR shall include the Non-
25 Discrimination and compliance provisions of this clause in all subcontracts to perform work under this
26 Agreement.

27 **21. CULTURAL COMPETENCY**

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

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

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

12 C. CONTRACTOR shall not use minors as interpreters.

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

24 E. In compliance with the State mandated Culturally and Linguistically Appropriate
25 Services standards as published by the Office of Minority Health, CONTRACTOR must submit to
26 COUNTY for approval, within 60 days from date of contract execution, CONTRACTOR's plan to
27 address all fifteen national cultural competency standards as set forth in the "National Standards on
28 Culturally and Linguistically Appropriate Services (CLAS)"

1 (<http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport/pdf>). COUNTY's annual on-site review of
2 CONTRACTOR shall include collection of documentation to ensure all national standards are
3 implemented. As the national competency standards are updated, CONTRACTOR's plan must be
4 updated accordingly.

5 F. CONTRACTOR shall be responsible for conducting an annual cultural
6 competency self-assessment and provide the results of said self-assessment to the COUNTY'S
7 DBH. The annual cultural competency self-assessment instruments shall be reviewed by the
8 COUNTY and revised as necessary to meet the approval of the COUNTY.

9 G. Cultural competency training for CONTRACTOR staff should be substantively
10 integrated into health professions education and training at all levels, both academic and
11 functional, including core curriculum, professional licensure, and continuing professional development
12 programs. On an annual basis, CONTRACTOR's direct service providers shall complete eight (8)
13 hours of cultural competency training. CONTRACTOR on a monthly basis shall provide COUNTY
14 DBH a monthly monitoring tool/report that shows cultural competency trainings completed.

15 H. CONTRACTOR shall attend the COUNTY's Cultural Competency Committee
16 monthly meetings, maintain its own cultural competence oversight committee, and develop a cultural
17 competency plan to address and evaluate cultural competency issues.

18 **22. TAX EQUITY AND FISCAL RESPONSIBILITY ACT**

19 To the extent necessary to prevent disallowance of reimbursement under section
20 1861(v) (1) (I) of the Social Security Act, (42 U.S.C. § 1395x, subd. (v)(1)[I]), until the expiration of
21 four (4) years after the furnishing of services under this Agreement, CONTRACTOR shall make
22 available, upon written request to the Secretary of the United States Department of Health and
23 Human Services, or upon request to the Comptroller General of the United States General
24 Accounting Office, or any of their duly authorized representatives, a copy of this Agreement and such
25 books, documents, and records as are necessary to certify the nature and extent of the costs of these
26 services provided by CONTRACTOR under this Agreement. CONTRACTOR further agrees that in
27 the event CONTRACTOR carries out any of its duties under this Agreement through a subcontract,
28 with a value or cost of Ten Thousand and No/100 Dollars (\$10,000.00) or more over a twelve (12)

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

8 **23. SINGLE AUDIT CLAUSE**

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

23 B. A single audit report is not applicable if CONTRACTOR's Federal contracts do
24 not exceed the Seven Hundred Fifty Thousand Dollars (\$750,000.00) requirement or
25 CONTRACTOR's only funding is through Drug related Medi-Cal. If a single audit is not applicable, a
26 program audit must be performed and a program audit report with management letter shall be
27 submitted by CONTRACTOR to COUNTY as a minimum requirement to attest to CONTRACTOR's
28 solvency. Said audit report shall be delivered to COUNTY's DBH Business Office for review, no later

1 than nine (9) months after the close of the fiscal year in which the funds supplied through this
2 Agreement are expended. Failure to comply with this Act may result in COUNTY performing the
3 necessary audit tasks or contracting with a qualified accountant to perform said audit. All audit costs
4 related to this Agreement are the sole responsibility of CONTRACTOR who agrees to take corrective
5 action to eliminate any material noncompliance or weakness found as a result of such audit. Audit
6 work performed by COUNTY under this section shall be billed to the CONTRACTOR at COUNTY's
7 cost, as determined by COUNTY's Auditor-Controller/Treasurer-Tax Collector.

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

13 **24. AMERICANS WITH DISABILITIES ACT**

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

22 **25. CONFLICT OF INTEREST**

23 No officer, agent, or employee of COUNTY who exercises any function or responsibility
24 for planning and carrying out the services provided under this Agreement shall have any direct or
25 indirect personal financial interest in this Agreement. In addition, no employee of COUNTY shall be
26 employed by CONTRACTOR to fulfill any contractual obligations with COUNTY.

27 CONTRACTOR shall also comply with all Federal, State of California, and local conflict
28 of interest laws, statutes, and regulations, which shall be applicable to all parties and beneficiaries

1 under this Agreement and any officer, agent, or employee of COUNTY.

2 **26. COMPLIANCE**

3 CONTRACTOR agrees to comply with the COUNTY's Contractor Code of Conduct and
4 Ethics and the COUNTY's Compliance Program in accordance with Exhibit G, attached hereto and
5 incorporated herein by reference. Within thirty (30) days of entering into this Agreement with the
6 COUNTY, CONTRACTOR shall have all of CONTRACTOR's employees, agents and subcontractors
7 providing services under this Agreement certify in writing, that he or she has received, read,
8 understood, and shall abide by the Contractor Code of Conduct and Ethics. CONTRACTOR shall
9 ensure that within thirty (30) days of hire, all new employees, agents and subcontractors providing
10 services under this Agreement shall certify in writing that he or she has received, read, understood,
11 and shall abide by the Contractor Code of Conduct and Ethics. CONTRACTOR understands that the
12 promotion of and adherence to the Code of Conduct is an element in evaluating the performance of
13 CONTRACTOR and its employees, agents and subcontractors.

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

25 **27. ASSURANCES**

26 In entering into this Agreement, CONTRACTOR certifies that it is not currently
27 excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health Care
28 Programs: that it has not been convicted of a criminal offense related to the provision of health care

1 items or services; nor has it been reinstated to participation in the Federal Health Care Programs
2 after a period of exclusion, suspension, debarment, or ineligibility. If COUNTY learns, subsequent to
3 entering into a contract, that CONTRACTOR is ineligible on these grounds, COUNTY will remove
4 CONTRACTOR from responsibility for, or involvement with, COUNTY's business operations related
5 to the Federal Health Care Programs and shall remove such CONTRACTOR from any position in
6 which CONTRACTOR's compensation, or the items or services rendered, ordered or prescribed by
7 CONTRACTOR may be paid in whole or part, directly or indirectly, by Federal Health Care Programs
8 or otherwise with Federal Funds at least until such time as CONTRACTOR is reinstated into
9 participation in the Federal Health Care Programs.

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

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

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

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

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

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

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

1 determined by COUNTY to protect the interests of COUNTY consumers.

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

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

8 **28. PUBLICITY PROHIBITION**

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

17 **29. COMPLAINTS**

18 CONTRACTOR shall log complaints and the disposition of all complaints from a client
19 or a client's family. CONTRACTOR shall provide a copy of the detailed complaint log entries
20 concerning COUNTY -sponsored clients to COUNTY at monthly intervals by the tenth (10th) day of the
21 following month, in a format that is mutually agreed upon. In addition, CONTRACTOR shall provide
22 details and attach documentation of each complaint with the log. CONTRACTOR shall post signs
23 informing clients of their right to file a complaint or grievance. CONTRACTOR shall notify COUNTY of
24 all incidents reportable to State licensing bodies that affect COUNTY clients within twenty-four (24)
25 hours of receipt of a complaint.

26 Within ten (10) days after each incident or complaint affecting COUNTY-sponsored
27 clients, CONTRACTOR shall provide COUNTY with information relevant to the complaint,
28 investigative details of the complaint, the complaint and CONTRACTOR's disposition of, or corrective

1 action taken to resolve the complaint. In addition, CONTRACTOR shall inform
2 every client of their rights as set forth in Exhibit H “MHSA Guidelines – Grievance and Incident
3 Reporting”, attached hereto and by this reference incorporated herein.

4 **30. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST**
5 **INFORMATION**

6 This provision is only applicable if CONTRACTOR is disclosing entities, fiscal agents, or
7 managed care entities, as defined in Code of Federal Regulations (C.F.R.), Title 42 §§ 455.101,
8 455.104 and 455.106(a)(1),(2).

9 In accordance with C.F.R., Title 42 §§ 455.101, 455.104, 455.105 and
10 455.106(a)(1),(2), the following information must be disclosed by CONTRACTOR by completing
11 Exhibit I, “Disclosure of Ownership and Control Interest Statement”, attached hereto and by this
12 reference incorporated herein and made part of this Agreement. CONTRACTOR shall submit this
13 form to the COUNTY’s DBH within thirty (30) days of the effective date of this Agreement.
14 Additionally, CONTRACTOR shall report any changes to this information within thirty-five (35) days of
15 occurrence by completing Exhibit I. Submissions shall be scanned portable document format (pdf)
16 copies and are to be sent via email to COUNTY’s DBH assigned Staff Analyst.

17 CONTRACTOR is required to submit a set of fingerprints for any person with a five (5) percent
18 or greater direct or indirect ownership interest in CONTRACTOR. COUNTY may terminate this
19 Agreement where any person with a five (5) percent or greater direct or indirect ownership interest in
20 the CONTRACTOR did not submit timely and accurate information and cooperate with any screening
21 method required in CFR, Title 42, Section 455.416. Submissions shall be scanned pdf copies and
22 are to be sent via email to DBHContractedServices@fresnocountyca.gov. COUNTY may deny
23 enrollment or terminate this Agreement where any person with a five (5) percent or greater direct or
24 indirect ownership interest in CONTRACTOR has been convicted of a criminal offense related to that
25 person’s involvement with the Medicare, Medicaid, or Title XXI program in the last ten (10) years.

26 **31. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS**

27 CONTRACTOR is required to disclose if any of the following conditions apply to them,
28 their owners, officers, corporate managers and partners (hereinafter collectively referred to as

1 “CONTRACTOR”):

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

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

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

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

20 CONTRACTOR must sign a “Certification Regarding Debarment, Suspension, and
21 Other Responsibility Matters- Primary Covered Transactions” in the form set forth in Exhibit J,
22 attached hereto and by this reference incorporated herein and made part of this Agreement.

23 Additionally, CONTRACTOR must immediately advise the COUNTY in writing if, during the term of
24 this Agreement: (1) CONTRACTOR becomes suspended, debarred, excluded or ineligible for
25 participation in federal or state funded programs or from receiving Federal funds as listed in the
26 excluded parties’ list system (<http://www.epls.gov>); or (2) any of the above listed conditions become
27 applicable to CONTRACTOR. CONTRACTOR shall indemnify, defend and hold the COUNTY
28 harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility or

1 other matter listed in the signed Certification Regarding Debarment, Suspension, and Other
2 Responsibility Matters.

3 **32. DISCLOSURE OF SELF-DEALING TRANSACTIONS**

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

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

15 **33. AUDITS AND INSPECTIONS**

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

21 If this Agreement exceeds Ten Thousand and No/100 Dollars (\$10,000.00),
22 CONTRACTOR shall be subject to the examination and audit of the State Auditor General for a
23 period of three (3) years after final payment under contract (California Government Code section
24 8546.7).

