

1 **AGREEMENT**

2 THIS AGREEMENT is made and entered into this 21st day of June, 2022,
3 by and between the **COUNTY OF FRESNO**, a political subdivision of the State of California, hereinafter
4 referred to as "**COUNTY**", and **Kings View**, a private non-profit California organization, whose business
5 address is 7170 N. Financial Dr. Ste. 110, and service location address is 1617 E. Saginaw, Fresno,
6 CA 93704, hereinafter referred to as "**CONTRACTOR**" (collectively the "parties").

7 **WITNESSETH:**

8 WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), Mental Health
9 Services Act (MHSA), Prevention and Early Intervention (PEI) component, and through input from the
10 MHSA community stakeholder process, recognizes the need to provide wellness and recovery support
11 services to individuals with mental illness and their family members/support system; and

12 WHEREAS, COUNTY, through its DBH, is a Mental Health Plan (MHP), as defined in Title 9 of
13 the California Code of Regulations (CCR), section 1810.226;

14 WHEREAS, CONTRACTOR is qualified and willing to operate said MHSA Peer Wellness Center
15 (Blue Sky) to provide wellness and recovery support services pursuant to the terms and conditions of
16 this Agreement; and

17 WHEREAS, COUNTY entered into Agreement No. A-21-212 with CONTRACTOR, whose legal
18 entity name was incorrectly referred to as "Kings View Behavioral Health"; and

19 WHEREAS, this Agreement shall be retroactive to July 1, 2021, and shall replace, restate, and
20 supercede Agreement No. A-21-212 in its entirety,

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

23 **1. SERVICES**

24 A. CONTRACTOR shall perform all services and fulfill all responsibilities as set forth
25 in the Scope of Work, attached hereto as Exhibit A and incorporated herein by reference.

26 B. CONTRACTOR shall also perform all services and fulfill all responsibilities as
27 specified in COUNTY's Request for Proposal (RFP) No. 21-035 dated March 3, 2021, Addendum No.
28 One (1) to COUNTY's RFP No. 21-035 dated March 9, 2021, Addendum No. Two (2) to COUNTY's

1 RFP No. 21-035 dated March 24, 2021, and Addendum No. Three (3) to COUNTY'S RFP No. 21-035
2 dated March 29, 2021, collectively referred to herein as COUNTY's Revised RFP, and CONTRACTOR's
3 response to said Revised RFP dated April 6, 2021; all incorporated herein by reference and made part of
4 this Agreement. In the event of any inconsistency among these documents, the inconsistency shall be
5 resolved by giving precedence in the following order of priority: (1) to this Agreement, including all
6 Exhibits; (2) to the Revised RFP; and (3) to the CONTRACTOR's Response to the Revised RFP. A
7 copy of COUNTY's Revised RFP No. 21-035 and CONTRACTOR's response thereto shall be retained
8 and made available during the term of this Agreement by COUNTY's DBH.

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

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

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

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

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

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

1 I. It is mutually agreed by all parties to this Agreement, that the program funded
2 under this Agreement shall be identified and subsequently named/branded through the review and
3 approval of COUNTY's DBH Director or designee. All print or media materials, including program
4 branding and program references shall be reviewed and approved by the COUNTY'S DBH Director or
5 designee. The program funded under this Agreement shall be identified as a "County of Fresno,
6 Department of Behavioral Health funded program", and operated by the CONTRACTOR under the
7 terms and conditions of this Agreement.

8 **2. TERM**

9 The term of this Agreement shall be for a period of three (3) years, commencing on July
10 1, 2021 through and including June 30, 2024. This Agreement may be extended for two (2) additional
11 consecutive twelve (12) month periods upon the written approval of both parties not later than thirty (30)
12 days prior to the first day of the next twelve (12) month extension period. The COUNTY's DBH Director
13 or designee is authorized to execute such written approval on behalf of COUNTY based on
14 CONTRACTOR's satisfactory performance.

15 **3. TERMINATION**

16 A. Non-Allocation of Funds – The terms of this Agreement, and the services to be
17 provided thereunder, are contingent on the approval of funds by the appropriating government agency.
18 Should sufficient funds not be allocated, the services provided may be modified, or this Agreement
19 terminated at any time by giving CONTRACTOR sixty (60) days advance written notice.

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

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

26 In no event shall any payment by COUNTY constitute a waiver by the COUNTY of any
27 breach of this Agreement or any default which may then exist on the part of the CONTRACTOR. Neither
28 shall such payment impair or prejudice any remedy available to the COUNTY with respect to the breach or

1 default. The COUNTY shall have the right to demand of the CONTRACTOR the repayment to the
2 COUNTY of any funds disbursed to CONTRACTOR under this Agreement, which in the judgment of the
3 COUNTY were not expended in accordance with the terms of this Agreement. CONTRACTOR shall
4 promptly refund any such funds upon demand or, at COUNTY's option, such repayment shall be deducted
5 from future payments owing to CONTRACTOR under this Agreement.

6 C. Without Cause - Under circumstances other than those set forth above, this
7 Agreement may be terminated by CONTRACTOR or COUNTY or COUNTY's DBH Director, or designee,
8 upon the giving of sixty (60) days advance written notice of an intention to terminate.

9 **4. COMPENSATION**

10 COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive
11 compensation for actual expenditures incurred in accordance with the CONTRACTOR's "budget"
12 documents approved by the COUNTY's DBH Director or designee and attached hereto as Exhibit C
13 and incorporated herein by this reference.

14 A. Maximum Contract Amount

15 The maximum amount payable to CONTRACTOR for the period of July 1, 2021
16 through June 30, 2022 shall not exceed One Million Two Hundred Thousand and No/100 Dollars
17 (\$1,200,000.00).

18 The maximum amount payable to CONTRACTOR for the period of July 1, 2022
19 through June 30, 2023 shall not exceed One Million Two Hundred Thousand and No/100 Dollars
20 (\$1,200,000.00).

21 The maximum amount payable to CONTRACTOR for the period of July 1, 2023
22 through June 30, 2024 shall not exceed One Million Two Hundred Thousand and No/100 Dollars
23 (\$1,200,000.00).

24 The maximum amount payable to CONTRACTOR for the period of July 1, 2024
25 through June 30, 2025 shall not exceed One Million Two Hundred Thousand and No/100 Dollars
26 (\$1,200,000.00).

27 The maximum amount payable to CONTRACTOR for the period of July 1, 2025
28 through June 30, 2026 shall not exceed One Million Two Hundred Thousand and No/100 Dollars

1 (\$1,200,000.00).

2 In no event shall the maximum contract amount for the services provided by the
3 CONTRACTOR to COUNTY under the terms and conditions of this Agreement be in excess Six Million
4 and No/100 Dollars (\$6,000,000.00) during the total Five (5) year term of the Agreement.

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

8 C. It is understood that all expenses incidental to CONTRACTOR's performance of
9 services under this Agreement shall be borne by CONTRACTOR. If CONTRACTOR fails to comply with
10 any provision of this Agreement, COUNTY shall be relieved of its obligation for further compensation.

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

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

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

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

1 G. The services provided by CONTRACTOR under this Agreement are funded in
2 whole or in part by the State of California. In the event that funding for these services is delayed by the
3 State Controller, COUNTY may defer payments to CONTRACTOR. The amount of the deferred payment
4 shall not exceed the amount of funding delayed by the State Controller to the COUNTY. The period of
5 time of the deferral by COUNTY shall not exceed the period of time of the State Controller's delay of
6 payment to COUNTY plus forty-five (45) days.

7 **5. INVOICING**

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

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

26 C. CONTRACTOR shall submit monthly invoices and general ledgers to COUNTY's
27 DBH that itemize the line item charges for monthly program costs. Unallowable costs such as lobbying or
28 political donations must be deducted from the monthly invoice reimbursements. The invoices and general

1 ledgers will serve as tracking tools to determine if CONTRACTOR's program costs are in accordance with
2 its budgeted cost. Failure to submit reports and other supporting documentation shall be deemed
3 sufficient cause for COUNTY to withhold payments until there is compliance, as further described in
4 Section Five (5) herein.

5 D. CONTRACTOR shall submit monthly staffing reports that identify all direct service
6 and support staff, applicable licensure/certifications, and full time hours worked to be used as a tracking
7 tool to determine if CONTRACTOR's program is staffed according to the services provided under this
8 Agreement.

9 E. CONTRACTOR must maintain financial records for a period of seven (7) years or
10 until any dispute, audit or inspection is resolved, whichever is later. CONTRACTOR will be responsible for
11 any disallowances related to inadequate documentation.

12 F. CONTRACTOR must attend COUNTY DBH's Business Office training on
13 equipment reporting for assets, intangible and sensitive minor assets.

14 **6. INDEPENDENT CONTRACTOR**

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

26 Because of its status as an independent contractor, CONTRACTOR shall have absolutely
27 no right to employment rights and benefits available to COUNTY employees. CONTRACTOR shall be
28 solely liable and responsible for providing to, or on behalf of, its employees all legally-required employee

1 benefits. In addition, CONTRACTOR shall be solely responsible and save COUNTY harmless from all
2 matters relating to payment of CONTRACTOR's employees, including compliance with Social Security,
3 withholding, and all other regulations governing such matters. It is acknowledged that during the term of
4 this Agreement, CONTRACTOR may be providing services to others unrelated to COUNTY or to this
5 Agreement.

6 **7. MODIFICATION**

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

9 Notwithstanding the above, changes to expense category (i.e., Salary & Benefits,
10 Facilities/Equipment, Operating, Financial Services, Special Expenses, Fixed Assets, etc.) subtotals in the
11 individual program budgets, as set forth in Exhibit C, that do not exceed ten percent (10%) of the maximum
12 compensation payable to CONTRACTOR, and movement of funds between the individual program
13 budgets that does not exceed ten percent (10%) of the the maximum compensation payable to the
14 CONTRACTOR, may be made with the written approval of COUNTY's DBH Director or designee.

15 In addition, changes to scope of services and responsibilities of the CONTRACTOR may be
16 made with the signed written approval of COUNTY's DBH Director or designee. Said changes shall not
17 result in any change to the maximum compensation amount payable to CONTRACTOR, as stated herein.

18 **8. NON-ASSIGNMENT**

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

21 **9. HOLD-HARMLESS**

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

1 CONTRACTOR, its officers, agents, or employees under this Agreement.

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

4 **10. INSURANCE**

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

8 A. Commercial General Liability

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

14 B. Automobile Liability

15 Comprehensive Automobile Liability Insurance with limits no less than One
16 Million Dollars (\$1,000,000) per accident for bodily injury and property damage.
17 Coverage should include any automobile used in connection with this
18 Agreement. If CONTRACTOR's employees are not covered by
19 CONTRACTOR's automobile liability insurance policy, CONTRACTOR shall
20 ensure that each employee as part of this Agreement procures and maintains
21 their own private automobile coverage with the same limits of no less than One
22 Million Dollars (\$1,000,000) per accident for bodily injury and property damage
23 and in force during the term of this Agreement, at the employee's sole cost and
24 expense.