25 **34. NOTICES**

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

28 ///

COUNTY

Director, Fresno County
Department of Behavioral Health
1925 E. Dakota Ave
Fresno, CA 93726

CONTRACTOR

Executive Director
Centro La Familia Advocacy Services, Inc.
302 Fresno Street, Suite 102
Fresno CA 93706

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

35. GOVERNING LAW

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

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

36. ELECTRONIC SIGNATURE:

The parties agree that this Agreement may be executed by electronic signature as provided in this section. An “electronic signature” means any symbol or process intended by an individual signing this Agreement to represent their signature, including but not limited to (1) a digital signature; (2)

1 a faxed version of an original handwritten signature; or (3) an electronically scanned and transmitted (for
2 example by PDF document) of a handwritten signature. Each electronic signature affixed or attached to
3 this Agreement (1) is deemed equivalent to a valid original handwritten signature of the person signing
4 this Agreement for all purposes, including but not limited to evidentiary proof in any administrative or
5 judicial proceeding, and (2) has the same force and effect as the valid original handwritten signature of
6 that person. The provisions of this section satisfy the requirements of Civil Code section 1633.5,
7 subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5,
8 beginning with section 1633.1). Each party using a digital signature represents that it has undertaken
9 and satisfied the requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through
10 (5), and agrees that each other party may rely upon that representation. This Agreement is not
11 conditioned upon the parties conducting the transactions under it by electronic means and either party
12 may sign this Agreement with an original handwritten signature.

13 **37. ENTIRE AGREEMENT**

14 This Agreement, including all Exhibits, COUNTY's Revised RFP No. 22-027 and
15 CONTRACTOR's Response constitutes the entire agreement between CONTRACTOR and COUNTY
16 with respect to the subject matter hereof and supersedes all previous agreement negotiations,
17 proposals, commitments, writings, advertisements, publications, and understandings of any nature
18 whatsoever unless expressly included in this Agreement.

19 ///
20 ///
21 ///
22 ///
23 ///
24 ///
25 ///
26 ///
27 ///
28 ///

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

3
4 **ATTEST:**
5 **CONTRACTOR**
6 **CENTRO LA FAMILIA ADVOCACY SERVICES, INC.**

7 By Margarita A. Rocha

8
9 Print Name: Margarita A. Rocha

10 Title: Executive Director

11
12 Date: 4-25-2022

13
14
15
16
17
18 Mailing Address:
19 302 Fresno Street, St. 102
20 Fresno, CA 93706

21
22 **FOR ACCOUNTING PURPOSES ONLY:**
23 Fund/Subclass: 0001/10000
24 Organization: 56304710
25 Account #: 7295/0

26
27
28 E.G.

COUNTY OF FRESNO

By Brian Pacheco
Brian Pacheco,
Chairman of the Board of
Supervisors of the County of Fresno

Date: 5-17-2022

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

By Hannah

Date: 5-17-2022

Mental Health Services Act
Consumer/Family Advocacy Services
Scope of Work

- Contractor: Centro La Familia Advocacy Services (CLFAS)
302 Fresno St., Suite 102, Fresno, CA 93706
- Contract Period: July 1, 2022, through June 30, 2023, with provision of four (4) twelve-month renewal periods thereafter
- Contract Budget: \$113,568 annually
- Target Population: Unserved and underserved children/youth, transitional age youth, adults, and older adults and their families/support persons residing in rural and metropolitan areas of Fresno County who may be experiencing a first break in mental illness or experiencing early onset of a crisis.
- Hours of Operation: Monday – Friday; - 08:30 to 05:00pm

Consumer/Family Advocacy Program

Provided in accordance with the Mental Health Services Act (MHSA) guidelines and principles, the Consumer/Family Advocacy program includes the provision of community-based behavioral health support and stigma reduction education services. In addition, outreach and training shall be provided to educate persons served, families/support persons, and the community on: mental health, wellness and recovery; available support and treatment resources; and anti-stigma and suicide prevention. Program goals and objectives include educating and providing supports and services early in the manifestation of mental illness to address and alleviate the symptoms of mental illness before they worsen and trigger involvement with law enforcement, involuntary holds/services, or admission to emergency departments and/or the criminal justice system. In addition, the program shall facilitate and improve the relationships, service linkages, and mental health services between individuals/families/support persons and County of Fresno, as well as other community providers.

Consumer/Family Advocate

Consumer/Family Advocate staff shall serve as consumer/family advocates fully devoted to the needs of individuals/families/support persons in the community. Staff shall provide community-based responses and advocacy efforts in places where the unserved/underserved may frequent, such as in the home, community centers, and other gathering places throughout Fresno County. The Contractor shall develop a community identity, presence and effective engagement strategies that shall enable the staff to educate, advocate, train and respond to the behavioral health needs (mental health and substance use disorders) of culturally diverse individuals, families and groups. The Contractor may serve as a community representative in policy meetings and committees (Quality Improvement, Cultural Diversity, etc.), and in other community stakeholder settings, such as commissions, boards, and other provider agencies staff meetings. The Consumer/ Family Advocates shall work to develop and improve prevention and early intervention strategies with individuals and families/support persons of individuals who may be experiencing a first break in mental illness or experiencing early onset of a crisis. Advocates shall provide mental health and wellness and recovery education to the family/support persons; assist the family/support persons and individual in developing positive interaction skills and communication techniques; and help build resiliency in the family in an effort to prevent future mental health crisis.

The Contractor shall provide:

- Family/individual engagement, referrals, linkages and warm handoffs, support services, crisis services, and follow-up services to ensure needs are addressed;
- Clear and comprehensive communication of services provided to the community and specifically to the Department of Behavioral Health and its contracted providers through deliberate and regular contacts, in-service trainings, meetings, etc.;
- Ongoing and thorough complaint/concern component, including review and analysis of quality improvement goals/objectives sought and achieved, protocols for processing complaints, appropriate responsiveness, follow-up, etc.;
- Family advocate training and family peer education on mental health and wellness, available community services and resources, anti-stigma and suicide prevention;
- Resource phone number for family/individuals/providers to call for advocacy and support needs and services, including protocols for processing calls and coordinating services;
- Community/individual/family education for all age groups, including but not limited to: mental health and wellness, stigma reduction, Mental Health First Aid and suicide prevention;
- Build resiliency and de-escalation techniques in the family in an effort to prevent future mental health crisis that requires involuntary psychiatric assessment;
- Community resource collaboration and coordination in rural and metropolitan areas and cities of Fresno County;
- Outreach and community liaison services coordinated to ensure support services in rural and metropolitan areas and cities of Fresno County;
- Collaboration and coordination with Fresno County and other community service providers to enhance and expand awareness of, and access and linkages to available community resources and services; and
- Outreach, education and in-service presentations to other community providers regarding available services, and feedback on those services.

Reporting

The Contractor shall provide reports as requested by the County, including, but may not be limited to:

- Outcome Performance Measures - data collection and reporting, including individual/family/support persons feedback on services, providers, policies and procedures. Data collection includes, but is not limited to: age group, race, ethnicity, primary language, numbers served (unique and repeat), gender at birth, current gender identity, sexual orientation, disability, Veteran's status, and duration of time untreated. Outcomes must be measurable and clearly identify the PEI program type, individual services, family services, liaison activities and outcomes of contacts and services. The Contractor shall utilize a computerized tracking system to collect, track and maintain performance measures and other relevant individual data. Indicators (and data source) are to be reported to the DBH Analyst on a monthly basis. See Program Outcomes below.
- Individual and family member complaint/concern review process. This complaint review process would include the review of concerns related to individual and stakeholder identified issues such as access to, and satisfaction with County mental health services and contracted services. The complaint/concern review process shall involve continued and active participation on Fresno County's Quality Improvement Council (QIC). Said complaint/concern review process shall include

creating individual/family member call logs, reporting mechanisms to the DBH, quality improvement recommendations and additional summaries/reports as needed to DBH designee(s). Informational material relevant to individual/family member needs and perspective shall be provided to individuals/family members.

- Monthly staffing reports identifying all staff by classification and FTE.
- Fixed Asset Log (Exhibit E) shall be submitted upon acquisition of fixed asset(s) and resubmitted each month there is an addition or deletion of a fixed asset, or upon request by County.
- Monthly expense and revenue invoice and relative General Ledger as described in Section Five (5) of this Agreement and in alignment with the Budget – Exhibit C.

Program Outcomes

Contractor shall meet or exceed the expectations for data collection and reporting of program outcomes as identified below and in this Contract.

Scope of Work Component Snapshot

Component	Activity	Outcome	Measurement Tool
Community-based Responses	Provide advocacy efforts in places where individuals reside and frequent, including community centers, schools, parks, other community-based organizations, churches, etc. targeting identified populations with youth and caregivers.	Individuals will be intentionally engaged and have the opportunity to take part in the program to voice their needs. They will have the tools, knowledge, and resources to respond positively to situations.	Sign-in sheets, Pre/Post Evaluations.
Family Advocate Training and Family Peer Education	Consumer Family Advocates will participate in Family Advocacy Training focusing on holistic, culturally sensitive mental health service delivery. Act as liaisons for family/individuals connecting them to County professional staff and other mental health services.	Family/individuals will receive effective, culturally sensitive mental health services to increase their ability to respond to the behavioral health needs (mental health and substance use disorders) of culturally diverse individuals, families, and groups. Stabilize situation by linking family/individuals to appropriate resources and ensure family/individual progress.	Training Sign-In Sheets with topic, Referral log.

Community/ individual/ family education	Provide community outreach and presentation to increase public awareness on the impact of mental illness.	Consumers and family members will increase awareness of mental health issues to minimize stigma/discrimination and increase familial support and coping skills.	Sign-in sheets, Pre/Post Evaluation.
Family/Individual Engagement	Act as liaison between family/individuals connecting them to appropriate mental health services that includes linkage, support services, referrals, and warm handoffs. Conduct follow-ups to ensure needs were met.	Increase family/individual level of functioning, confidence and coping skills and reduce stigma/discrimination of mental health.	Case management, referral log, Needs Stressor Survey, Family Development Matrix, Outcome Comparison Tracking Sheet.
Complaint/ Concerns	Monitor complaint/concerns regarding access to and satisfaction with mental health services using an established process.	Family/individual will be provided a secure and confidential process to voice their concerns and issues, assuring prompt follow-up for resolution to include the individual, program staff, and management in the process.	Complaint Review Form.
Community Resource Collaboration and Coordination	Collaborate and coordinate resources in urban and rural communities in Fresno County.	Increased staff knowledge of available resources for individuals within other institutions, including CBOs, government entitlements, self-help programs, vocational training, etc.	Log of collaborative meetings and events.
Outreach and Communication of Services	Presentations and health fairs in urban and rural communities including schools, clinics, churches, and others; presentations on media; case management of individuals and warm handoff linkage to services	Residents will grow their understanding of mental health issues to minimize stigma/discrimination, demystify myths and become aware of available resources/services to seek and receive assistance.	Sign in sheets, Case management, referral log.

Data Collection shall be completed in the program using the following tools, as referenced above:

Tracking Sheets

- 1) Sign-in sheets—track individuals reached.
- 2) Call Log—track calls received and outcomes (*sample included in Reports section*).
- 3) Referral Log—track referrals made and outcomes (*sample included in Reports section*).
- 4) Individual Satisfaction Survey—tracks satisfaction of service delivery and recommended program improvements, will be implemented during family/individual engagement, presentations (*sample included in Reports section*).
- 5) Collaborative Meeting and Event Log – Tracks participation by other community entities.

Individual Measurements

Individual impact outcomes shall be measured using The Needs Survey and The Family Development Matrix.

The Needs Survey: The purpose of the survey is to identify the stressors a individual is facing and assist them with resources/services to address the issues. The Needs survey shall be used to determine appropriate services to be provided individuals by CLFA or by referral. The Needs (Stressors) Survey shall be used to assess the needs of individuals related to:

- Basic (food, clothing, shelter)
- Physical & mental
- Needs related to children
- Other (immigration, employment)

The Family Development Matrix (FDM): The CLFA-tailored strengths-based Family Development Matrix (FDM) tool with 13 indicators is used to assist individuals with problem solving, goal development, and to stimulate decision-making and action. The indicators are domestic violence, risk of abuse, the health and safety of the home, immigration, emotional well-being, purpose for life, access to transportation, knowledge of community resources, family communication skills, parenting skills, child development, literacy, and access to health care. Based on responses, areas are defined as “in crisis,” “at risk,” “stable,” or “self-sufficient.” Upon completion, a Family Empowerment plan is jointly developed with the individual, if she/he is willing. *Please see attached CLFA FDM Assessment Form and Family Empowerment Plan.*

Demographic Information and Reporting

Information on family/support persons/individuals served shall be tracked through CLFA Intake Form, Individual Demographic and Case Activity Report, and Outcome Comparison. These forms shall be used to compile monthly reports for the Department of Behavioral Health and shall be updated weekly by staff.

- 1) *CLFA Intake* which tracks demographic information, direct service, and consent to help the individual. Demographics are: individual name, address, zip code, date of birth, new/existing individual, ethnicity, language, level of

- education, gender, age bracket, # in household, marital status, legal status, referral source, services provided, high risk, referrals, case status.
- 2) *Individual Demographic and Case Activity Report* tracks individual name, address, zip code, date of birth, new/existing individual, ethnicity, language, level of education, gender, age bracket, # in household, marital status, legal status, referral source, services provided, high risk, referrals, case status (*sample included in Reports section*).
 - 3) *Outcome Comparison* (utilized for reports to the county) includes date, individual name, staff, event type, initial needs assessment, second needs assessment, follow up/exit assessment, family development matrix outcomes, referrals, and notes. Assessments are conducted every three months, and when a individual leaves the program.

The listings below summarize the components of the Centro La Familia Advocacy, Inc., annual goals.

Measurable Objectives

Overarching Goal 1: Provide direct services for prevention and early intervention that will keep consumers engaged, feeling motivated, resilient, and decrease their likelihood of a mental health crisis.

Objective 1: At least **50** individuals will be served the first year, anticipating 20% will be duplicate individuals from this year's program.

Objective 2: At least **60** individuals will be served the second year, anticipating 20% are duplicate individuals from previous year.

Objective 3: At least **70** individuals will be served the third year, anticipating 30% are duplicate individuals from previous year.

Objective 4: At least **70** individuals will be served the fourth year, anticipating 30% are duplicate individuals from previous year.

Objective 5: At least **70** individuals will be served the fifth year, anticipating 30% are duplicates individuals from previous year.

Overarching Goal 2: Provide appropriate linkages/referrals and warm hand offs (could be more than 1 linkage per individual) to service providers and support consumers and their support system with system of care navigation services.

Objective 1: At least **100** linkages will be made per year to service providers.

Objective 2: Families will report an increased level of satisfaction as evident by the individual satisfaction survey.

Objective 3: The strengths of individuals and their support system will be acknowledged and recognized.

Objective 4: As per assessment, individuals' wellness, resiliency, self-efficacy, and self- management skills will be evident and established for long-term success.

Objective 5: CLFA's internal Family Development Matrix (FDM) system will provide an independent measurement to show improvement levels on all 13

unique indicators.

Overarching Goal 4: Host/Participate in outreach events in both rural and metro Fresno County.

Objective 1: Attend a minimum of **12** outreach events per year to reach at least **250** individuals.

Objective 2: Engage with media (television/radio/print) and social media platforms (Facebook Live, WhatsApp, Twitter, and others) to reach at least **25,000** individuals.

Objective 3: Provide information to schools, clinics, community-based organizations, and other entities.

Overarching Goal 5: Conduct presentations and trainings.

Objective 1: Implement a minimum of **8** educational trainings/presentations each year to reach at least **250** individuals.

Objective 2: Cover various topical sessions including: what is mental illness, stress management, anxiety, suicide prevention, stigma reduction, wellness, trauma-informed, among others.

Objective 3: Provide opportunity for individuals to build their knowledge and skills related to the topic presented.

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

DBH VISION:

Health and well-being for our community.

DBH MISSION:

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

DBH GOALS:

Quadruple Aim

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

GUIDING PRINCIPLES OF CARE DELIVERY:

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

1. Principle One - Timely Access & Integrated Services

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

2. Principle Two - Strengths-based

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

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

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

4. Principle Four - Inclusive of Natural Supports

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

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

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

6. Principle Six - Culturally Responsive

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

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

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

8. Principle Eight - Co-occurring Capable

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

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

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

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

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

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

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



Department of Behavioral Health Policy and Procedure Guide

PPG 1.2.7

Section: Administration

Effective Date: 05/30/2017

Revised Date: 05/30/2017

Policy Title: Performance Outcome Measures

Approved by: Dawan Utecht (Director of Behavioral Health), Francisco Escobedo (Sr. Staff Analyst - QA), Kannika Toonnachat (Division Manager - Technology and Quality Management)

POLICY:

It is the policy of Fresno County Department of Behavioral Health and the Fresno County Mental Health Plan (FCMHP) to ensure procedures for developing performance measures which accurately reflect vital areas of performance and provide for systematic, ongoing collection and analysis of valid and reliable data. Data collection is not intended to be an additional task for FCMHP programs/providers but rather embedded within the various non-treatment, treatment and clinical documentation.

PURPOSE:

To determine the effectiveness and efficiency of services provided by measuring performance outcomes/results achieved by the persons served during service delivery or following service completion, delivery of service, and of the individuals' satisfaction. This is a vital management tool used to clarify goals, document the efforts toward achieving those goals, and thus measure the benefit the service delivery to the persons served. Performance measurement selection is part of the planning and developing process design of the program. Performance measurement is the ongoing monitoring and reporting of progress towards pre-established objectives/goals.

REFERENCE:

California Code of Regulations, Title 9, Chapter 11, Section 1810.380(a)(1): State Oversight

DHCS Service, Administrative and Operational Requirements

Mental Health Services Act (MHSA), California Code of Regulations, Title 9, Section 3320, 3200.050, and 3200.120

Commission on Accreditation of Rehabilitation Facilities (CARF)

DEFINITIONS:

1. **Indicator:** Qualitative or quantitative measure(s) that tell if the outcomes have been accomplished. Indicators evaluate key performance in relation to objectives. It indicates what the program is accomplishing and if the anticipated results are being achieved.

MISSION STATEMENT

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

Template Review Date 3/28/16



Department of Behavioral Health Policy and Procedure Guide

Section: Administration

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 measurable, obtainable, clear, accurately reflect the expected result, and include specific time frames. Once the measures have been selected, it is necessary to design a way to gather the information. For each service delivery performance indicator, FCMHP program/provider shall determine: to whom the indicator will be applied; who is responsible for collecting the data; the tool from which data will be collected; and a performance target based on an industry benchmark, or a benchmark set by the program/provider.
- III. Performance measures are subject to review and approval by FCMHP Administration.
- IV. Performance measurement is the ongoing monitoring and reporting of progress towards pre-established objectives/goals. Annually, each FCMHP program/provider must measure service delivery performance in each of the areas/domains listed below. Dependent on the program/provider service deliverables, exceptions must be approved by the FCMHP Administration.



Department of Behavioral Health Policy and Procedure Guide

Section: Administration

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)

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title: Click here to enter text.
Program Description: Click here to enter text.

Provider: Click here to enter text.
MHP Work Plan: Choose an item.
 Choose an item.
 Choose an item.

Age Group Served 1: ADULT
Age Group Served 2: Choose an item.
Funding Source 1: Choose an item.
Funding Source 2: Choose an item.

Dates Of Operation: Click here to enter text.
Reporting Period: Choose an item.
Funding Source 3: Choose an item.
Other Funding: Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount: Click here to enter text.
Number of Unique Clients Served During Time Period: 0
Number of Services Rendered During Time Period: Click here to enter text.
Actual Cost Per Client: 0

Program Actual Amount: 0

CONTRACT INFORMATION:

Program Type:
Contract Term: Click here to enter text.

Type of Program:
For Other: Click here to enter text.
Renewal Date: Click here to enter text.

Level of Care Information Age 18 & Over: Choose an item.

Level of Care Information Age 0- 17: Choose an item.

TARGET POPULATION INFORMATION:

Target Population: Click here to enter text.

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Please describe how the selected concept (s) embedded :

Click here to enter text.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

Click here to enter text.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.

FRESNO COUNTY MENTAL HEALTH PLAN

Outcomes Analysis

Attachment C

Name of Program: [Click here to enter text.](#)

What is the Program/Contract Goals? [Click here to enter text.](#)

Program Type: _____ **Type of Program: Other, please specify below**

Other: [Click here to enter text.](#)

CLINICAL INFORMATION:

Does the Program Utilize Any of the Following? *(May select more than one)*

[Evidence Informed Practice](#) [Best Practice](#) [Evidence Based Practice](#)

Other: [Click here to enter text.](#)

Please Describe: [Click here to enter text.](#)

OUTCOMES

What Outcome Measures Are Being Used? [Click here to enter text.](#)

What Outcome Measures/Functional Variables Could Be Added to Better Explain the Program's Effectiveness? [Click here to enter text.](#)

Describe the Program's **analysis** (i.e. have the program/contract goals been met? Number served, waiting list, wait times, budget to volume, etc.): [Click here to enter text.](#)

What Barriers Prevent the Program from Achieving Better Outcomes? [Click here to enter text.](#)

What Changes to the Program Would You Recommend to Improve the outcomes ? [Click here to enter text.](#)

For Committee Use Only:

Recommendations: do include a conclusion and a to-do list with action items

[Click here to enter text.](#)

**Consumer Family Advocacy Services
 Centro La Familia Advocacy Services
 Fiscal Year (FY) 2022-23**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Manager	0.05	\$ 2,400		\$ 2,400
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.05	\$ 2,400		\$ 2,400
Acct #	Program Position	FTE	Admin	Program	Total
1116	Consumer Family Advocate	1.00		\$ 39,000	\$ 39,000
1117	Consumer Family Advocate	0.75		\$ 29,250	29,250
1118				-	-
1119				-	-
1120				-	-
1121				-	-
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		1.75		\$ 68,250	\$ 68,250
			Admin	Program	Total
Direct Personnel Salaries Subtotal		1.80	\$ 2,400	\$ 68,250	\$ 70,650
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ 72	\$ 2,048	\$ 2,120
1202	Worker's Compensation		17	485	502
1203	Health Insurance		270	9,450	9,720
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-

1206	Other (specify)	-	-	-
Direct Employee Benefits Subtotal:		\$ 359	\$ 11,983	\$ 12,342
Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	183	5,221	5,404
1303	SUI	13	466	479
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ 196	\$ 5,687	\$ 5,883
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:				
		Admin	Program	Total
		\$ 2,955	\$ 85,920	\$ 88,875

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	3%	97%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	500
2004	Clothing, Food, & Hygiene	3,500
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 4,000

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 2,100
3002	Printing/Postage	300
3003	Office, Household & Program Supplies	2,733
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	1,755
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	355
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 7,243

4000: DIRECT FACILITIES & EQUIPMENT
--

Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	5,700
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	900
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 6,600

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services - Dr Juan C. Garcia Cultrual Awareness/Mental Health Training	3,000
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 3,000

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	760
6003	Accounting/Bookkeeping	2,700
6004	External Audit	390
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 3,850

INDIRECT COST RATE	3.51%
---------------------------	--------------

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

7008	Other (specify)		-
		FIXED ASSETS EXPENSES TOTAL	\$ -

		TOTAL PROGRAM EXPENSES	\$ 113,568
--	--	-------------------------------	-------------------

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify)	0	-	-
8010	Other (Specify)	0	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
REALIGNMENT TOTAL		\$ -

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 113,568
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 113,568

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

		TOTAL PROGRAM FUNDING SOURCES:	\$ 113,568
--	--	---------------------------------------	-------------------

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

**Consumer Family Advocacy Services
Centro La Familia Advocacy Services
Fiscal Year (FY) 2022-23**

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 %
Program Manager	68/Differential Response-NRC 93706/DSS/Fresno	0.95
Total		0.95