21 C. Property Insurance

22 CONTRACTOR shall maintain a policy of insurance for all risk personal property
23 coverage which shall be endorsed naming the County of Fresno as an additional
24 loss payee. The personal property coverage shall be in an amount that will cover
25 the total of COUNTY purchase and owned property, at a minimum, as discussed
26 in Section Twenty (20) of this Agreement.

25 All Risk Property Insurance

26 As applicable, CONTRACTOR will provide property coverage for the full
27 replacement value of the COUNTY'S personal property in possession of
28 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.

1 D. Professional Liability

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

6 E. Worker's Compensation

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

9 F. Molestation

10 Sexual abuse / molestation liability insurance with limits of not less than One
11 Million Dollars (\$1,000,000.00) per occurrence, Two Million Dollars
12 (\$2,000,000.00) annual aggregate. This policy shall be issued on a per
13 occurrence basis

13 G. Cyber Liability

14 Cyber Liability Insurance, with limits not less than Two Million Dollars
15 (\$2,000,000) per occurrence or claim, Two Million Dollars (\$2,000,000)
16 aggregate. Coverage shall be sufficiently broad to respond to duties and
17 obligations undertaken by CONTRACTOR in this agreement and shall include,
18 but not be limited to, claims involving infringement of intellectual property,
19 including but not limited to infringement of copyright, trademark, trade dress,
20 invasion of privacy violations, information theft, damage to or destruction of
21 electronic information, release of private information, alteration of electronic
22 information, extortion and network security. The policy shall provide coverage for
23 breach response costs as well as regulatory fines and penalties as well as credit
24 monitoring expenses with limits sufficient to respond to these obligations.

21 H. Waiver of Subrogation

22 CONTRACTOR hereby grants to COUNTY a waiver of any right to subrogation
23 which any insurer of said CONTRACTOR may acquire against COUNTY by
24 virtue of the payment of any loss under insurance. CONTRACTOR agrees to
25 obtain any endorsement that may be necessary to affect this waiver of
26 subrogation, but this provision applies regardless of whether or not COUNTY has
27 received a waiver of subrogation endorsement from the insurer.

28 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 apply as primary insurance and any other insurance, or self-insurance,

1 maintained by COUNTY, its officers, agents, and employees shall be excess only and not contributing with
2 insurance provided under CONTRACTORS policies herein. This insurance shall not be cancelled or
3 changed without a minimum of thirty (30) days advance written notice given to COUNTY. CONTRACTOR
4 hereby waives its right to recover from COUNTY, its officers, agents, and employees any amounts paid by
5 the policy of worker's compensation insurance required by this Agreement. CONTRACTOR is solely
6 responsible to obtain any endorsement to such policy that may be necessary to accomplish such waiver of
7 subrogation, but CONTRACTOR's waiver of subrogation under this paragraph is effective whether or not
8 CONTRACTOR obtains such an endorsement.

9 CONTRACTOR hereby waives its right to recover from COUNTY, its officers, agents, and
10 employees any amounts paid by the policy of worker's compensation insurance required by this
11 Agreement. CONTRACTOR is solely responsible to obtain any endorsement to such policy that may be
12 necessary to accomplish such waiver of subrogation, but CONTRACTOR's waiver of subrogation under
13 this paragraph is effective whether or not CONTRACTOR obtains such an endorsement.

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

28 In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein

1 provided, COUNTY may, in addition to other remedies it may have, suspend or terminate this Agreement
2 upon the occurrence of such event.

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

6 **11. LICENSES/CERTIFICATES**

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

15 **12. RECORDS**

16 CONTRACTOR shall maintain its records in COUNTY's EHR system (currently Avatar)
17 in accordance with Exhibit D, "Documentation Standards for Client Records," attached hereto and
18 incorporated herein by reference and made part of this Agreement. The client record shall begin with
19 registration and intake and include client authorizations, assessments, plans of care, and progress
20 notes, as well as other documents as approved by the COUNTY's DBH. COUNTY shall be allowed to
21 review records of services provided, including the goals and objectives of the treatment plan, and how
22 the therapy provided is achieving the goals and objectives. If CONTRACTOR determines to maintain
23 its records in COUNTY's EHR system, it shall provide COUNTY's DBH Director, or designee, with a
24 thirty (30) day notice. If at any time CONTRACTOR chooses not to maintain its records in COUNTY's
25 EHR system, it shall provide COUNTY'S DBH Director, or designee, with a thirty (30) day notice and
26 CONTRACTOR will be responsible for obtaining its own system, at its own cost, for Electronic Health
27 Record management. Disclaimer – COUNTY makes no warranty or representation that information
28 entered into the COUNTY's EHR system by CONTRACTOR will be accurate, adequate or satisfactory

1 for CONTRACTOR's own purposes or that any information in CONTRACTOR's possession or control,
2 or transmitted or received by CONTRACTOR, is or will be secure from unauthorized access, viewing,
3 use, disclosure, or breach. CONTRACTOR is solely responsible for client information entered by
4 CONTRACTOR into the COUNTY's EHR system. CONTRACTOR agrees that all Private Health
5 Information (PHI) maintained by CONTRACTOR in COUNTY's EHR system will be maintained in
6 conformance with all Health Insurance Portability and Accountability Act (HIPAA) laws, as stated in
7 Section Eightteen (18), "Health Insurance Portability and Accountability Act".

8 COUNTY shall be allowed to review all records of services provided, including the goals
9 and objectives of the treatment plan, and how the therapy provided is achieving the goals and objectives.
10 All mental health records shall be considered the property of the COUNTY and shall be retained by the
11 COUNTY upon termination or expiration of this Agreement.

12 CONTRACTOR shall maintain records in accordance with COUNTY's "Documentation
13 Standards for Client Records," attached hereto as Exhibit D and incorporated herein by reference.
14 During site visits, COUNTY shall be allowed to review records of services provided, including the goals
15 and objectives of the treatment plan, and how the therapy provided is achieving the goals and
16 objectives. All medical records shall be maintained for a minimum of ten (10) years from the date of the
17 end of the Agreement.

18 **13. REPORTS**

19 A. Outcome Reports

20 CONTRACTOR shall submit to COUNTY's DBH service outcome reports as
21 requested by COUNTY's DBH. Outcome reports and outcome requirements are subject to change at
22 COUNTY's DBH discretion.

23 B. Activity Reports

24 CONTRACTOR shall submit to County's DBH by the 10th of each month all monthly
25 activity and budget reports for the preceding month.

26 C. Quarterly Progress Reports

27 CONTRACTOR shall complete Quarterly Progress Reports in the form set forth in
28 Exhibit A, attached hereto and by this reference incorporated herein and made part of this Agreement.

1 Quarterly reports shall be submitted to COUNTY's DBH Contracts Division for review within thirty (30) days
2 of the end of each quarter

3 D. MHSA PEI

4 CONTRACTOR shall submit to the County's DBH MHSA PEI reports and
5 participate in evaluation activities as described in Exhibit A.

6 E. Additional Reports

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

14 **14. MONITORING**

15 CONTRACTOR agrees to extend to COUNTY's staff, COUNTY's DBH Director, and the
16 State Department of Health Care Services or their designees, the right to review and monitor records,
17 services, or procedures, at any time, in regard to clients, as well as the overall operation of
18 CONTRACTOR's performance, in order to ensure compliance with the terms and conditions of this
19 Agreement.

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

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

24 **16. COMPLIANCE WITH STATE REQUIREMENTS**

25 CONTRACTOR recognizes that COUNTY operates its mental health programs under an
26 agreement with the State of California Department Health Care Services, and that under said agreement
27 the State imposes certain requirements on COUNTY and its subcontractors. CONTRACTOR shall adhere
28 to all State requirements, including those identified in Exhibit E, "State Mental Health Requirements",

1 attached hereto and by this reference incorporated herein and made part of this Agreement.

2 **17. CONFIDENTIALITY**

3 All services performed by CONTRACTOR under this Agreement shall be in strict
4 conformance with all applicable Federal, State of California and/or local laws and regulations relating to
5 confidentiality.

6 **18. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

7 COUNTY and CONTRACTOR each consider and represent themselves as covered
8 entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-
9 191 (HIPAA) and agree to use and disclose Protected Health Information (PHI) as required by law.

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

12 COUNTY and CONTRACTOR intend to protect the privacy and provide for the security of
13 PHI pursuant to the Agreement in compliance with HIPAA, the Health Information Technology for
14 Economic and Clinical Health Act, Public Law 111-005 (HITECH), and regulations promulgated thereunder
15 by the U.S. Department of Health and Human Services (HIPAA Regulations) and other applicable laws.
16 As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require CONTRACTOR to enter
17 into a contract containing specific requirements prior to the disclosure of PHI, as set forth in, but not limited
18 to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations.

19 **19. DATA SECURITY**

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

26 **A. CONTRACTOR-Owned Mobile, Wireless, or Handheld Devices**

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

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

B. CONTRACTOR-Owned Computers or Computer Peripherals

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

C. COUNTY-Owned Computer Equipment

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

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

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

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

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

H. COUNTY shall provide oversight to CONTRACTOR's response to all incidents

1 arising from a possible breach of security related to COUNTY's confidential client information provided to
 2 CONTRACTOR. CONTRACTOR will be responsible to issue any notification to affected individuals as
 3 required by law or as deemed necessary by COUNTY in its sole discretion. CONTRACTOR will be
 4 responsible for all costs incurred as a result of providing the required notification.

5 **20. PROPERTY OF COUNTY**

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

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

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

14 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 |

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

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

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

14 CONTRACTOR further agrees to the following:

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

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

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

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

1 COUNTY.

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

12 **21. NON-DISCRIMINATION**

13 During the performance of this Agreement, CONTRACTOR and its subcontractors shall not
14 deny the contract's benefits to any person on the basis of race, religious creed, color, national origin,
15 ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex,
16 gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, not shall
17 they discriminate unlawfully against any employee or applicant for employment because of race, religious
18 creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic
19 information, marital status, sex, gender identity, gender expression, age, sexual orientation, or military and
20 veteran status.

21 CONTRACTOR shall ensure that the evaluation and treatment of employees and
22 applicants for employment are free of such discrimination. CONTRACTOR and subcontractors shall
23 comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12800 et seq.), the
24 regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5,
25 Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §11135-11139.5), and the
26 regulations or standards adopted by the awarding state agency to implement such article. CONTRACTOR
27 shall permit access by representatives of the Department of Fair Employment and Housing and the
28 awarding state agency upon reasonable notice at any time during the normal business hours, but in no

1 case less than twenty-four (24) hours notice, to such of its books, records, accounts, and all other sources
2 of information and its facilities as said department or agency shall require to ascertain compliance with this
3 clause. CONTRACTOR and its subcontractors shall give written notice of their obligations under this
4 clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal.
5 Code Regs., tit. 2, §11105.) CONTRACTOR shall include the non-discrimination and compliance
6 provisions of this clause in all subcontracts to perform work under this Agreement.