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %

Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %

Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

**Consumer Family Advocacy Services
Centro La Familia Advocacy Services
Fiscal Year (FY) 2022-23 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		88,875	
Administrative Positions		2,400	
1101	Program Manager	2,400	Provide administrative oversight to the program and direct supervision of the Consumer Family Advocates @.05 FTE (\$4,000 per mo x 12 mo x .05% = \$2,400)
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		68,250	
1116	0	39,000	Provide direct services in the program including one-on-ones, linkages, support groups, outreach education, presentations, phone calls, and media education (\$3,250 per month x 12 months x 1FTE = \$39,000)
1117	0	29,250	Provide direct services in the program including one-on-ones, linkages, support groups, outreach education, presentations, phone calls, and media education (\$3,250 per month x 12 months x .75 FTE = \$29,250)
1118	0	-	
1119	0	-	
1120	0	-	
1121	0	-	
1122	0	-	
1123	0	-	
1124	0	-	
1125	0	-	
1126	0	-	
1127	0	-	
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
Direct Employee Benefits		12,342	
1201	Retirement	2,120	Fringe benefits provided to the program staff @ 3% of total salary
1202	Worker's Compensation	502	Budgeted on current salary expenses: @ [(.71 per \$100) x \$2,400] +[(.71 per \$100) x \$68,250]
1203	Health Insurance	9,720	Health Insurance for staff in program. Rate \$450 mo X 1.80 FTE X 12 mo
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		5,883	
1301	OASDI	-	
1302	FICA/MEDICARE	5,404	Required Federal and State contribution @ 7.65% of total salary
1303	SUI	479	Required Federal and State contribution calculated @ 3.8% of each staff members salary for the first \$7,000 [(0.05x7000) x .038] +[(1.75x7000)x.038]
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		4,000	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	500	Provide clients with bus passes to get to and from appointments for mental health services. Rate \$1.25 per bus pass x 400 = \$500
2004	Clothing, Food, & Hygiene	3,500	Provide clients with emergency support such as hygiene supplies, clothing, etc. as needed to help address immediate needs. Rate \$70 per client x 50 clients
2005	Education Support	-	
2006	Employment Support	-	

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
2007	Household Items for Clients	-		
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		
2010	Utility Vouchers	-		
2011	Other (specify)	-		
2012	Other (specify)	-		
2013	Other (specify)	-		
2014	Other (specify)	-		
2015	Other (specify)	-		
2016	Other (specify)	-		

3000: DIRECT OPERATING EXPENSES		7,243		
3001	Telecommunications	2,100	Cost of cell phone per month to conduct client services and communications at \$50 x 12 months x 2 FTE = \$1,200 + Shared cost of Internet, Landlines (VOIP, PRI) rated at \$2500/month x 12 months x 3%= \$900	
3002	Printing/Postage	300	Postage to mail correspondences to clients at \$25 per month x 12 months	
3003	Office, Household & Program Supplies	2,733	Office supplies such as pens, paper, desktop items at \$227.53 per mo x 12 mo	
3004	Advertising	-		
3005	Staff Development & Training	-		
3006	Staff Mileage	1,755	Travel for program related activities such as client services, outreach events, meetings, trainings, presentations, etc. at .585 per mile x 250 miles per month x 12 months = \$1,755	
3007	Subscriptions & Memberships	-		
3008	Vehicle Maintenance	355	Shared cost of charging and storage of E-Vehicles used for transportation of clients.	
3009	Other (specify)	-		
3010	Other (specify)	-		
3011	Other (specify)	-		
3012	Other (specify)	-		

4000: DIRECT FACILITIES & EQUIPMENT		6,600		
4001	Building Maintenance	-		
4002	Rent/Lease Building	5,700	Office space for staff to conduct services at \$1.25 per square foot x 380 square feet x 12 months = \$5,700	
4003	Rent/Lease Equipment	-		
4004	Rent/Lease Vehicles	-		
4005	Security	-		
4006	Utilities	900	Utility services for staff office space at \$2,500 per month x 12 months x 3% = \$900	
4007	Other (specify)	-		
4008	Other (specify)	-		
4009	Other (specify)	-		
4010	Other (specify)	-		

5000: DIRECT SPECIAL EXPENSES		3,000		
5001	Consultant (Network & Data Management)	-		
5002	HMIS (Health Management Information System)	-		
5003	Contractual/Consulting Services - Dr Juan C. Garcia Cultrual Awareness/Mental Health Training	3,000	Staff training on Cultural Awareness and Mental Health conducted by Dr. Juan Garcia, LMFT. Occuring bi-monthly at \$500 per training x 6 months = \$3,000	
5004	Translation Services	-		
5005	Other (specify)	-		
5006	Other (specify)	-		
5007	Other (specify)	-		
5008	Other (specify)	-		

6000: INDIRECT EXPENSES		3,850		
6001	Administrative Overhead	-		
6002	Professional Liability Insurance	760	Cost for general liability insurance services includes Cyber, D&O, Property, Employee Dishonesty, Auto, Professional. Annual Rate \$25,337x 3% = \$760	
6003	Accounting/Bookkeeping	2,700	Cost for contracted accounting services through Industry Standards, Inc. Rate @ \$7,500 per mo x 12 mo x 3% = \$2,700	
6004	External Audit	390	Cost for annual external auditing services provided by CPA. Rate \$13,000 x 3% = \$390	
6005	Insurance (Specify):	-		
6006	Payroll Services	-		
6007	Depreciation (Provider-Owned Equipment to be Used	-		
6008	Personnel (Indirect Salaries & Benefits)	-		
6009	Other (specify)	-		
6010	Other (specify)	-		
6011	Other (specify)	-		
6012	Other (specify)	-		
6013	Other (specify)	-		

7000: DIRECT FIXED ASSETS		-		
7001	Computer Equipment & Software	-		

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
7003	Furniture & Fixtures	-	
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES		
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)		
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
8001	Mental Health Services	
8002	Case Management	
8003	Crisis Services	
8004	Medication Support	
8005	Collateral	
8006	Plan Development	
8007	Assessment	
8008	Rehabilitation	
8009	Other (Specify)	
8010	Other (Specify)	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 113,568
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 113,568
BUDGET CHECK: -

**Consumer Family Advocacy Services
 Centro La Familia Advocacy Services
 Fiscal Year (FY) 2023-24**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Manager	0.05	\$ 2,400		\$ 2,400
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.05	\$ 2,400		\$ 2,400
Acct #	Program Position	FTE	Admin	Program	Total
1116	Consumer Family Advocate	1.00		\$ 39,000	\$ 39,000
1117	Consumer Family Advocate	0.75		\$ 29,250	29,250
1118				-	-
1119				-	-
1120				-	-
1121				-	-
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		1.75		\$ 68,250	\$ 68,250
			Admin	Program	Total
Direct Personnel Salaries Subtotal		1.80	\$ 2,400	\$ 68,250	\$ 70,650
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ 72	\$ 2,048	\$ 2,120
1202	Worker's Compensation		17	485	502
1203	Health Insurance		270	9,450	9,720
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-

1206	Other (specify)	-	-	-
Direct Employee Benefits Subtotal:		\$ 359	\$ 11,983	\$ 12,342
Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	183	5,221	5,404
1303	SUI	13	466	479
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ 196	\$ 5,687	\$ 5,883
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:		Admin	Program	Total
		\$ 2,955	\$ 85,920	\$ 88,875

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	3%	97%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	500
2004	Clothing, Food, & Hygiene	3,500
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 4,000

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 2,100
3002	Printing/Postage	300
3003	Office, Household & Program Supplies	2,733
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	1,755
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	355
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 7,243

4000: DIRECT FACILITIES & EQUIPMENT
--

Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	5,700
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	900
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 6,600

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services - Dr Juan C. Garcia Cultrual Awareness/Mental Health Training	3,000
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 3,000

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	760
6003	Accounting/Bookkeeping	2,700
6004	External Audit	390
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 3,850

INDIRECT COST RATE	3.51%
---------------------------	--------------

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

7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES		\$ 113,568
-------------------------------	--	-------------------

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify)	0	-	-
8010	Other (Specify)	0	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
REALIGNMENT TOTAL		\$ -

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 113,568
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 113,568

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:		\$ 113,568
---------------------------------------	--	-------------------

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

**Consumer Family Advocacy Services
 Centro La Familia Advocacy Services
 Fiscal Year (FY) 2023-24**

PARTIAL FTE DETAIL

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

Position	Contract #/Name/Department/County	FTE %
Program Manager	68/Differential Response-NRC 93706/DSS/Fresno	0.95
Total		<u>0.95</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %

Total 0.00

Position	Contract #/Name/Department/County	FTE %

Total 0.00

Position	Contract #/Name/Department/County	FTE %

Total 0.00

Position	Contract #/Name/Department/County	FTE %

Total 0.00

Position	Contract #/Name/Department/County	FTE %

	Total	<u>0.00</u>
--	--------------	--------------------

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

**Consumer Family Advocacy Services
Centro La Familia Advocacy Services
Fiscal Year (FY) 2023-24 Budget Narrative**

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
1000: DIRECT SALARIES & BENEFITS		88,875		
Administrative Positions		2,400		
1101	Program Manager	2,400	Provide administrative oversight to the program and direct supervision of the Consumer Family Advocates @.05 FTE (\$4,000 per mo x 12 mo x .05% = \$2,400)	
1102	0	-		
1103	0	-		
1104	0	-		
1105	0	-		
1106	0	-		
1107	0	-		
1108	0	-		
1109	0	-		
1110	0	-		
1111	0	-		
1112	0	-		
1113	0	-		
1114	0	-		
1115	0	-		
Program Positions		68,250		
1116	Consumer Family Advocate	39,000	Provide direct services in the program including one-on-ones, linkages, support groups, outreach education, presentations, phone calls, and media education (\$3,250 per month x 12 months = \$39,000)	
1117	Consumer Family Advocate	29,250	Provide direct services in the program including one-on-ones, linkages, support groups, outreach education, presentations, phone calls, and media education (\$3,250 per month x 12 months x .75 FTE = \$29,250)	
1118	0	-		
1119	0	-		
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
Direct Employee Benefits		12,342		
1201	Retirement	2,120	Fringe benefits provided to the program staff @ 3% of total salary	
1202	Worker's Compensation	502	Budgeted on current salary expenses: @ [(.71 per \$100) x \$2,400] +[(.71 per \$100) x \$68,250]	
1203	Health Insurance	9,720	Health Insurance for staff in program. Rate \$450 mo X 1.80 FTE X 12 mo	
1204	Other (specify)	-		
1205	Other (specify)	-		
1206	Other (specify)	-		
Direct Payroll Taxes & Expenses:		5,883		
1301	OASDI	-		
1302	FICA/MEDICARE	5,404	Required Federal and State contribution @ 7.65% of total salary	
1303	SUI	479	Required Federal and State contribution calculated @ 3.8% of each staff members salary for the first \$7,000 [(0.05x7000) x .038] +[(1.75x7000)x.038	
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
2000: DIRECT CLIENT SUPPORT		4,000		
2001	Child Care	-		
2002	Client Housing Support	-		
2003	Client Transportation & Support	500	Provide clients with bus passes to get to and from appointments for mental health services. Rate \$1.25 per bus pass x 400	
2004	Clothing, Food, & Hygiene	3,500	Provide clients with emergency support such as hygiene supplies, clothing, etc. as needed to help address immediate needs. Rate \$100 per client x 35 clients	
2005	Education Support	-		
2006	Employment Support	-		
2007	Household Items for Clients	-		

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		
2010	Utility Vouchers	-		
2011	Other (specify)	-		
2012	Other (specify)	-		
2013	Other (specify)	-		
2014	Other (specify)	-		
2015	Other (specify)	-		
2016	Other (specify)	-		

3000: DIRECT OPERATING EXPENSES		7,243		
3001	Telecommunications	2,100	Cost of cell phone per month to conduct client services and communications at \$50 x 12 months x 2 FTE = \$1,200 + Shared cost of Internet, Landlines (VOIP, PRI) rated at \$2500/month x 12 months x 3%= \$900	
3002	Printing/Postage	300	Postage to mail correspondences to clients at \$25 per month x 12 months	
3003	Office, Household & Program Supplies	2,733	Office supplies such as pens, paper, desktop items at \$227.53 per mo x 12 mo	
3004	Advertising	-		
3005	Staff Development & Training	-		
3006	Staff Mileage	1,755	Travel for program related activities such as client services, outreach events, meetings, trainings, presentations, etc. at .585 per mile x 250 miles per month x 12 months = \$1,755	
3007	Subscriptions & Memberships	-		
3008	Vehicle Maintenance	355	Shared cost of charging and storage of E-Vehicles used for transportation of clients.	
3009	Other (specify)	-		
3010	Other (specify)	-		
3011	Other (specify)	-		
3012	Other (specify)	-		

4000: DIRECT FACILITIES & EQUIPMENT		6,600		
4001	Building Maintenance	-		
4002	Rent/Lease Building	5,700	Office space for staff to conduct services at \$1.25 per square foot x 380 square feet x 12 months = \$5,700	
4003	Rent/Lease Equipment	-		
4004	Rent/Lease Vehicles	-		
4005	Security	-		
4006	Utilities	900	Utility services for staff office space at \$2,500 per month x 12 months x 3% = \$900	
4007	Other (specify)	-		
4008	Other (specify)	-		
4009	Other (specify)	-		
4010	Other (specify)	-		

5000: DIRECT SPECIAL EXPENSES		3,000		
5001	Consultant (Network & Data Management)	-		
5002	HMIS (Health Management Information System)	-		
5003	Contractual/Consulting Services (Specify)	3,000	Staff training on Cultural Awareness and Mental Health conducted by Dr. Juan Garcia, LMFT. Occuring bi-monthly at \$500 per training x 6 months = \$3,000	
5004	Translation Services	-		
5005	Other (specify)	-		
5006	Other (specify)	-		
5007	Other (specify)	-		
5008	Other (specify)	-		

6000: INDIRECT EXPENSES		3,850		
6001	Administrative Overhead	-		
6002	Professional Liability Insurance	760	Cost for general liability insurance services includes Cyber, D&O, Property, Employee Dishonesty, Auto, Professional. Annual Rate \$25,337x 3% = \$760	
6003	Accounting/Bookkeeping	2,700	Cost for contracted accounting services through Industry Standards, Inc. Rate @ \$7,500 per mo x 12 mo x 3% = \$2,700	
6004	External Audit	390	Cost for annual external auditing services provided by CPA. Rate \$13,000 x 3% = \$390	
6005	Insurance (Specify):	-		
6006	Payroll Services	-		
6007	Depreciation (Provider-Owned Equipment to be Used	-		
6008	Personnel (Indirect Salaries & Benefits)	-		
6009	Other (specify)	-		
6010	Other (specify)	-		
6011	Other (specify)	-		
6012	Other (specify)	-		
6013	Other (specify)	-		

7000: DIRECT FIXED ASSETS		-		
7001	Computer Equipment & Software	-		
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-		

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7003	Furniture & Fixtures	-	
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 113,568
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 113,568
BUDGET CHECK: -

**Consumer Family Advocacy Services
Centro La Familia Advocacy Services
Fiscal Year (FY) 2024-25**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Manager	0.05	\$ 2,500		\$ 2,500
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.05	\$ 2,500		\$ 2,500
Acct #	Program Position	FTE	Admin	Program	Total
1116	Consumer Family Advocate	1.00		\$ 40,200	\$ 40,200
1117	Consumer Family Advocate	0.75		\$ 30,150	30,150
1118				-	-
1119				-	-
1120				-	-
1121				-	-
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		1.75		\$ 70,350	\$ 70,350
			Admin	Program	Total
Direct Personnel Salaries Subtotal		1.80	\$ 2,500	\$ 70,350	\$ 72,850
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ 75	\$ 2,111	\$ 2,186
1202	Worker's Compensation		18	499	517
1203	Health Insurance		270	9,450	9,720
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-

1206	Other (specify)	-	-	-
Direct Employee Benefits Subtotal:		\$ 363	\$ 12,060	\$ 12,423
Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	191	5,382	5,573
1303	SUI	13	466	479
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ 204	\$ 5,848	\$ 6,052
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:		Admin	Program	Total
		\$ 3,067	\$ 88,258	\$ 91,325

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	3%	97%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	400
2004	Clothing, Food, & Hygiene	3,500
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 3,900

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 2,100
3002	Printing/Postage	300
3003	Office, Household & Program Supplies	994
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	1,200
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	299
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 4,893

4000: DIRECT FACILITIES & EQUIPMENT
--

Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	5,700
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	900
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 6,600

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services - Dr Juan C. Garcia Cultrual Awareness/Mental Health Training	3,000
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 3,000

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	760
6003	Accounting/Bookkeeping	2,700
6004	External Audit	390
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 3,850

INDIRECT COST RATE	3.00%
---------------------------	--------------

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

7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES		\$ 113,568
-------------------------------	--	-------------------

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify)	0	-	-
8010	Other (Specify)	0	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
REALIGNMENT TOTAL		\$ -

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 113,568
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 113,568

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:		\$ 113,568
---------------------------------------	--	-------------------

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

**Consumer Family Advocacy Services
 Centro La Familia Advocacy Services
 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 %
Program Manager	68/Differential Response-NRC 93706/DSS/Fresno	0.95
Total		0.95

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %

Total **0.00**

Position	Contract #/Name/Department/County	FTE %

Total **0.00**

Position	Contract #/Name/Department/County	FTE %

Total **0.00**

Position	Contract #/Name/Department/County	FTE %

Total **0.00**

Position	Contract #/Name/Department/County	FTE %

Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

**Consumer Family Advocacy Services
Centro La Familia Advocacy Services
Fiscal Year (FY) 2024-25 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
		91,325	
Administrative Positions		2,500	
1101	Program Manager	2,500	Provide administrative oversight to the program and direct supervision of the Consumer Family Advocates @.05 FTE (\$4,166.66 per mo x 12 mo x .05% = \$2,500)
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		70,350	
1116	Consumer Family Advocate	40,200	Provide direct services in the program including one-on-ones, linkages, support groups, outreach education, presentations, phone calls, and media education (\$3,350 per month x 12 months = \$40,200)
1117	Consumer Family Advocate	30,150	Provide direct services in the program including one-on-ones, linkages, support groups, outreach education, presentations, phone calls, and media education (\$3,350 per month x 12 months x .75 FTE= \$30,150)
1118	0	-	
1119	0	-	
1120	0	-	
1121	0	-	
1122	0	-	
1123	0	-	
1124	0	-	
1125	0	-	
1126	0	-	
1127	0	-	
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
Direct Employee Benefits		12,423	
1201	Retirement	2,186	Fringe benefits provided to the program staff @ 3% of total salary
1202	Worker's Compensation	517	Budgeted on current salary expenses: @ [(.71 per \$100) x \$2,500] +[(.71 per \$100) x \$70,350]
1203	Health Insurance	9,720	Health Insurance for staff in program. Rate \$450 mo X 1.80 FTE X 12 mo
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		6,052	
1301	OASDI	-	
1302	FICA/MEDICARE	5,573	Required Federal and State contribution @ 7.65% of total salary
1303	SUI	479	Required Federal and State contribution calculated @ 3.8% of each staff members salary for the first \$7,000 [(0.05x7000) x .038] +[(1.75x7000)x.038
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		3,900	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	400	Provide clients with bus passes to get to and from appointments for mental health services. Rate \$1.25 per bus pass x 320 clients = \$400
2004	Clothing, Food, & Hygiene	3,500	Provide clients with emergency support such as hygiene supplies, clothing, etc. as needed to help address immediate needs. Rate \$100 per client x 35 clients
2005	Education Support	-	
2006	Employment Support	-	

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
2007	Household Items for Clients	-		
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		
2010	Utility Vouchers	-		
2011	Other (specify)	-		
2012	Other (specify)	-		
2013	Other (specify)	-		
2014	Other (specify)	-		
2015	Other (specify)	-		
2016	Other (specify)	-		

3000: DIRECT OPERATING EXPENSES		4,893		
3001	Telecommunications	2,100	Cost of cell phone per month to conduct client services and communications at \$50 x 12 months x 2 FTE = \$1,200 + Shared cost of Internet, Landlines (VOIP, PRI) rated at \$2500/month x 12 months x 3%= \$900	
3002	Printing/Postage	300	Postage to mail correspondences to clients at \$25 per month x 12 months	
3003	Office, Household & Program Supplies	994	Office supplies such as pens, paper, desktop items at \$82.83 per mo x 12 mo	
3004	Advertising	-		
3005	Staff Development & Training	-		
3006	Staff Mileage	1,200	Travel for program related activities such as client services, outreach events, meetings, trainings, presentations, etc. at .585 per mile x 171 miles per month x 12 months = \$1,200	
3007	Subscriptions & Memberships	-		
3008	Vehicle Maintenance	299	Shared cost of charging and storage of E-Vehicles used for transportation of clients.	
3009	Other (specify)	-		
3010	Other (specify)	-		
3011	Other (specify)	-		
3012	Other (specify)	-		

4000: DIRECT FACILITIES & EQUIPMENT		6,600		
4001	Building Maintenance	-		
4002	Rent/Lease Building	5,700	Office space for staff to conduct services at \$1.25 per square foot x 380 square feet x 12 months = \$5,700	
4003	Rent/Lease Equipment	-		
4004	Rent/Lease Vehicles	-		
4005	Security	-		
4006	Utilities	900	Utility services for staff office space at \$2,500 per month x 12 months x 3% = \$900	
4007	Other (specify)	-		
4008	Other (specify)	-		
4009	Other (specify)	-		
4010	Other (specify)	-		

5000: DIRECT SPECIAL EXPENSES		3,000		
5001	Consultant (Network & Data Management)	-		
5002	HMIS (Health Management Information System)	-		
5003	Contractual/Consulting Services - Dr Juan C. Garcia	3,000	Staff training on Cultural Awareness and Mental Health conducted by Dr. Juan Garcia, LMFT. Occuring bi-monthly at \$500 per training x 6 months = \$3,000	
5004	Translation Services	-		
5005	Other (specify)	-		
5006	Other (specify)	-		
5007	Other (specify)	-		
5008	Other (specify)	-		

6000: INDIRECT EXPENSES		3,850		
6001	Use this line and only this line for approved indirect	-		
6002	Professional Liability Insurance	760	Cost for general liability insurance services includes Cyber, D&O, Property, Employee Dishonesty, Auto, Professional. Annual Rate \$25,337x 3% = \$760	
6003	Accounting/Bookkeeping	2,700	Cost for contracted accounting services through Industry Standards, Inc. Rate @ \$7,500 per mo x 12 mo x 3% = \$2,700	
6004	External Audit	390	Cost for annual external auditing services provided by CPA. Rate \$13,000 x 3% = \$390	
6005	Insurance (Specify):	-		
6006	Payroll Services	-		
6007	Depreciation (Provider-Owned Equipment to be Used	-		
6008	Personnel (Indirect Salaries & Benefits)	-		
6009	Other (specify)	-		
6010	Other (specify)	-		
6011	Other (specify)	-		
6012	Other (specify)	-		
6013	Other (specify)	-		

7000: DIRECT FIXED ASSETS				
7001	Computer Equipment & Software	-		
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-		

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	7003	Furniture & Fixtures	-	
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (specify)	-	
	7008	Other (specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
	ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
	8001	Mental Health Services	
	8002	Case Management	
	8003	Crisis Services	
	8004	Medication Support	
	8005	Collateral	
	8006	Plan Development	
	8007	Assessment	
	8008	Rehabilitation	
	8009	Other (Specify)	
	8010	Other (Specify)	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	113,568
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	113,568
BUDGET CHECK:	-