7 **22. CULTURAL COMPETENCY**

8 As related to Cultural and Linguistic Competence:

9 A. CONTRACTOR shall not discriminate against beneficiaries based on race, color,
10 national origin, sex, disability, or religion. CONTRACTOR shall ensure that a limited and/or no English
11 proficient beneficiary is entitled to equal access and participation in federally funded programs through
12 the provision of comprehensive and quality bilingual services pursuant to Title 6 of the Civil Rights Act
13 of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and Executive Order 12250 of 1979.

14 B. CONTRACTOR shall comply with requirements of policies and procedures for
15 ensuring access and appropriate use of trained interpreters and material translation services for all
16 limited and/or no English proficient beneficiaries, including, but not limited to, assessing the cultural and
17 linguistic needs of the beneficiaries, training of staff on the policies and procedures, and monitoring its
18 language assistance program. CONTRACTOR's policies and procedures shall ensure compliance of any
19 subcontracted providers with these requirements.

20 C. CONTRACTOR shall notify its beneficiaries that oral interpretation is available for
21 any language and written translation is available in prevalent languages and that auxiliary aids and
22 services are available upon request, at no cost and in a timely manner for limited and/or no English
23 proficient beneficiaries and/or beneficiaries with disabilities. CONTRACTOR shall avoid relying on an adult
24 or minor child accompanying the beneficiary to interpret or facilitate communication; however, if the
25 beneficiary refuses language assistance services, the CONTRACTOR must document the offer, refusal
26 and justification in the beneficiary's file.

27 D. CONTRACTOR shall ensure that employees, agents, subcontractors, and/or
28 partners who interpret or translate for a beneficiary or who directly communicate with a beneficiary in a

1 language other than English (1) have completed annual training provided by COUNTY at no cost to
2 CONTRACTOR; (2) have demonstrated proficiency in the beneficiary's language; (3) can effectively
3 communicate any specialized terms and concepts specific to CONTRACTOR's services; and (4) adheres
4 to generally accepted interpreter ethic principles. As requested by COUNTY, CONTRACTOR shall identify
5 all who interpret for or provide direct communication to any program beneficiary in a language other than
6 English, and identify when the CONTRACTOR last monitored the interpreter for language competence.

7 E. CONTRACTOR shall submit to COUNTY for approval, within ninety (90) days from
8 date of contract execution, CONTRACTOR's plan to address all fifteen (15) National Standards for
9 Culturally and Linguistically Appropriate Service (CLAS), as published by the Office of Minority Health and
10 as set forth in Exhibit G "National Standards on Culturally and Linguistically Appropriate Services",
11 attached hereto and incorporated herein by reference and made part of this Agreement. As the CLAS
12 standards are updated, CONTRACTOR's plan must be updated accordingly. As requested by COUNTY,
13 CONTRACTOR shall be responsible for conducting an annual CLAS self-assessment and providing the
14 results of the self-assessment to the COUNTY. The annual CLAS self-assessment instruments shall be
15 reviewed by the COUNTY and revised as necessary to meet the approval of the COUNTY.

16 F. Cultural competency training for CONTRACTOR staff should be substantively
17 integrated into health professions education and training at all levels, both academically and functionally,
18 including core curriculum, professional licensure, and continuing professional development programs. As
19 requested by COUNTY, CONTRACTOR shall report on the completion of cultural competency trainings to
20 ensure direct service providers are completing a minimum of eight (8) hours of cultural competency
21 training annually.

22 G. CONTRACTOR shall create and sustain a forum that includes staff at all agency
23 levels to discuss cultural competence. COUNTY encourages a representative from CONTRACTOR's
24 forum to attend COUNTY's Cultural Humility Committee.

25 **23. AMERICANS WITH DISABILITIES ACT**

26 CONTRACTOR agrees to ensure that deliverables developed and produced, pursuant to
27 this Agreement, shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act
28 and the Americans with Disabilities Act of 1973 as amended (29 U.S.C. § 794 (d)), and regulations

1 implementing that Act as set forth in Part 1194 of Title 36 of the Code of Federal Regulations. In 1998,
2 Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic and
3 information technology (EIT) accessible to people with disabilities. California Government Code section
4 11135 codifies section 508 of the Act requiring accessibility of electronic and information technology.

5 **24. CONFLICT OF INTEREST**

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

10 CONTRACTOR shall also comply with all Federal, State of California, and local conflict
11 of interest laws, statutes, and regulations, which shall be applicable to all parties and beneficiaries
12 under this Agreement and any officer, agent, or employee of COUNTY.

13 **25. TAX EQUITY AND FISCAL RESPONSIBILITY ACT**

14 To the extent necessary to prevent disallowance of reimbursement under section
15 1861(v)(1) (I) of the Social Security Act, (42 U.S.C. § 1395x, subd. (v)(1)[I]), until the expiration of four (4)
16 years after the furnishing of services under this Agreement, CONTRACTOR shall make available, upon
17 written request to the Secretary of the United States Department of Health and Human Services, or upon
18 request to the Comptroller General of the United States General Accounting Office, or any of their duly
19 authorized representatives, a copy of this Agreement and such books, documents, and records as are
20 necessary to certify the nature and extent of the costs of these services provided by CONTRACTOR under
21 this Agreement. CONTRACTOR further agrees that in the event CONTRACTOR carries out any of its
22 duties under this Agreement through a subcontract, with a value or cost of Ten Thousand and No/100
23 Dollars (\$10,000.00) or more over a twelve (12) month period, with a related organization, such Agreement
24 shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of such
25 services pursuant to such subcontract, the related organizations shall make available, upon written request
26 to the Secretary of the United States Department of Health and Human Services, or upon request to the
27 Comptroller General of the United States General Accounting Office, or any of their duly authorized
28 representatives, a copy of such subcontract and such books, documents, and records of such organization

1 as are necessary to verify the nature and extent of such costs.

2 **26. SINGLE AUDIT CLAUSE**

3 A. If CONTRACTOR expends Seven Hundred Fifty Thousand and No/100 Dollars
4 (\$750,000.00) or more in Federal and Federal flow-through monies, CONTRACTOR agrees to conduct an
5 annual audit in accordance with the requirements of the Single Audit Standards as set forth in Office of
6 Management and Budget (OMB) 2 CFR 200. CONTRACTOR shall submit said audit and management
7 letter to COUNTY. The audit must include a statement of findings or a statement that there were no
8 findings. If there were negative findings, CONTRACTOR must include a corrective action plan signed by
9 an authorized individual. CONTRACTOR agrees to take action to correct any material non-compliance or
10 weakness found as a result of such audit. Such audit shall be delivered to COUNTY's DBH Finance
11 Division for review within nine (9) months of the end of any fiscal year in which funds were expended
12 and/or received for the program. Failure to perform the requisite audit functions as required by this
13 Agreement may result in COUNTY performing the necessary audit tasks, or at COUNTY's option,
14 contracting with a public accountant to perform said audit, or may result in the inability of COUNTY to enter
15 into future agreements with CONTRACTOR. All audit costs related to this Agreement are the sole
16 responsibility of CONTRACTOR.

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

1 Controller/Treasurer-Tax Collector.

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

7 **27. COMPLIANCE**

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

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

28 **28. ASSURANCES**

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

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

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

26 1) In the event the potential employee or subcontractor informs
27 CONTRACTOR that he or she is excluded, suspended, debarred, or otherwise ineligible, or has been
28 convicted of a criminal offense relating to the provision of health care services, and CONTRACTOR hires

1 or engages such potential employee or subcontractor, CONTRACTOR will ensure that said employee or
2 subcontractor does no work, either directly or indirectly relating to services provided to COUNTY.

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

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

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

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

1 Such demand for adequate assurance shall be effective upon a time frame to be determined by COUNTY
2 to protect the interests of COUNTY consumers.

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

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

9 **29. PUBLICITY PROHIBITION**

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

18 **30. COMPLAINTS**

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

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

1 complaint. In addition, CONTRACTOR shall inform every client of their rights as set forth in Exhibit I.
2 CONTRACTOR shall file an incident report for all incidents involving clients, following the protocol and
3 using the worksheet identified in Exhibit J.

4 **31. CHILD ABUSE REPORTING ACT**

5 CONTRACTOR shall establish a procedure acceptable to the COUNTY's DBH
6 Director, or his or her designee, to ensure that all of the CONTRACTOR's employees, consultants,
7 subcontractors or agents described in the Child Abuse Reporting Act, section 1116 et seq. of the Penal
8 Code, and performing services under this Agreement shall report all known or suspected child abuse or
9 neglect to a child protective agency as defined in Penal Code section 11165.9. This procedure shall
10 include:

11 A. A requirement that all CONTRACTOR's employees, consultants, subcontractors
12 or agents performing services shall sign a statement that he or she knows of and will comply with the
13 reporting requirements as defined in Penal Code section 11166(a).

14 B. Establishing procedures to ensure reporting even when employees, consultants,
15 subcontractors, or agents who are not required to report child abuse under Penal Code section 11166(a),
16 gain knowledge of or reasonably suspect that a child has been a victim of abuse or neglect

17 **32. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST INFORMATION**

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

21 In accordance with C.F.R., Title 42 §§ 455.101, 455.104, 455.105 and 455.106(a)(1),(2),
22 the following information must be disclosed by CONTRACTOR by completing Exhibit K, "Disclosure of
23 Ownership and Control Interest Statement", attached hereto and by this reference incorporated herein and
24 made part of this Agreement. CONTRACTOR shall submit this form to the COUNTY's DBH within thirty
25 (30) days of the effective date of this Agreement. Additionally, CONTRACTOR shall report any changes to
26 this information within thirty-five (35) days of occurrence by completing Exhibit K. Submissions shall be
27 scanned portable document format (pdf) copies and are to be sent via email to COUNTY's DBH assigned
28 Staff Analyst.

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

10 **33. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS**

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

14 C. Within the three (3) year period preceding the Agreement award, they have been
15 convicted of, or had a civil judgment rendered against them for:

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

22 D. Within the three (3) year period preceding the Agreement award, they have had a
23 public transaction (federal, state, or local) terminated for cause or default.

24 Disclosure of the above information will not automatically eliminate CONTRACTOR from
25 further business consideration. The information will be considered as part of the determination of whether
26 to continue and/or renew this Agreement and any additional information or explanation that
27 CONTRACTOR elects to submit with the disclosed information will be considered. If it is later determined
28 that CONTRACTOR failed to disclose required information, any contract awarded to such CONTRACTOR

1 may be immediately voided and terminated for material failure to comply with the terms and conditions of
2 the award.