**Consumer Family Advocacy Services
 Centro La Familia Advocacy Services
 Fiscal Year (FY) 2025-26**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Manager	0.05	\$ 2,500		\$ 2,500
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.05	\$ 2,500		\$ 2,500
Acct #	Program Position	FTE	Admin	Program	Total
1116	Consumer Family Advocate	1.00		\$ 40,200	\$ 40,200
1117	Consumer Family Advocate	0.75		\$ 30,150	30,150
1118				-	-
1119				-	-
1120				-	-
1121				-	-
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		1.75		\$ 70,350	\$ 70,350
			Admin	Program	Total
Direct Personnel Salaries Subtotal		1.80	\$ 2,500	\$ 70,350	\$ 72,850
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ 75	\$ 2,111	\$ 2,186
1202	Worker's Compensation		18	499	517
1203	Health Insurance		270	9,450	9,720
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-

1206	Other (specify)	-	-	-
Direct Employee Benefits Subtotal:		\$ 363	\$ 12,060	\$ 12,423
Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	191	5,382	5,573
1303	SUI	13	466	479
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ 204	\$ 5,848	\$ 6,052
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:		Admin	Program	Total
		\$ 3,067	\$ 88,258	\$ 91,325

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	3%	97%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	400
2004	Clothing, Food, & Hygiene	3,500
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 3,900

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 2,100
3002	Printing/Postage	300
3003	Office, Household & Program Supplies	994
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	1,200
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	299
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 4,893

4000: DIRECT FACILITIES & EQUIPMENT
--

Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	5,700
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	900
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 6,600

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services - Dr Juan C. Garcia Cultrual Awareness/Mental Health Training	3,000
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 3,000

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	760
6003	Accounting/Bookkeeping	2,700
6004	External Audit	390
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 3,850

INDIRECT COST RATE	3.00%
---------------------------	--------------

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

7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES		\$ 113,568
-------------------------------	--	-------------------

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify)	0	-	-
8010	Other (Specify)	0	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
REALIGNMENT TOTAL		\$ -

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 113,568
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 113,568

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:		\$ 113,568
---------------------------------------	--	-------------------

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

**Consumer Family Advocacy Services
 Centro La Familia Advocacy Services
 Fiscal Year (FY) 2025-26**

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 %
Program Manager	68/Differential Response-NRC 93706/DSS/Fresno	0.95
Total		<u>0.95</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %

	Total	<u>0.00</u>
--	--------------	--------------------

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

**Consumer Family Advocacy Services
Centro La Familia Advocacy Services
Fiscal Year (FY) 2025-26 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
		91,325	
Administrative Positions		2,500	
1101	Program Manager	2,500	Provide administrative oversight to the program and direct supervision of the Consumer Family Advocates @.05 FTE (\$4,166.66 per mo x 12 mo x .05% = \$2,500)
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		70,350	
1116	Consumer Family Advocate	40,200	Provide direct services in the program including one-on-ones, linkages, support groups, outreach education, presentations, phone calls, and media education (\$3,350 per month x 12 months = \$40,200)
1117	Consumer Family Advocate	30,150	Provide direct services in the program including one-on-ones, linkages, support groups, outreach education, presentations, phone calls, and media education (\$3,350 per month x 12 months x .75 FTE= \$30,150)
1118	0	-	
1119	0	-	
1120	0	-	
1121	0	-	
1122	0	-	
1123	0	-	
1124	0	-	
1125	0	-	
1126	0	-	
1127	0	-	
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
Direct Employee Benefits		12,423	
1201	Retirement	2,186	Fringe benefits provided to the program staff @ 3% of total salary
1202	Worker's Compensation	517	Budgeted on current salary expenses: @ [(.71 per \$100) x \$2,500] +[(.71 per \$100) x \$70,350]
1203	Health Insurance	9,720	Health Insurance for staff in program. Rate \$450 mo X 1.80 FTE X 12 mo
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		6,052	
1301	OASDI	-	
1302	FICA/MEDICARE	5,573	Required Federal and State contribution @ 7.65% of total salary
1303	SUI	479	Required Federal and State contribution calculated @ 3.8% of each staff members salary for the first \$7,000 [(.05x7000) x .038] +[(1.75x7000)x.038
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		3,900	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	400	Provide clients with bus passes to get to and from appointments for mental health services. Rate \$1.25 per bus pass x 320 clients = \$400
2004	Clothing, Food, & Hygiene	3,500	Provide clients with emergency support such as hygiene supplies, clothing, etc. as needed to help address immediate needs. Rate \$100 per client x 35 clients
2005	Education Support	-	
2006	Employment Support	-	

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
2007	Household Items for Clients	-		
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		
2010	Utility Vouchers	-		
2011	Other (specify)	-		
2012	Other (specify)	-		
2013	Other (specify)	-		
2014	Other (specify)	-		
2015	Other (specify)	-		
2016	Other (specify)	-		
3000: DIRECT OPERATING EXPENSES		4,893		
3001	Telecommunications	2,100	Cost of cell phone per month to conduct client services and communications at \$50 x 12 months x 2 FTE = \$1,200 + Shared cost of Internet, Landlines (VOIP, PRI) rated at	
3002	Printing/Postage	300	Postage to mail correspondences to clients at \$25 per month x 12 months	
3003	Office, Household & Program Supplies	994	Office supplies such as pens, paper, desktop items at \$82.83 per mo x 12 mo	
3004	Advertising	-		
3005	Staff Development & Training	-		
3006	Staff Mileage	1,200	Travel for program related activities such as client services, outreach events, meetings, trainings, presentations, etc. at .585 per mile x 171 miles per month x 12 months = \$1,200	
3007	Subscriptions & Memberships	-		
3008	Vehicle Maintenance	299	Shared cost of charging and storage of E-Vehicles used for transportation of clients.	
3009	Other (specify)	-		
3010	Other (specify)	-		
3011	Other (specify)	-		
3012	Other (specify)	-		
4000: DIRECT FACILITIES & EQUIPMENT		6,600		
4001	Building Maintenance	-		
4002	Rent/Lease Building	5,700	Office space for staff to conduct services at \$1.25 per square foot x 380 square feet x 12 months = \$5,700	
4003	Rent/Lease Equipment	-		
4004	Rent/Lease Vehicles	-		
4005	Security	-		
4006	Utilities	900	Utility services for staff office space at \$2,500 per month x 12 months x 3% = \$900	
4007	Other (specify)	-		
4008	Other (specify)	-		
4009	Other (specify)	-		
4010	Other (specify)	-		
5000: DIRECT SPECIAL EXPENSES		3,000		
5001	Consultant (Network & Data Management)	-		
5002	HMIS (Health Management Information System)	-		
5003	Contractual/Consulting Services - Dr Juan C. Garcia	3,000	Staff training on Cultural Awareness and Mental Health conducted by Dr. Juan Garcia, LMFT. Occuring bi-monthly at \$500 per training x 6 months = \$3,000	
5004	Translation Services	-		
5005	Other (specify)	-		
5006	Other (specify)	-		
5007	Other (specify)	-		
5008	Other (specify)	-		
6000: INDIRECT EXPENSES		3,850		
6001	Use this line and only this line for approved indirect	-		
6002	Professional Liability Insurance	760	Cost for general liability insurance services includes Cyber, D&O, Property, Employee Dishonesty, Auto, Professional. Annual Rate \$25,337x 3% = \$760	
6003	Accounting/Bookkeeping	2,700	Cost for contracted accounting services through Industry Standards, Inc. Rate @ \$7,500 per mo x 12 mo x 3% = \$2,700	
6004	External Audit	390	Cost for annual external auditing services provided by CPA. Rate \$13,000 x 3% = \$390	
6005	Insurance (Specify):	-		
6006	Payroll Services	-		
6007	Depreciation (Provider-Owned Equipment to be Used	-		
6008	Personnel (Indirect Salaries & Benefits)	-		
6009	Other (specify)	-		
6010	Other (specify)	-		
6011	Other (specify)	-		
6012	Other (specify)	-		
6013	Other (specify)	-		
7000: DIRECT FIXED ASSETS		-		
7001	Computer Equipment & Software	-		
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-		
7003	Furniture & Fixtures	-		
7004	Leasehold/Tenant/Building Improvements	-		

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES		
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)		
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
8001	Mental Health Services	
8002	Case Management	
8003	Crisis Services	
8004	Medication Support	
8005	Collateral	
8006	Plan Development	
8007	Assessment	
8008	Rehabilitation	
8009	Other (Specify)	
8010	Other (Specify)	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 113,568
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 113,568
BUDGET CHECK: -

**Consumer Family Advocacy Services
 Centro La Familia Advocacy Services
 Fiscal Year (FY) 2026-27**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Manager	0.05	\$ 2,500		\$ 2,500
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.05	\$ 2,500		\$ 2,500
Acct #	Program Position	FTE	Admin	Program	Total
1116	Consumer Family Advocate	1.00		\$ 41,400	\$ 41,400
1117	Consumer Family Advocate	0.75		\$ 31,050	31,050
1118				-	-
1119				-	-
1120				-	-
1121				-	-
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		1.75		\$ 72,450	\$ 72,450
			Admin	Program	Total
Direct Personnel Salaries Subtotal		1.80	\$ 2,500	\$ 72,450	\$ 74,950
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ 75	\$ 2,174	\$ 2,249
1202	Worker's Compensation		18	514	532
1203	Health Insurance		270	9,450	9,720
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-

1206	Other (specify)	-	-	-
Direct Employee Benefits Subtotal:		\$ 363	\$ 12,138	\$ 12,501
Direct Payroll Taxes & Expenses:				
Acct #	Description	Admin	Program	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	191	5,542	5,733
1303	SUI	13	466	479
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ 204	\$ 6,008	\$ 6,212
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:		Admin	Program	Total
		\$ 3,067	\$ 90,596	\$ 93,663

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	3%	97%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	400
2004	Clothing, Food, & Hygiene	2,500
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 2,900

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 1,155
3002	Printing/Postage	300
3003	Office, Household & Program Supplies	1,020
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	900
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	180
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 3,555

4000: DIRECT FACILITIES & EQUIPMENT
--

Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	5,700
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	900
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 6,600

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services - Dr Juan C. Garcia Cultrual Awareness/Mental Health Training	3,000
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 3,000

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	760
6003	Accounting/Bookkeeping	2,700
6004	External Audit	390
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 3,850

INDIRECT COST RATE	2.23%
---------------------------	--------------

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

7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES		\$ 113,568
-------------------------------	--	-------------------

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify)	0	-	-
8010	Other (Specify)	0	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	
REALIGNMENT TOTAL		\$ -

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 113,568
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 113,568

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:		\$ 113,568
---------------------------------------	--	-------------------

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

**Consumer Family Advocacy Services
 Centro La Familia Advocacy Services
 Fiscal Year (FY) 2026-27**

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 %
Program Manager	68/Differential Response-NRC 93706/DSS/Fresno	0.95
Total		0.95