3 CONTRACTOR must sign a "Certification Regarding Debarment, Suspension, and Other
4 Responsibility Matters- Primary Covered Transactions" in the form set forth in Exhibit L, attached hereto
5 and by this reference incorporated herein and made part of this Agreement. Additionally, CONTRACTOR
6 must immediately advise COUNTY's DBH in writing if, during the term of this Agreement: (1)
7 CONTRACTOR becomes suspended, debarred, excluded, or ineligible for participation in Federal or State
8 funded programs or from receiving federal funds as listed in the excluded parties' list system
9 (<http://www.epls.gov>); or (2) any of the above listed conditions become applicable to CONTRACTOR.

10 CONTRACTOR shall indemnify, defend, and hold COUNTY harmless for any loss or damage resulting
11 from a conviction, debarment, exclusion, ineligibility, or other matter listed in the signed Certification
12 Regarding Debarment, Suspension, and Other Responsibility Matters.

13 **34. DISCLOSURE OF SELF-DEALING TRANSACTIONS**

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

17 Members of a CONTRACTOR's Board of Directors shall disclose any self-dealing
18 transactions that they are a party to while CONTRACTOR is providing goods or performing services under
19 this Agreement. A self-dealing transaction shall mean a transaction to which CONTRACTOR is a party
20 and in which one or more of its directors has a material financial interest. Members of the Board of
21 Directors shall disclose any self-dealing transactions that they are a party to by completing and signing a
22 "Self-Dealing Transaction Disclosure Form", attached hereto as Exhibit M and incorporated herein by
23 reference and made part of this Agreement, and submitting it to COUNTY prior to commencing with the
24 self-dealing transaction or immediately thereafter.

25 **35. AUDITS AND INSPECTIONS**

26 After reasonable notice to CONTRACTOR, CONTRACTOR shall, at any time during
27 business hours and as often as COUNTY may deem necessary, make available to COUNTY for
28 examination all of its records and data with respect to the matters covered by this Agreement.

1 CONTRACTOR shall, upon request by COUNTY, permit COUNTY to audit and inspect all such records
2 and data necessary to ensure CONTRACTOR's compliance with the terms of this Agreement.

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

6 **36. NOTICES**

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

9 COUNTY

10 Director, Fresno County
11 Department of Behavioral Health
12 1925 E. Dakota Ave
13 Fresno, CA 93726

CONTRACTOR

Chief Executive Officer
Kings View
7170 N. Financial Dr. Ste. 110
Fresno, CA 93720

14 All notices between COUNTY and CONTRACTOR provided for or permitted under this
15 Agreement must be in writing and delivered either by personal service, by first-class United States mail, by
16 an overnight commercial courier service, or by telephonic facsimile transmission. A notice delivered by
17 personal service is effective upon service to the recipient. A notice delivered by first-class United States
18 mail is effective three (3) COUNTY business days after deposit in the United States mail, postage prepaid,
19 addressed to the recipient. A notice delivered by an overnight commercial courier service is effective one
20 (1) COUNTY business day after deposit with the overnight commercial courier service, delivery fees
21 prepaid, with delivery instructions given for next day delivery, addressed to the recipient. A notice
22 delivered by telephonic facsimile is effective when transmission to the recipient is completed (but, if such
23 transmission is completed outside of COUNTY business hours, then such delivery shall be deemed to be
24 effective at the next beginning of a COUNTY business day), provided that the sender maintains a machine
25 record of the completed transmission. For all claims arising out of or related to this Agreement, nothing in
26 this section establishes, waives, or modifies any claims presentation requirements or procedures provided
27 by law, including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government
28 Code, beginning with section 810).

37. GOVERNING LAW

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

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

5 **38. ELECTRONIC SIGNATURE:**

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

21 **39. ENTIRE AGREEMENT**

22 This Agreement, including all Exhibits, Revised RFP No. 20-019 and CONTRACTOR’s
23 Response thereto, constitutes the entire agreement between CONTRACTOR and COUNTY with respect
24 to the subject matter hereof and supersedes all previous agreement negotiations, proposals,
25 commitments, writings, advertisements, publications, and understandings of any nature whatsoever unless
26 expressly included in this Agreement.

27 ///

28 ///

1 ///

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

4 **CONTRACTOR:**

COUNTY OF FRESNO

5 **Kings View**

6 DocuSigned by:
7 Amanda Nugent Divine
8 AD4F817F70914B6...



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

9 Print Name: Amanda Nugent Divine

10 Title: CEO

11 Chair of the Board, or President
12 or any Vice President

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

17 DocuSigned by:
18 Michael Kosareff
19 70925D1D4B06400...

20 Print Name: Michael Kosareff

21 By 
22 Deputy

23 Title: CFO

24 Secretary of Corporation, or
25 any Assistant Secretary, or
26 Chief Financial Officer, or
27 any Assistant Treasurer

28 Mailing Address:
7170 N. Financial Dr. Ste. 110
Fresno, CA 93720
Phone No.: (559) 256-0100
Contact: Leon Hoover

FOR ACCOUNTING USE ONLY:

Fund/Subclass: 0001/10000
Organization: 56304521
Account No.: 7295

**Peer Wellness Center
Blue Sky Wellness Center
Scope of Work**

I. Project Description

Contractor shall operate a Peer Wellness Center that provides a range of prevention, wellness and recovery focused activities. Services shall be in a drop-in format and peer support driven. The wellness and recovery focused activities are to include social and volunteer employment activities and/or opportunities, education, and peer support services to address illness, stigma, life skills needs, co-occurring needs, and linkages to other support services.

II. Target Population

Fresno County residents 18 years and older, including the unserved and underserved cultural, ethnic, and linguistic communities. Individuals will participate in peer support driven wellness and recovery activities through education, socialization, life skills building (including independent living), recreational activities, employment supports, and vocational services. Participation is voluntary.

III. Location of Services and Hours of Operation

Blue Sky staff shall be available to provide services to consumers and family members between the hours of 8:00 AM and 5:00 PM, Monday through Saturday, at the Blue Sky Wellness and Recovery Center, located at 1617 E. Saginaw, Fresno, CA. Any change in the hours of operation shall be communicated in writing to the DBH Director or designee for approval before implementation.

IV. Description of Services

The Peer Wellness Center shall be consumer run organization. Members shall in positions of power and can take a wide range of forms including providing treatment, case management, housing, crisis, education, job search, or advocacy services. Contractor shall provide individuals who have experience with mental illness with peer support and other services to improve functioning across different areas of life.

Volunteer Peer/Family Support

PWC shall consist of members and family members, including member/family member volunteers, who provide the supportive services including, but not limited to:

- Group and individual support services in addition to teaching
- Wellness Recovery Action Plan and Crisis Plan Services

- Transportation.
- Education in the area of life skills, e.g., money management, independent living skills, cooking, cleaning, etc.
- The provision of social and recreational opportunities and leisure education.
- Job readiness services.
- Social benefits counseling.
- Literacy and other educational services.
- Other needed support services as identified through members and family members.

Volunteer Peer Support Training

- At this time, training will be held Friday mornings for a 2-hour duration. This schedule is subject to change as needed.
- Pre-registration will not be required.
- All participants shall be accepted and will be required to attend four of the six weeks to obtain a certificate of completion. Following the completion of initial training, volunteers will be required to attend weekly one-hour on-going training sessions to discuss assigned duties, challenges, and their feelings of accomplishment. The trainer will introduce current national, state, and local mental health member issues for discussion as well as mental health trends and state wellness and recovery center activities.
- All Volunteer Support Staff shall receive a \$55.00 stipend via gift card, if they volunteer for at least 40 hours in the month. This will help supplement their income and keep them motivated to continue participation.
- Additionally, once training is complete, individuals shall receive a certificate for their records.

Life Skills and Independent Living

Wellness and recovery staff provide age-appropriate curriculum for life skills and independent living, including, but not limited to:

- Problem-solving and skill development
- Education about mental illness and a client's own role in wellness
- Physical health and personal hygiene
- Housekeeping, shopping, and meal preparation
- Personal budget and money management
- Transportation
- Housing – locating, financing, and maintaining safe, clean, and affordable housing
- Social, interpersonal relationship and leisure-time skill training
- Activities of daily living in community-based settings
- Support services for the basic necessities of daily life
- Employment training
- Vocational training
- Volunteer opportunities

Educational Services

Wellness and recovery staff and volunteers shall provide appropriate mental health awareness and educational services to individuals on-site. Wellness and recovery staff and volunteers will

provide appropriate educational services to individuals living with mental illness and to family members or other support persons.

Educational services for families and caregivers (client support) should be appropriately tailored to meet the mental health education needs of the family/support persons of the client.

Specifically, mental health education activities increase the knowledge of family members and support persons specifically with respect to:

- Learning about mental illness in general and information specific to their loved ones' disorder.
- Developing strategies to assist in managing wellness and recovery.
- Reducing stressors and building protective factors within the family.
- Providing social support, a sense of connectedness to others with lived experiences, and encouragement/hope.
- Developing strategies to focus on the future.
- Finding innovative ways for families and supporters to help individuals served in their recovery.

The following strategies shall be used to educate individuals served and the community to reduce stigma associated with mental illness, prevention, early intervention, substance use and suicide prevention.

- The Center's primary focus shall be on a basic mental health recovery principle: dispensing hope, having freedom of choice, modeling self-determination, and personal responsibility, and the fact that we can and do heal from a mental health diagnosis. The Center shall be member directed and member driven.
- Wellness Recovery Action Plan (WRAP)
- Resiliency Curriculum
- Community Events
- Member Mental Health Education Classes
 - Focused on encouraging wellness and independence in the community. Training and curriculum for individual support include:
 - Problem-solving
 - Education about the member's illness and encouraging active participation and decision-making in the therapeutic process
 - Life-skills development, including:
 - Personal hygiene
 - Household chores (housekeeping/cooking/laundry/shopping)
 - Money management skills
 - Using community transportation
 - Housing - locating, financing, and maintaining safe, clean, and affordable housing

Vocational Services Business Model

The vocational services business model can be used to help individuals with mental illnesses and/or other behavioral health issues to build the skills and confidence needed to live a successful, independent life. The business model can be used to prepare individuals for a specific trade, or it can be used to develop relationships with community partners to provide on-

the-job training skills. Such skills would be expected to span all aspects of a trade allowing individuals in Fresno County to gain employment, earn income, and work in an environment alongside others. Individuals served and family members/support persons of individuals served could be used to staff the business model with wellness and recovery staff.