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %

Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %

	Total	<u>0.00</u>
--	--------------	--------------------

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

**Consumer Family Advocacy Services
Centro La Familia Advocacy Services
Fiscal Year (FY) 2026-27 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
		93,663	
Administrative Positions		2,500	
1101	Program Manager	2,500	Provide administrative oversight to the program and direct supervision of the Consumer Family Advocates @.05 FTE (\$4,166.66 per mo x 12 mo x .05% = \$2,500)
1102	0	-	
1103	0	-	
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
Program Positions		72,450	
1116	Consumer Family Advocate	41,400	Provide direct services in the program including one-on-ones, linkages, support groups, outreach education, presentations, phone calls, and media education (\$3,450 per month x 12 months = \$41,400)
1117	Consumer Family Advocate	31,050	Provide direct services in the program including one-on-ones, linkages, support groups, outreach education, presentations, phone calls, and media education (\$3,450 per month x 12 months x .75 FTE= \$31,050)
1118	0	-	
1119	0	-	
1120	0	-	
1121	0	-	
1122	0	-	
1123	0	-	
1124	0	-	
1125	0	-	
1126	0	-	
1127	0	-	
1128	0	-	
1129	0	-	
1130	0	-	
1131	0	-	
1132	0	-	
1133	0	-	
1134	0	-	
Direct Employee Benefits		12,501	
1201	Retirement	2,249	Fringe benefits provided to the program staff @ 3% of total salary
1202	Worker's Compensation	532	Budgeted on current salary expenses: @ [(.71 per \$100) x \$2,500] +[(.71 per \$100) x \$72,450]
1203	Health Insurance	9,720	Health Insurance for staff in program. Rate \$450 mo X 1.80 FTE X 12 mo
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		6,212	
1301	OASDI	-	
1302	FICA/MEDICARE	5,733	Required Federal and State contribution @ 7.65% of total salary
1303	SUI	479	Required Federal and State contribution calculated @ 3.8% of each staff members salary for the first \$7,000 [(.05x7000) x .038] +[(1.75x7000)x.038]
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		2,900	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	400	Provide clients with bus passes to get to and from appointments for mental health services. Rate \$1.25 per bus pass x 320 clients = \$400
2004	Clothing, Food, & Hygiene	2,500	Provide clients with emergency support such as hygiene supplies, clothing, etc. as needed to help address immediate needs. Rate \$100 per client x 25 clients
2005	Education Support	-	
2006	Employment Support	-	

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
2007	Household Items for Clients	-		
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		
2010	Utility Vouchers	-		
2011	Other (specify)	-		
2012	Other (specify)	-		
2013	Other (specify)	-		
2014	Other (specify)	-		
2015	Other (specify)	-		
2016	Other (specify)	-		

3000: DIRECT OPERATING EXPENSES		3,555		
3001	Telecommunications	1,155	Cost of cell phone per month to conduct client services and communications at \$50 x 12 months x 2 FTE = \$1,200 + Shared cost of Internet, Landlines (VOIP, PRI) rated at \$2500/month x 12 months x 3%= \$900. Requesting less due to limited budget.	
3002	Printing/Postage	300	Postage to mail correspondences to clients at \$25 per month x 12 months	
3003	Office, Household & Program Supplies	1,020	Office supplies such as pens, paper, desktop items at \$85 per mo x 12 mo	
3004	Advertising	-		
3005	Staff Development & Training	-		
3006	Staff Mileage	900	Travel for program related activities such as client services, outreach events, meetings, trainings, presentations, etc. at .585 per mile x 128.21 miles per month x 12 months = \$900	
3007	Subscriptions & Memberships	-		
3008	Vehicle Maintenance	180	Shared cost of charging and storage of E-Vehicles used for transportation of clients.	
3009	Other (specify)	-		
3010	Other (specify)	-		
3011	Other (specify)	-		
3012	Other (specify)	-		

4000: DIRECT FACILITIES & EQUIPMENT		6,600		
4001	Building Maintenance	-		
4002	Rent/Lease Building	5,700	Office space for staff to conduct services at \$1.25 per square foot x 380 square feet x 12 months = \$5,700	
4003	Rent/Lease Equipment	-		
4004	Rent/Lease Vehicles	-		
4005	Security	-		
4006	Utilities	900	Utility services for staff office space at \$2,500 per month x 12 months x 3% = \$900	
4007	Other (specify)	-		
4008	Other (specify)	-		
4009	Other (specify)	-		
4010	Other (specify)	-		

5000: DIRECT SPECIAL EXPENSES		3,000		
5001	Consultant (Network & Data Management)	-		
5002	HMIS (Health Management Information System)	-		
5003	Contractual/Consulting Services - Dr Juan C. Garcia Cultrual Awareness/Mental Health Training	3,000	Staff training on Cultural Awareness and Mental Health conducted by Dr. Juan Garcia, LMFT. Occuring bi-monthly at \$500 per training x 6 months = \$3,000	
5004	Translation Services	-		
5005	Other (specify)	-		
5006	Other (specify)	-		
5007	Other (specify)	-		
5008	Other (specify)	-		

6000: INDIRECT EXPENSES		3,850		
6001	Use this line and only this line for approved indirect	-		
6002	Professional Liability Insurance	760	Cost for general liability insurance services includes Cyber, D&O, Property, Employee Dishonesty, Auto, Professional. Annual Rate \$25,337x 3% = \$760	
6003	Accounting/Bookkeeping	2,700	Cost for contracted accounting services through Industry Standards, Inc. Rate @ \$7,500 per mo x 12 mo x 3% = \$2,700	
6004	External Audit	390	Cost for annual external auditing services provided by CPA. Rate \$13,000 x 3% = \$390	
6005	Insurance (Specify):	-		
6006	Payroll Services	-		
6007	Depreciation (Provider-Owned Equipment to be Used	-		
6008	Personnel (Indirect Salaries & Benefits)	-		
6009	Other (specify)	-		
6010	Other (specify)	-		
6011	Other (specify)	-		
6012	Other (specify)	-		
6013	Other (specify)	-		

7000: DIRECT FIXED ASSETS		-		
7001	Computer Equipment & Software	-		
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-		

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7003	Furniture & Fixtures	-	
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 113,568
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 113,568
BUDGET CHECK: -

STATE MENTAL HEALTH REQUIREMENTS

1. CONTROL REQUIREMENTS

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

2. PROFESSIONAL LICENSURE

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

3. CONFIDENTIALITY

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

4. NON-DISCRIMINATION

A. Eligibility for Services

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

B. Employment Opportunity

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

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

5. **PATIENTS' RIGHTS**

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

STATE CONTRACTOR CERTIFICATION CLAUSES

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

Failure to comply with these requirements may result in suspension of payments under this Agreement or termination of this Agreement or both and

CONTRACTOR may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the CONTRACTOR has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: CONTRACTOR certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against CONTRACTOR within the immediately preceding two (2) year period because of CONTRACTOR's failure to comply with an order of a Federal court, which orders CONTRACTOR to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)
4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: CONTRACTOR hereby certifies that CONTRACTOR will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

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

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

5. EXPATRIATE CORPORATIONS: CONTRACTOR hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.
6. SWEATFREE CODE OF CONDUCT:
 - a. All CONTRACTORS contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. CONTRACTOR further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on 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.
- b). For the twelve (12) month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as

the proposed contract within the twelve (12) month period prior to his or her leaving state service.

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

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

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

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the CONTRACTOR shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.
8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.
9. INSPECTION and Audit of Records and access to Facilities.

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

Federal database checks.

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

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

Vendor:	Contract#	Contact Person	Contact#

Fixed Asset and Sensitive Item Tracking

Example Example

Item	Make/Brand	Model	Serial #	Fixed Asset	Sensitive Item	Date Requested (If Fixed Asset)	Date Approved (If Fixed Assset)	Purchase Date	Location	Condition	Fresno County Inventory Number	Cost
Copier	Canon	27CRT	9YHJY65R	x		3/27/2008	4/1/2008	4/10/2008	Heritage	New		\$6,500.00
DVD Player	Sony	DV2230	PXC4356A		x	n/a	n/a	4/1/2008	Heritage	New		\$450.00
Date Prepared:												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

Date Received: _____

FIXED ASSET AND SENSITIVE ITEM TRACKING

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

FRESNO COUNTY MENTAL HEALTH COMPLIANCE PROGRAM
CONTRACTOR CODE OF CONDUCT AND ETHICS

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

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

Contractor and its employees and subcontractor shall:

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

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

Fresno County Mental Health Compliance Program

Contractor Acknowledgment and Agreement

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

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

For Individual Providers

Name (print): _____

Discipline: Psychiatrist Psychologist LCSW LMFT

Signature : _____ **Date :** ___/___/___

For Group or Organizational Providers

Group/Org. Name (print): _____

Employee Name (print): _____

Discipline: Psychiatrist Psychologist LCSW LMFT

Other: _____

Job Title (if different from Discipline): _____

Signature: _____ Date: ___/___/___

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.



**Mental Health Plan (MHP) and Substance Use Disorder (SUD) services
Incident Reporting System**

INCIDENT REVIEWER ROLE – User Guide

Fresno County Department of Behavioral Health (DBH) requires all of its county-operated and contracted providers (through the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services) to complete a written report of any incidents compromising the health and safety of persons served, employees, or community members.

Yes! Incident reports will now be made through an on online reporting portal hosted by Logic Manager. It's an easier way for any employee to report an incident at any time. A few highlights:

- No supervisor signature is immediately required.
- Additional information can be added to the report by the program supervisor/manager without having to resubmit the incident.
- When an incident is submitted, the assigned contract analyst, program supervisor/manager, clinical supervisor and the DBHIncidentReporting mailbox automatically receives an email notification of a new incident and can log in any time to review the incident. Everything that was on the original paper/electronic form matches the online form.
- Do away with submitting a paper version with a signature.
- This online submission allows for timely action for the health and safety of the persons-served, as well as compliance with state reporting timelines when necessary.

As an Incident Reviewer, the responsibility is to:

- Log in to Logic Manager and review incident submitted within 48 hours of notification of incident.
- Review incident for clarity, missing information and add in additional information deemed appropriate.
- Notify DBHIncidentReporting@fresnocountyca.gov if there is additional information to be report after initial submission
- Contact DBHIncidentReporting@fresnocountyca.gov if there are any concerns, questions or comments with Logic Manager or incident reporting.

Below is the link to report incidents

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

The link will take employees to the reporting screen to begin incident submission:

Incident Report

Please complete this form

Client Information

Name of Facility*

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

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

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=182be0c5cdd5072bb1864cdee4d3d6e

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

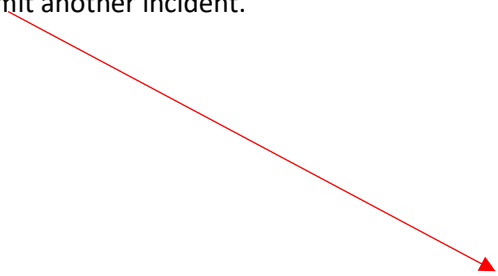
As another bonus feature, either drag files (such as a copy of a UOR, additional statements/document) or click on Add File to upload a file.

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

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.