Wellness and recovery staff and volunteers shall use the Customer-Driven Approach to Supported Employment model. Wellness and recovery staff will lean upon the SAMSHA Evidence-Based Practices Kit for Supported Employment for training frontline staff and building supported employment practices for our TAY and adult populations. This model consists of having members participate in the Volunteer Peer Trainings provided by Kings View. The Coordinator of Vocational Services aids members in determining what type of work they desire once the Consumer Volunteer Peer Training is completed. This may include an opportunity to work in the onsite Mini Mart under appropriate supervision to gain employment skills. The Vocational Coordinator will assist the member in an earnest job search and acts as a conduit for employment in collaboration with members. Collaborative relationships are established with agencies and businesses that provide vocational training for participants of Blue Sky, including adults and TAY.

Employment Services

Pre-employment and job exploration supportive services shall be provided to clients who are not quite ready for vocational training. Wellness and recovery staff shall provide resource education regarding employment services within the community with referrals as appropriate. Additionally, Blue Sky administrators shall leverage as well as collaborate with the existing employment services in the community including Workforce Connection. Wellness and recovery staff will provide resource education regarding employment services within the community for referrals as appropriate.

Employment services will provide pre-employment skills, job readiness and job exploration support services to clients. Wellness and recovery staff will provide resource education regarding employment services within the community for referrals as appropriate. Additionally, vocational services will help clients with job search and development skills, and also support clients once they are employed. Services may include:

- Assessment of needs including identifying individuals' skills, interests, and career goals, to help match the individuals to their job of choice
- Service planning, coordination and monitoring
- Linkages to community services and employment resources
- Advocacy and support
- Obtaining and maintaining financial benefits
- Education, support and consultation to families
- Assistance in conducting a job search
- Learning basic interpersonal skills required of employment

Family Support/Integration Plan

Programming that is specific to family members and other support persons of individuals living with mental illness is an integral component to the wellness and recovery model for client populations being served through MHSA. Family support services shall be appropriately tailored to the age group of the client populations being served. Staffing at Blue Sky includes individuals

living with mental illness as well as family members in order to build a partnership among members, families, supporters, and practitioners. An atmosphere of hope and cooperation is created through appropriate relationship building, education, collaboration, and problem-solving.

Family members shall be encouraged to join peer-led educational and support groups, which will allow them to find a deeper understanding of serious mental illness, develop problem solving and crisis management skills, gain social and emotional support, and become a determined advocate. The Family Wellness and Recovery Action Plan (Family WRAP) shall be utilized so that family and support person can sustain stability for themselves and the consumer.

Blue Sky will provide a location for family members and support persons to meet for peer to peer support groups. Wellness and recovery staff and volunteers shall provide resources and information to family members and support persons as needed. Contractor will work with other community agencies to provide an array of services

Peer Advisory Council(s)

Blue Sky Center requires a Peer Advisory Council to steer the process planning and implementation of prevention and early intervention activities from the client and family member perspective.

The Peer Advisory Council (PAC) shall meet monthly and members and support person of members will drive the policies and activities at the Center. All support groups and activities will be chosen by the members. The PAC, as well as member, paid staff, and volunteers, will determine the support group topics and activities which reflect their ethnicity, culture, and gender.

The Peer Advisory Council requires representation from the Transitional Age Youth (TAY) Advisory Council and will ensure active participation from adults, older adults, and family member populations. TAY will have an active role in guiding and having ownership of their TAY prevention activities. A TAY member-driven advisory council shall be operated separately from the Peer Advisory Council noted above. It will be required that a TAY client-driven advisory council will be developed and operated separately from the Peer Advisory Council noted above within thirty (30) days of contract execution.

The TAY Peer Advisory Council shall meet weekly/monthly. Sign in sheet and meeting minutes shall be made available to COUNTY upon request. This gives the TAY members a voice in the decision-making process and operations, such as the types of activities, groups, and rules.

Two members shall attend the DBH Behavioral Health Quality Improvement Committee currently held on the 2nd Wednesday of the month at 1:30pm.

V. Staffing Level

The staffing plan for Blue Sky Wellness Center should be clear and concise and allow for full implementation of all program components. Program components of Blue Sky require the consultation or staffing of a Licensed Mental Health Clinician to provide oversight to the program. Any changes in staffing volume must be requested in writing and approved by DBH Director or designee before implementation.

The Blue Sky and Wellness Center staffing includes the Program Manager, Secretary, Intake and Support Services Coordinator, Volunteer Coordinator, Vocational Coordinator, Activities

Coordinator, Case Manager, and Peer Support Specialists. Clinical oversight will be provided by a designated licensed clinician who provides support to the Center staff on a variety of issues related to mental illness, including identifying early-onset mental illness in our youth.

Specifically, wellness and recovery staff shall include persons who are bilingual and bicultural in order to provide culturally and linguistically appropriate strength-based mental health supportive services that are client and family driven. All bilingual staff will be required to meet the language proficiency requirements set by County policy. Should a potential client require language assistance outside the proficiency of the staff, a certified interpreter will be required.

Position titles do not fully define lived experience as peer or family; a "peer position" is reflective of lived experience. It is expected that services shall be provided by peer support specialists and volunteers. All volunteers will participate in a volunteer training program prior to volunteer service commencing. Staffing patterns should allow for staff specialization in services to the different age groups and families to be served.

Senate Bill (SB) 803 requires the development of a peer support certification program and other requirements around peer support services by DHCS. The Department acknowledges that detailed requirements have not yet been published by DHCS. Bidder shall be flexible and adaptable to ensure compliance with regulations and requirements as set forth by DHCS and DBH.

VI. Performance and Outcome Measurements

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

In addition, these measures shall be used to ensure the program is in alignment with MHSA guiding principles which are inclusive of: an integrated service experience; community collaboration; cultural competence; individual/family driven service; and wellness, resilience, and recovery-focused services.

Performance outcome measures shall be tracked on an ongoing basis and used to update the COUNTY monthly (by the 10th of the month following the report period). In addition, performance outcome measures are reported to the COUNTY annually in accumulative reports for overall program and contract evaluation. Forms and tools used to gather, and report data reflecting services provided, populations served, and impact of those services are to be developed by the COUNTY and CONTRACTOR. CONTRACTOR will work closely with the COUNTY to analyze the data and make necessary adjustments to service delivery and reporting requirements before the start of each new fiscal year and at appropriate intervals during the fiscal year.

Measurable outcomes may be reviewed for input and approval by a designated DBH work group upon contract execution and adjusted as needed each new fiscal year. The purpose of this review process is to ensure a comprehensive system wide approach to the evaluation of programs through an effective outcome reporting process.

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

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

Contractor shall actively participate with DBH and any outside consultants for performance monitoring and reporting requirement.

- 100% of Clients seeking to participate at Blue Sky will complete the intake and assessment process and begin orientation within one (1) operating day. (Efficiency)
- Blue Sky will Serve approximately 70 Clients per day. (Access)
- Blue Sky will offer a minimum of 20 support groups/ activities each week. (Access)
- 50% of active volunteers engage in pre-employment/job readiness programs. (Effectiveness)
- 40% of active volunteers serve 40 hours or more a month. (Effectiveness)
- Support Groups and Activity Check-ins represent 60% of the total Check-ins at Blue Sky. (Effectiveness)
- 50% of Support Group Check-ins include individualized one on one engagement with Clients. (Effectiveness)
- 80% of Clients state that Services provided by Blue Sky have been a positive influence in their lives. (Satisfaction and Feedback)
- 80% of Clients state that Blue Sky is an important factor in maintaining their Wellness and Recovery. (Satisfaction and Feedback)
- If services need to be shifted due to a pandemic or disaster, Blue Sky Staff Members will conduct daily phone calls to support the clients during the pandemic and maintain their level of engagement. (Access)

Additional Reporting Requirements

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

MHSA PEI-Contractor will be required to track and submit data as required by MHSA PEI reporting requirements. Contractor shall comply with requests developed from PEI Program Evaluation Project and DBH partnership with RAND Corporation.

COUNTY RESPONSIBILITIES

1. DBH MHSA Coordinator or designee shall assist the contractor in making linkages with the total mental health system. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
2. DBH MHSA Coordinator or designee shall participate in evaluating the progress of the overall program and the efficiency and will be available to the contractor for ongoing consultation.
3. DBH MHSA Coordinator or designee will gather outcome information from target consumer groups and CONTRACTOR throughout the term of contract. DBH MHSA Coordinator or designee will notify CONTRACTOR when its participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, consumer and staff interviews, chart reviews, and other methods of obtaining required information.
4. The County Department of Behavioral Health (DBH), Mental Health Services Act Coordinator or designee will provide oversight of "Blue Sky" services funded through MHSA Prevention and Early Intervention (PEI) funding and collaborate with contractor(s) and other County Departments and community agencies to help achieve State program goals and outcomes. In addition to contract monitoring of program(s), oversight includes, but is not limited to, coordination with the State Department of Mental Health in regard to program administration and outcomes.

CONTRACTOR RESPONSIBILITIES

1. CONTRACTOR will maintain facilities and equipment and operate continuously with the number and classification of staff required for the provision of services.
2. CONTRACTOR must have a location that is accessible by public transportation and approved by COUNTY.
3. CONTRACTOR will be required to comply with all State regulations regarding State Performance Outcomes measurement requirements and participate in the outcomes measurement process as required by the County and applicable funding sources.
4. CONTRACTOR will participate in performance outcomes throughout the term of the contract. DBH MHSA Coordinator or designee will notify CONTRACTOR when its participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, consumer and staff interviews, chart reviews, and other methods of obtaining needed information, as outlined in the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan.
5. CONTRACTOR's staff will possess appropriate licenses and certificates and be qualified in accordance with applicable statutes and regulations. CONTRACTOR will obtain, maintain and comply with all necessary government authorizations, permits and

licenses required to conduct its operations. In addition, the CONTRACTOR's will comply with all applicable Federal, State and local laws, rules, regulations and orders in its operations including compliance with all applicable safety and health requirements as to the CONTRACTOR's employees.

6. CONTRACTOR shall log all complaints and the disposition of all complaints from a consumer or a consumer's family. CONTRACTOR shall provide a summary of the complaint log entries concerning County-sponsored consumers to County at monthly intervals, by the tenth (10th) or fifteenth (15th) day of the following month, in a format that is mutually agreed upon. CONTRACTOR shall post signs, provided by the County, informing consumers of their right to file a grievance and appeal. CONTRACTOR will abide by the Fresno County Mental Health Plan (MHP) grievance process (Exhibit I) and notify County of all incidents reportable to state licensing bodies that affect County consumers within twenty-four (24) hours of receipt of a complaint. CONTRACTOR shall use existing County Department Incident Report form (Exhibit J) and submit to County a copy of the Incident Report within 24 hours. Within fifteen (15) days after each incident or complaint affecting County-sponsored consumers, CONTRACTOR shall provide County with the complaint and CONTRACTOR's disposition of, or corrective action taken to resolve the complaint or incident.

7. CONTRACTOR shall provide a monthly staff work schedule to DBH MHSA Coordinator or designee.

8. CONTRACTOR shall maintain a service log in collaboration with DBH staff that reports type of activity/services attended, number of one-to-one peer support contacts, and number of crisis contacts per month by consumer. This information will be provided to the DBH Director or designee in a monthly report submitted with the monthly invoice or as requested by DBH.

9. CONTRACTOR shall provide work schedules, cultural competency training, and demographic ethnic information as required by the COUNTY.

10. CONTRACTOR shall arrange activities for consumers and provide supplies for such activities. A schedule of activities and the number of participants will be included in the monthly reports and submitted to the COUNTY.

11. CONTRACTOR shall attend a provider meeting hosted by DBH monthly or at intervals determined by DBH

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

**Peer Wellness Center
Kings View
Fiscal Year (FY) 2021-22**

PROGRAM EXPENSES

| 1000: SALARIES & BENEFITS | | | | | |
|--------------------------------------|--|-------------|-------------|-------------------|-------------------|
| Employee Salaries | | | | | |
| Acct # | Position | FTE | Admin | Direct | Total |
| 1101 | Executive Director | 0.05 | \$ - | \$ 7,897 | \$ 7,897 |
| 1102 | Executive Assistant | 0.05 | - | 2,667 | 2,667 |
| 1103 | Regional Director | 0.11 | - | 14,265 | 14,265 |
| 1104 | Recovery Services Administrator | 1.00 | - | 77,662 | 77,662 |
| 1105 | Recovery Services Coordinator-Administration | 1.00 | - | 63,244 | 63,244 |
| 1106 | Recovery Services Coordinator-Activities/Resources | 1.00 | - | 53,110 | 53,110 |
| 1107 | Recovery Services Coordinator-Training | 1.00 | - | 46,854 | 46,854 |
| 1108 | Recovery Services Coordinator-Volunteers | 1.00 | - | 50,496 | 50,496 |
| 1109 | Recovery Services Coordinator-Vocational | 1.00 | - | 65,493 | 65,493 |
| 1110 | | | | | - |
| 1111 | | | | | - |
| 1112 | | | - | - | - |
| 1113 | | | - | - | - |
| 1114 | | | - | - | - |
| 1115 | | | - | - | - |
| 1116 | | | - | - | - |
| 1117 | | | - | - | - |
| 1118 | | | - | - | - |
| 1119 | | | - | - | - |
| 1120 | | | - | - | - |
| 1121 | | | - | - | - |
| 1122 | | | - | - | - |
| 1123 | | | - | - | - |
| 1124 | | | - | - | - |
| 1125 | | | - | - | - |
| 1126 | | | - | - | - |
| 1127 | | | - | - | - |
| 1128 | | | - | - | - |
| 1129 | | | - | - | - |
| 1130 | | | - | - | - |
| 1131 | | | - | - | - |
| 1132 | | | - | - | - |
| 1133 | | | - | - | - |
| 1134 | | | - | - | - |
| 1135 | | | - | - | - |
| Personnel Salaries Subtotal | | 6.21 | \$ - | \$ 381,688 | \$ 381,688 |
| Employee Benefits | | | | | |
| Acct # | Description | | Admin | Direct | Total |
| 1201 | Retirement | | \$ - | \$ 3,656 | \$ 3,656 |
| 1202 | Worker's Compensation | | - | 10,357 | 10,357 |

| | | | | |
|--|--------------------|--------------|-------------------|-------------------|
| 1203 | Health Insurance | - | 52,245 | 52,245 |
| 1204 | Other (specify) | - | - | - |
| 1205 | Other (specify) | - | - | - |
| 1206 | Other (specify) | - | - | - |
| Employee Benefits Subtotal: | | \$ - | \$ 66,258 | \$ 66,258 |
| Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Direct | Total |
| 1301 | OASDI | \$ - | \$ - | \$ - |
| 1302 | FICA/MEDICARE | - | 29,130 | 29,130 |
| 1303 | SUI | - | 2,666 | 2,666 |
| 1304 | Other (specify) | - | - | - |
| 1305 | Other (specify) | - | - | - |
| 1306 | Other (specify) | - | - | - |
| Payroll Taxes & Expenses Subtotal: | | \$ - | \$ 31,796 | \$ 31,796 |
| EMPLOYEE SALARIES & BENEFITS TOTAL: | | \$ - | \$ 479,742 | \$ 479,742 |

| | | |
|---------------------------------|-------------------------------------|------------------|
| 2000: CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | 5,280 |
| 2004 | Clothing, Food, & Hygiene | 12,800 |
| 2005 | Education Support | 1,200 |
| 2006 | Employment Support | 12,500 |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other (Client Stipends) | 20,800 |
| 2012 | Other (Program Supplies) | 7,000 |
| 2013 | Other (Program Supplies-Art) | 8,000 |
| 2014 | Other (Program Supplies-Activities) | 6,000 |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 73,580 |

| | | |
|----------------------------------|------------------------------|------------------|
| 3000: OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 14,714 |
| 3002 | Printing/Postage | 800 |
| 3003 | Office Supplies & Equipment | 4,982 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 3,150 |
| 3006 | Staff Mileage | 100 |
| 3007 | Subscriptions & Memberships | 800 |
| 3008 | Vehicle Maintenance | 4,960 |
| 3009 | Other (Staff Recruitment) | 1,000 |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| OPERATING EXPENSES TOTAL: | | \$ 30,506 |

| 4000: FACILITIES & EQUIPMENT | | |
|---|------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 47,060 |
| 4002 | Rent/Lease Building | 177,303 |
| 4003 | Rent/Lease Equipment | 4,000 |
| 4004 | Rent/Lease Vehicles | 6,660 |
| 4005 | Security | 115,000 |
| 4006 | Utilities | 48,000 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| FACILITIES/EQUIPMENT TOTAL: | | \$ 398,023 |

| 5000: SPECIAL EXPENSES | | |
|--------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 65,428 |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services (Specify) | - |
| 5004 | Translation Services | 200 |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| SPECIAL EXPENSES TOTAL: | | \$ 65,628 |

| 6000: ADMINISTRATIVE EXPENSES | | |
|--------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 6001 | Administrative Overhead | \$ 128,571 |
| 6002 | Professional Liability Insurance | 7,800 |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Liability): | 4,750 |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Other (specify) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| ADMINISTRATIVE EXPENSES TOTAL | | \$ 141,121 |

| 7000: FIXED ASSETS | | |
|---------------------------|--|---------------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 7,700 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 600 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | 3,100 |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |

| | |
|------------------------------------|------------------|
| FIXED ASSETS EXPENSES TOTAL | \$ 11,400 |
|------------------------------------|------------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 1,200,000 |
|-------------------------------|---------------------|

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 | | \$ - |
| 8302 | PEI - Prevention & Early Intervention | | 1,200,000 |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 1,200,000 |

| 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: | \$ 1,200,000 |
|--------------------------------|--------------|

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

Peer Wellness Center
Kings View

Fiscal Year (FY) 2021-22 Budget Narrative

| PROGRAM EXPENSE | | | |
|--------------------------------------|--|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: SALARIES & BENEFITS | | 479,742 | |
| Employee Salaries | | 381,688 | |
| 1101 | Executive Director | 7,897 | Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies. |
| 1102 | Executive Assistant | 2,667 | This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies. |
| 1103 | Regional Director | 14,265 | Licensed Marriage and Family Therapist (LMFT). Provides program management and direction. Ensures operations are running smoothly and in compliance with contract requirements. |
| 1104 | Recovery Services Administrator | 77,662 | Provides supervision of all staff and members and direct oversight of program management. Responsible for managing program operations and delivery of peer support wellness groups and activities to the members served. Provide program vision, goals, activities and development of action plans. Ensure program and contract adherence to wellness and recovery values. Develops program outcome measures, provide monthly reports to Regional Director and County Contract Analyst. |
| 1105 | Recovery Services Coordinator-Administration | 63,244 | Provides administrative duties in the program and managing program attendance and data input into the Member Ties system for tracking. Works side by side with consumers in a way that they feel heard and supported. Order supplies that are requested and needed for program activities and as directed by program manager. Attend monthly meetings with consumers, gather feedback to determine if support and growth needs are being met. Helps plan and develop action plans. |
| 1106 | Recovery Services Coordinator-Activities/Resources | 53,110 | This position will work in tandem with the Program Manager, Recovery Services Administrator and other staff to provide opportunities for members to engage in fun and educational wellness and recovery activities at center. In addition, this position provides, advocacy, linkages and support to members to assist them in accessing assistance for their basic needs, such as General Relief (GR), Social Security Insurance (SSI), Covered California benefits, linkages to housing, mental health and medical services. Supports potential new members through the Welcoming Process |
| 1107 | Recovery Services Coordinator-Training | 46,854 | This position plans a monthly calendar of all training activities to be conducted at the center. Develops/designs new curriculum and training material based on identified needs within the center. Ensures all training activities are recovery, resilience and wellness focused. In collaboration with other Coordinators, conducts a formal assessment of training needs within the center on an annual basis or more often as needed. |
| 1108 | Recovery Services Coordinator-Volunteers | 50,496 | This position recruits and interviews all potential center volunteer applicants. Uses creative and innovative ways to recruit volunteers. Delivers a comprehensive Volunteer Training Program curriculum for all new volunteers. Ensures that all volunteers have successfully completed the skill-based training program before volunteering. Schedules/assigns all volunteer activity, including front desk coverage at center. Ensures that volunteer assignments and schedules are matched to the skill level and abilities to promote a feeling of self-confidence. Ongoing monitoring of volunteers regarding task assignments and offers support and guidance as needed. |
| 1109 | Recovery Services Coordinator-Vocational | 65,493 | This position develops and sustains a wellness and recovery oriented Vocational Program that prepares members for volunteer work and pre-employment readiness. Provides career assessment tools and teaches skill sets essential for supported employment of members. Develops, coordinates, and facilitates training for members to learn and cultivate good work habits and job skills essential for career success, including resume writing, interviewing skills and computer skill development. Provides advocacy, linkage, and support to members to assist them in accessing and obtaining employment. |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| 1116 | 0 | - | |
| 1117 | 0 | - | |