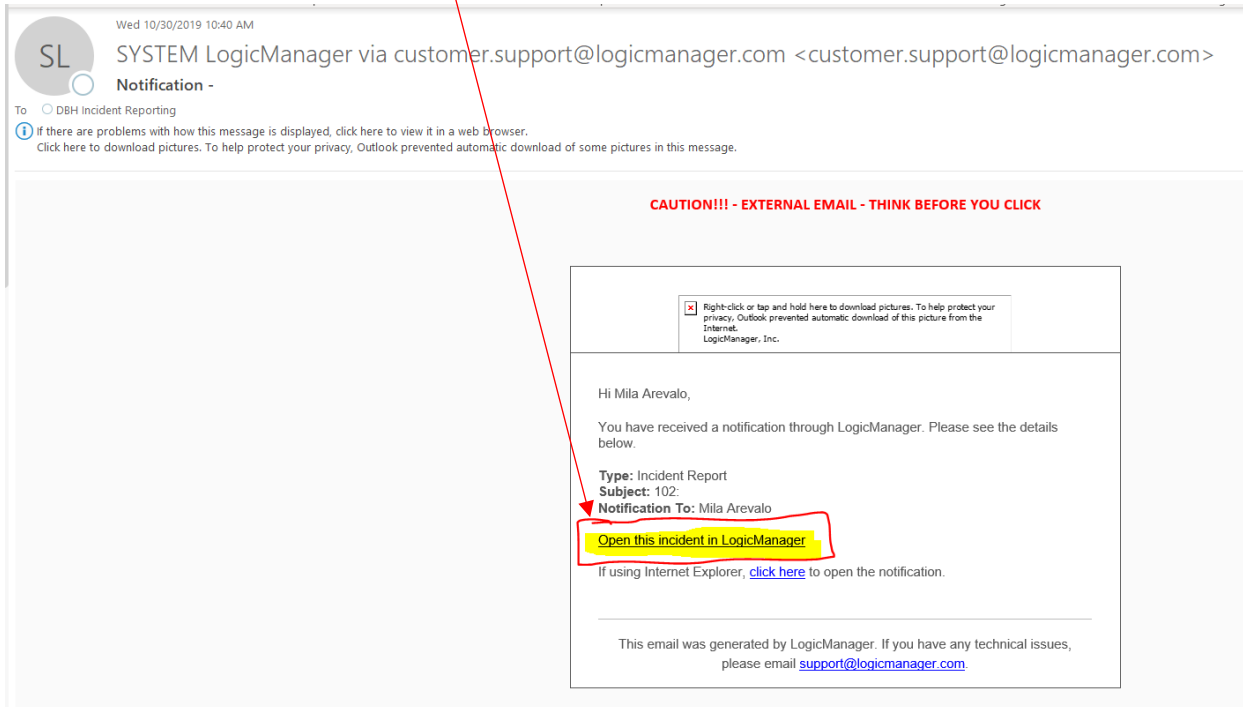
A "Thank you for your submission" statement will pop up if an incident is successfully submitted. Click "Reload the Form" to submit another incident.



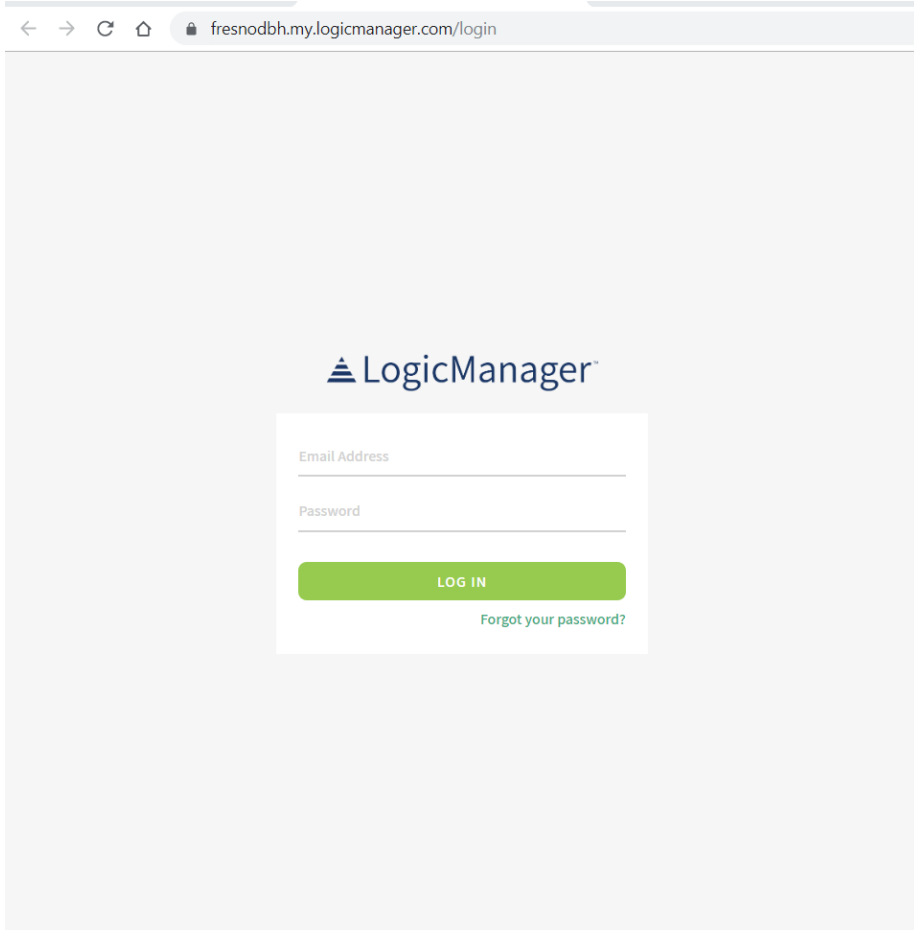
Thank you for your submission!

RELOAD THE FORM

A Notification email will be received when a new incident is reported, or a new comment has been made regarding an incident. Click on "Open this incident in Logic Manager" and the Logic Manager login screen will show.



Enter in email address and password. First time users will be prompted to set up a password.



← → ↻ 🏠 🔒 fresnodbh.my.logicmanager.com/login

LogicManager

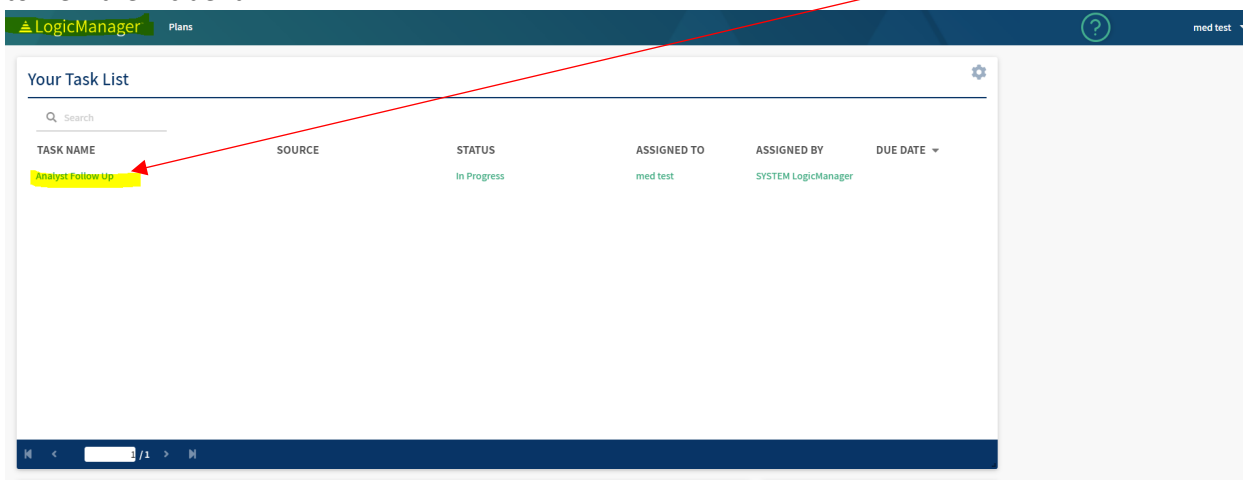
Email Address

Password

LOG IN

[Forgot your password?](#)

Once logged in, the main screen will show reviewer task (incidents to review). Click on analyst/supervisor follow up to view the incident.



LogicManager Plans ? med test

Your Task List ⚙️

🔍 Search

TASK NAME	SOURCE	STATUS	ASSIGNED TO	ASSIGNED BY	DUE DATE
Analyst Follow Up		In Progress	med test	SYSTEM LogicManager	

⏪ < [] / 1 > ⏩

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*

Task ID: 313 Source: 103: null

Navigation: << < 2 > >>

Buttons: CANCEL SAVE SUBMIT

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

Analyst Follow Up

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

Subject @

Incident (check all that apply)*
Death of Client

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):

Description of the incident*
f

Date of Incident* 10/30/2019

Time of Incident* f

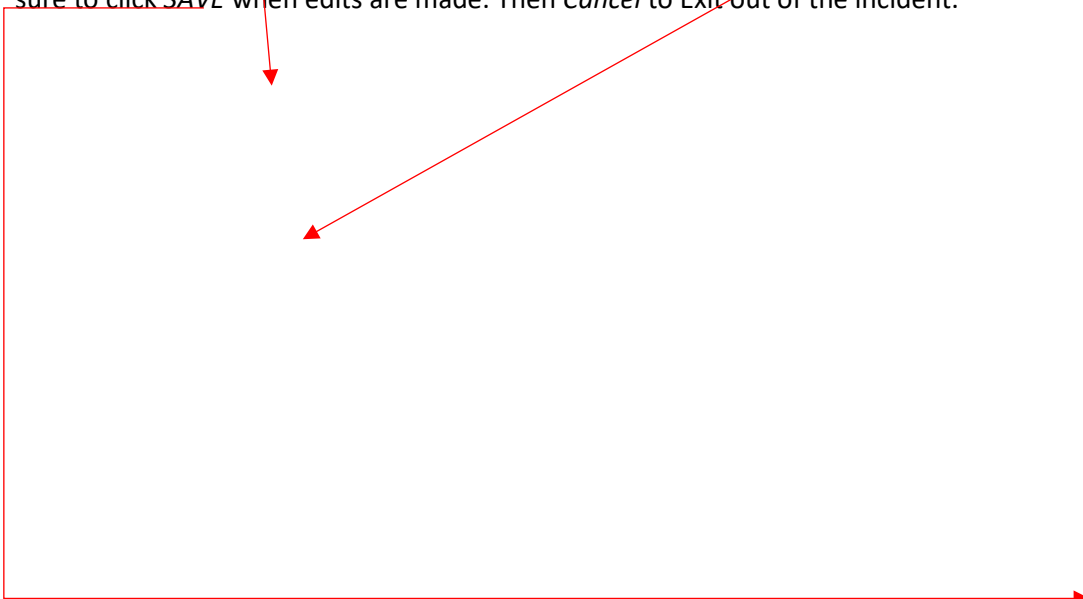
Location of Incident* f

Task ID: 313 Source: 103: null

Navigation: << < 3 > >>

Buttons: CANCEL SAVE SUBMIT

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 10-31-18

Task ID: 313 Source: 103: null



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

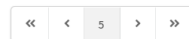
Add Document

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



If all tasks are followed up with and the incident no longer needs further review/information, click **SUBMIT**. Once submitted, the incident will be removed from the task list and no further edits can be made. Notice the **SUBMIT** button is on every tab. If further information needs to be included, email

DBHIncidentReporting@fresnocountyca.gov

To get back to the home view, click on the Logic Manager icon at any time. Any incidents that still need review will show on this screen, click on the next incident and start the review process again.

The screenshot displays the 'Your Task List' interface in the LogicManager application. The interface features a dark blue header with the 'LogicManager' logo and 'Plans' text on the left, a help icon (question mark) in the center, and a user profile 'med test' on the right. Below the header is a search bar with a magnifying glass icon and the word 'Search'. The main content area contains a table with the following columns: TASK NAME, SOURCE, STATUS, ASSIGNED TO, ASSIGNED BY, and DUE DATE. A single task is listed: 'Analyst Follow Up' (highlighted in yellow), with a status of 'In Progress', assigned to 'med test', and assigned by 'SYSTEM LogicManager'. At the bottom of the interface is a navigation bar with a left arrow, a search input field, and a right arrow.

TASK NAME	SOURCE	STATUS	ASSIGNED TO	ASSIGNED BY	DUE DATE
Analyst Follow Up		In Progress	med test	SYSTEM LogicManager	

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

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

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

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

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

NAME	ADDRESS	EIN

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

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

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

NAME	ADDRESS	PROVIDER NUMBER

YES NO

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

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

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

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

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

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

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

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

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

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

Name of authorized representative (typed)	Title
Signature	Date

Remarks

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

INSTRUCTIONS FOR CERTIFICATION

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

CERTIFICATION

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

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

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

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

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

Signature: _____

Date: _____

(Printed Name & Title)

(Name of Agency or Company)

SELF-DEALING TRANSACTION DISCLOSURE FORM

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

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

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

INSTRUCTIONS

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

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