| PROGRAM EXPENSE | | | | |
|--------------------------------------|--------|-------------------------------------|---------------|--|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 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 | - | |
| | 1135 | 0 | - | |
| Employee Benefits | | | 66,258 | |
| | 1201 | Retirement | 3,656 | Cost of 401K |
| | 1202 | Worker's Compensation | 10,357 | Workers Comp Insurance |
| | 1203 | Health Insurance | 52,245 | Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance |
| | 1204 | Other (specify) | - | |
| | 1205 | Other (specify) | - | |
| | 1206 | Other (specify) | - | |
| Payroll Taxes & Expenses: | | | 31,796 | |
| | 1301 | OASDI | - | |
| | 1302 | FICA/MEDICARE | 29,130 | Cost of FICA/Medicare |
| | 1303 | SUI | 2,666 | Cost of SUI |
| | 1304 | Other (specify) | - | |
| | 1305 | Other (specify) | - | |
| | 1306 | Other (specify) | - | |
| 2000: CLIENT SUPPORT | | | 73,580 | |
| | 2001 | Child Care | - | |
| | 2002 | Client Housing Support | - | |
| | 2003 | Client Transportation & Support | 5,280 | Provides bus passes, bus tokens or any transportation assistance to members, such as taxi service, gas, or fixing a bike. |
| | 2004 | Clothing, Food, & Hygiene | 12,800 | Supports members with items such as clothing, shoes, food/snacks, coffee, water & hygiene supplies. |
| | 2005 | Education Support | 1,200 | Assist members with education expenses such as books, school supplies, and registration fees. |
| | 2006 | Employment Support | 12,500 | Cost of vocational assistance such as interview clothes, DMV records, ID Cards, and birth certificates. Can also include software for things like math, typing skills, reading or other life skills. |
| | 2007 | Household Items for Clients | - | |
| | 2008 | Medication Supports | - | |
| | 2009 | Program Supplies - Medical | - | |
| | 2010 | Utility Vouchers | - | |
| | 2011 | Other (Client Stipends) | 20,800 | Cost to purchase food vouchers for members who have successfully completed 40 hours a month in volunteer in center |
| | 2012 | Other (Program Supplies) | 7,000 | Provides groups expenses related to mental health, life skills, coping and breathing skills, health & wellness, and meditation. Expenses can be things such as notepads, markers, headphones, journals, calendars, agendas, and books. Also includes supplies for client usage such as cups for coffee, plates, napkins, utensils. |
| | 2013 | Other (Program Supplies-Art) | 8,000 | Provides supplies for members art such as coloring books, paints, brushes, yarn, fabric, canvas, and music supplies. |
| | 2014 | Other (Program Supplies-Activities) | 6,000 | Provides items for special members holiday events or items such as board games. |
| | 2015 | Other (specify) | - | |
| | 2016 | Other (specify) | - | |
| 3000: OPERATING EXPENSES | | | 30,506 | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------|--------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 3001 | Telecommunications | 14,714 | Cost of landline telephone services, cell phones service, data connectivity. |
| 3002 | Printing/Postage | 800 | Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier. |
| 3003 | Office Supplies & Equipment | 4,982 | Includes all desk supplies and minor equipment used by staff in the course of providing services. |
| 3004 | Advertising | - | |
| 3005 | Staff Development & Training | 3,150 | Cost for continuation of staff development and training. |
| 3006 | Staff Mileage | 100 | Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees. |
| 3007 | Subscriptions & Memberships | 800 | Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online radio subscription for center or annual amazon account to purchase member supplies. |
| 3008 | Vehicle Maintenance | 4,960 | Provides minor auto repairs & maintenance required to maintain leased vehicle for member transportation and program needs, oil changes and car washes, GPS vehicle tracking service, fuel, and DVM fees. |
| 3009 | Other (Staff Recruitment) | 1,000 | Thorough background check, life scan, and drug testing. |
| 3010 | Other (specify) | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: FACILITIES & EQUIPMENT | | 398,023 | |
|------------------------------|----------------------|---------|---|
| 4001 | Building Maintenance | 47,060 | Cost of alarm security service, pest control, copier maintenance, shredding services, facility supplies and services to maintain clean center and minor building repairs and maintenance. |
| 4002 | Rent/Lease Building | 177,303 | Building space lease. |
| 4003 | Rent/Lease Equipment | 4,000 | Copier lease and water tower rental for staff and members. |
| 4004 | Rent/Lease Vehicles | 6,660 | The cost of 1 van lease to assist with program and member needs. |
| 4005 | Security | 115,000 | Cost of security guard service for daytime and emergency 24/7 patrolling as needed. |
| 4006 | Utilities | 48,000 | The cost of gas, electric, water, and garbage/sewer. |
| 4007 | Other (specify) | - | |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: SPECIAL EXPENSES | | 65,628 | |
|------------------------|---|--------|--|
| 5001 | Consultant (Network & Data Management) | 65,428 | Kings View Information Technology Department (KVI) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7. |
| 5002 | HMIS (Health Management Information System) | - | |
| 5003 | Contractual/Consulting Services (Specify) | - | |
| 5004 | Translation Services | 200 | Anticipating translation services to assist members. |
| 5005 | Other (specify) | - | |
| 5006 | Other (specify) | - | |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: ADMINISTRATIVE EXPENSES | | 141,121 | |
|-------------------------------|----------------------------------|---------|---|
| 6001 | Administrative Overhead | 128,571 | Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions. Expenses will also include for Program Staff Accountant and QI Data Analyst positions salaries. |
| 6002 | Professional Liability Insurance | 7,800 | Cost general and professional liability insurance. |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Liability): | 4,750 | Cost of personal property, accidental, and auto insurance. |
| 6006 | Payroll Services | - | |

| PROGRAM EXPENSE | | | |
|-----------------|---|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - | |
| 6008 | Other (specify) | - | |
| 6009 | Other (specify) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |

| 7000: FIXED ASSETS | | 11,400 | |
|--------------------|--|--------|---|
| 7001 | Computer Equipment & Software | 7,700 | Computer software needs to support staff & computers for members usage. Anticipating replacement of 3 older computer with "End of Life" needing replacements. Expenses such as Duo factor licensing, Meraki licensing, and other computer software. |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - | |
| 7003 | Furniture & Fixtures | 600 | Anticipating shared cost or possible replacement furniture needs for staff or members usage at center. |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | 3,100 | One time expense to purchase and install camera system at center for members and staff security. Helps be proactive and use as deterrence for crime. |
| 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: | 1,200,000 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 1,200,000 |
| BUDGET CHECK: | - |

**Peer Wellness Center
Kings View
Fiscal Year (FY) 2022-23**

PROGRAM EXPENSES

| 1000: SALARIES & BENEFITS | | | | | |
|--------------------------------------|--|-------------|-------------|-------------------|-------------------|
| Employee Salaries | | | | | |
| Acct # | Position | FTE | Admin | Direct | Total |
| 1101 | Executive Director | 0.05 | \$ - | \$ 8,134 | \$ 8,134 |
| 1102 | Executive Assistant | 0.05 | - | 2,743 | 2,743 |
| 1103 | Regional Director | 0.11 | - | 14,694 | 14,694 |
| 1104 | Recovery Services Administrator | 1.00 | - | 79,997 | 79,997 |
| 1105 | Recovery Services Coordinator-Administration | 1.00 | - | 65,129 | 65,129 |
| 1106 | Recovery Services Coordinator-Activities/Resources | 1.00 | - | 54,696 | 54,696 |
| 1107 | Recovery Services Coordinator-Training | 1.00 | - | 48,247 | 48,247 |
| 1108 | Recovery Services Coordinator-Volunteers | 1.00 | - | 52,017 | 52,017 |
| 1109 | Recovery Services Coordinator-Vocational | 1.00 | - | 67,464 | 67,464 |
| 1110 | | | | | - |
| 1111 | | | | | - |
| 1112 | | | - | - | - |
| 1113 | | | - | - | - |
| 1114 | | | - | - | - |
| 1115 | | | - | - | - |
| 1116 | | | - | - | - |
| 1117 | | | - | - | - |
| 1118 | | | - | - | - |
| 1119 | | | - | - | - |
| 1120 | | | - | - | - |
| 1121 | | | - | - | - |
| 1122 | | | - | - | - |
| 1123 | | | - | - | - |
| 1124 | | | - | - | - |
| 1125 | | | - | - | - |
| 1126 | | | - | - | - |
| 1127 | | | - | - | - |
| 1128 | | | - | - | - |
| 1129 | | | - | - | - |
| 1130 | | | - | - | - |
| 1131 | | | - | - | - |
| 1132 | | | - | - | - |
| 1133 | | | - | - | - |
| 1134 | | | - | - | - |
| 1135 | | | - | - | - |
| Personnel Salaries Subtotal | | 6.21 | \$ - | \$ 393,121 | \$ 393,121 |
| Employee Benefits | | | | | |
| Acct # | Description | | Admin | Direct | Total |
| 1201 | Retirement | | \$ - | \$ 3,765 | \$ 3,765 |
| 1202 | Worker's Compensation | | - | 10,668 | 10,668 |

| | | | | |
|--|--------------------|--------------|-------------------|-------------------|
| 1203 | Health Insurance | - | 53,813 | 53,813 |
| 1204 | Other (Specify) | - | - | - |
| 1205 | Other (Specify) | - | - | - |
| 1206 | Other (Specify) | - | - | - |
| Employee Benefits Subtotal: | | \$ - | \$ 68,246 | \$ 68,246 |
| Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Direct | Total |
| 1301 | OASDI | \$ - | \$ - | \$ - |
| 1302 | FICA/MEDICARE | - | 30,005 | 30,005 |
| 1303 | SUI | - | 2,746 | 2,746 |
| 1304 | Other (Specify) | - | - | - |
| 1305 | Other (Specify) | - | - | - |
| 1306 | Other (Specify) | - | - | - |
| Payroll Taxes & Expenses Subtotal: | | \$ - | \$ 32,751 | \$ 32,751 |
| EMPLOYEE SALARIES & BENEFITS TOTAL: | | \$ - | \$ 494,118 | \$ 494,118 |

| | | |
|---------------------------------|-------------------------------------|------------------|
| 2000: CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | 5,280 |
| 2004 | Clothing, Food, & Hygiene | 12,800 |
| 2005 | Education Support | 1,200 |
| 2006 | Employment Support | 12,500 |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other (Client Stipends) | 20,800 |
| 2012 | Other (Program Supplies) | 7,000 |
| 2013 | Other (Program Supplies-Art) | 8,000 |
| 2014 | Other (Program Supplies-Activities) | 6,000 |
| 2015 | Other (Specify) | - |
| 2016 | Other (Specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 73,580 |

| | | |
|----------------------------------|------------------------------|------------------|
| 3000: OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 14,714 |
| 3002 | Printing/Postage | 800 |
| 3003 | Office Supplies & Equipment | 4,982 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 3,150 |
| 3006 | Staff Mileage | 100 |
| 3007 | Subscriptions & Memberships | 800 |
| 3008 | Vehicle Maintenance | 4,960 |
| 3009 | Other (Staff Recruitment) | 1,000 |
| 3010 | Other (Specify) | - |
| 3011 | Other (Specify) | - |
| 3012 | Other (Specify) | - |
| OPERATING EXPENSES TOTAL: | | \$ 30,506 |

| 4000: FACILITIES & EQUIPMENT | | |
|---|------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 47,060 |
| 4002 | Rent/Lease Building | 179,076 |
| 4003 | Rent/Lease Equipment | 4,000 |
| 4004 | Rent/Lease Vehicles | 6,660 |
| 4005 | Security | 105,667 |
| 4006 | Utilities | 48,480 |
| 4007 | Other (Specify) | - |
| 4008 | Other (Specify) | - |
| 4009 | Other (Specify) | - |
| 4010 | Other (Specify) | - |
| FACILITIES/EQUIPMENT TOTAL: | | \$ 390,943 |

| 5000: SPECIAL EXPENSES | | |
|--------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 65,428 |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services (Specify) | - |
| 5004 | Translation Services | 200 |
| 5005 | Other (Specify) | - |
| 5006 | Other (Specify) | - |
| 5007 | Other (Specify) | - |
| 5008 | Other (Specify) | - |
| SPECIAL EXPENSES TOTAL: | | \$ 65,628 |

| 6000: ADMINISTRATIVE EXPENSES | | |
|--------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 6001 | Administrative Overhead | \$ 128,571 |
| 6002 | Professional Liability Insurance | 7,956 |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Liability): | 4,798 |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Other (Specify) | - |
| 6009 | Other (Specify) | - |
| 6010 | Other (Specify) | - |
| 6011 | Other (Specify) | - |
| 6012 | Other (Specify) | - |
| ADMINISTRATIVE EXPENSES TOTAL | | \$ 141,325 |

| 7000: FIXED ASSETS | | |
|---------------------------|--|---------------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 3,300 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 600 |
| 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 | \$ 3,900 |
|------------------------------------|-----------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 1,200,000 |
|-------------------------------|---------------------|

| |
|--------------------------------|
| 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 | | \$ - |
| 8302 | PEI - Prevention & Early Intervention | | 1,200,000 |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 1,200,000 |

| | | |
|-----------------------------|--|--|
| 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: | \$ 1,200,000 |
|--------------------------------|--------------|

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

**Peer Wellness Center
Kings View
Fiscal Year (FY) 2022-23 Budget Narrative**

| PROGRAM EXPENSE | | | |
|--------------------------------------|--|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: SALARIES & BENEFITS | | 494,118 | |
| Employee Salaries | | 393,121 | |
| 1101 | Executive Director | 8,134 | Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies. |
| 1102 | Executive Assistant | 2,743 | This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies. |
| 1103 | Regional Director | 14,694 | Licensed Marriage and Family Therapist (LMFT). Provides program management and direction. Ensures operations are running smoothly and in compliance with contract requirements. |
| 1104 | Recovery Services Administrator | 79,997 | Provides supervision of all staff and members and direct oversight of program management. Responsible for managing program operations and delivery of peer support wellness groups and activities to the members served. Provide program vision, goals, activities and development of action plans. Ensure program and contract adherence to wellness and recovery values. Develops program outcome measures, provide monthly reports to Regional Director and County Contract Analyst. |
| 1105 | Recovery Services Coordinator-Administration | 65,129 | Provides administrative duties in the program and managing program attendance and data input into the Member Ties system for tracking. Works side by side with consumers in a way that they feel heard and supported. Order supplies that are requested and needed for program activities and as directed by program manager. Attend monthly meetings with consumers, gather feedback to determine if support and growth needs are being met. Helps plan and develop action plans. |
| 1106 | Recovery Services Coordinator-Activities/Resources | 54,696 | This position will work in tandem with the Program Manager, Recovery Services Administrator and other staff to provide opportunities for members to engage in fun and educational wellness and recovery activities at center. In addition, this position provides, advocacy, linkages and support to members to assist them in accessing assistance for their basic needs, such as General Relief (GR), Social Security Insurance (SSI), Covered California benefits, linkages to housing, mental health and medical services. Supports potential new members through the Welcoming Process |
| 1107 | Recovery Services Coordinator-Training | 48,247 | This position plans a monthly calendar of all training activities to be conducted at the center. Develops/designs new curriculum and training material based on identified needs within the center. Ensures all training activities are recovery, resilience and wellness focused. In collaboration with other Coordinators, conducts a formal assessment of training needs within the center on an annual basis or more often as needed. |
| 1108 | Recovery Services Coordinator-Volunteers | 52,017 | This position recruits and interviews all potential center volunteer applicants. Uses creative and innovative ways to recruit volunteers. Delivers a comprehensive Volunteer Training Program curriculum for all new volunteers. Ensures that all volunteers have successfully completed the skill-based training program before volunteering. Schedules/assigns all volunteer activity, including front desk coverage at center. Ensures that volunteer assignments and schedules are matched to the skill level and abilities to promote a feeling of self-confidence. Ongoing monitoring of volunteers regarding task assignments and offers support and guidance as needed. |
| 1109 | Recovery Services Coordinator-Vocational | 67,464 | This position develops and sustains a wellness and recovery oriented Vocational Program that prepares members for volunteer work and pre-employment readiness. Provides career assessment tools and teaches skill sets essential for supported employment of members. Develops, coordinates, and facilitates training for members to learn and cultivate good work habits and job skills essential for career success, including resume writing, interviewing skills and computer skill development. Provides advocacy, linkage, and support to members to assist them in accessing and obtaining employment. |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| 1116 | 0 | - | |
| 1117 | 0 | - | |
| 1118 | 0 | - | |
| 1119 | 0 | - | |

| PROGRAM EXPENSE | | | |
|--------------------------------------|-------------------------------------|---------------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | - | |
| 1135 | 0 | - | |
| Employee Benefits | | 68,246 | |
| 1201 | Retirement | 3,765 | Cost of 401K |
| 1202 | Worker's Compensation | 10,668 | Workers Comp Insurance |
| 1203 | Health Insurance | 53,813 | Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance |
| 1204 | Other (Specify) | - | |
| 1205 | Other (Specify) | - | |
| 1206 | Other (Specify) | - | |
| Payroll Taxes & Expenses: | | 32,751 | |
| 1301 | OASDI | - | |
| 1302 | FICA/MEDICARE | 30,005 | Cost of FICA/Medicare |
| 1303 | SUI | 2,746 | Cost of SUI |
| 1304 | Other (Specify) | - | |
| 1305 | Other (Specify) | - | |
| 1306 | Other (Specify) | - | |
| 2000: CLIENT SUPPORT | | 73,580 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | 5,280 | Provides bus passes, bus tokens or any transportation assistance to members, such as taxi service, gas, or fixing a bike. |
| 2004 | Clothing, Food, & Hygiene | 12,800 | Supports members with items such as clothing, shoes, food/snacks, coffee, water & hygiene supplies. |
| 2005 | Education Support | 1,200 | Assist members with education expenses such as books, school supplies, and registration fees. |
| 2006 | Employment Support | 12,500 | Cost of vocational assistance such as interview clothes, DMV records, ID Cards, and birth certificates. Can also include software for things like math, typing skills, reading or other life skills. |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other (Client Stipends) | 20,800 | Cost to purchase food vouchers for members who have successfully completed 40 hours a month in volunteer in center |
| 2012 | Other (Program Supplies) | 7,000 | Provides groups expenses related to mental health, life skills, coping and breathing skills, health & wellness, and meditation. Expenses can be things such as notepads, markers, headphones, journals, calendars, agendas, and books. Also includes supplies for client usage such as cups for coffee, plates, napkins, utensils. |
| 2013 | Other (Program Supplies-Art) | 8,000 | Provides supplies for members art such as coloring books, paints, brushes, yarn, fabric, canvas, and music supplies. |
| 2014 | Other (Program Supplies-Activities) | 6,000 | Provides items for special members holiday events or items such as board games. |
| 2015 | Other (Specify) | - | |
| 2016 | Other (Specify) | - | |
| 3000: OPERATING EXPENSES | | 30,506 | |
| 3001 | Telecommunications | 14,714 | Cost of landline telephone services, cell phones service, data connectivity. |

| PROGRAM EXPENSE | | | | |
|-----------------|------------------------------|-------|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3002 | Printing/Postage | 800 | Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier. | |
| 3003 | Office Supplies & Equipment | 4,982 | Includes all desk supplies and minor equipment used by staff in the course of providing services. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 3,150 | Cost for continuation of staff development and training. | |
| 3006 | Staff Mileage | 100 | Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees. | |
| 3007 | Subscriptions & Memberships | 800 | Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online radio subscription for center or annual amazon account to purchase member supplies. | |
| 3008 | Vehicle Maintenance | 4,960 | Provides minor auto repairs & maintenance required to maintain leased vehicle for member transportation and program needs, oil changes and car washes, GPS vehicle tracking service, fuel, and DVM fees. | |
| 3009 | Other (Staff Recruitment) | 1,000 | Thorough background check, life scan, and drug testing. | |
| 3010 | Other (Specify) | - | | |
| 3011 | Other (Specify) | - | | |
| 3012 | Other (Specify) | - | | |

| 4000: FACILITIES & EQUIPMENT | | 390,943 | | |
|------------------------------|----------------------|---------|---|--|
| 4001 | Building Maintenance | 47,060 | Cost of alarm security service, pest control, copier maintenance, shredding services, facility supplies and services to maintain clean center and minor building repairs and maintenance. | |
| 4002 | Rent/Lease Building | 179,076 | Building space lease. | |
| 4003 | Rent/Lease Equipment | 4,000 | Copier lease and water tower rental for staff and members. | |
| 4004 | Rent/Lease Vehicles | 6,660 | The cost of 1 van lease to assist with program and member needs. | |
| 4005 | Security | 105,667 | Cost of security guard service for daytime and emergency 24/7 patrolling as needed. | |
| 4006 | Utilities | 48,480 | The cost of gas, electric, water, and garbage/sewer. | |
| 4007 | Other (Specify) | - | | |
| 4008 | Other (Specify) | - | | |
| 4009 | Other (Specify) | - | | |
| 4010 | Other (Specify) | - | | |

| 5000: SPECIAL EXPENSES | | 65,628 | | |
|------------------------|---|--------|---|--|
| 5001 | Consultant (Network & Data Management) | 65,428 | Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7. | |
| 5002 | HMIS (Health Management Information System) | - | | |
| 5003 | Contractual/Consulting Services (Specify) | - | | |
| 5004 | Translation Services | 200 | Anticipating translation services to assist members. | |
| 5005 | Other (Specify) | - | | |
| 5006 | Other (Specify) | - | | |
| 5007 | Other (Specify) | - | | |
| 5008 | Other (Specify) | - | | |

| 6000: ADMINISTRATIVE EXPENSES | | 141,325 | | |
|-------------------------------|---|---------|---|--|
| 6001 | Administrative Overhead | 128,571 | Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions. Expenses will also include for Program Staff Accountant and QI Data Analyst positions salaries. | |
| 6002 | Professional Liability Insurance | 7,956 | Cost general and professional liability insurance. | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | - | | |
| 6005 | Insurance (Liability): | 4,798 | Cost of personal property, accidental, and auto insurance. | |
| 6006 | Payroll Services | - | | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - | | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 6008 | Other (Specify) | - | |
| 6009 | Other (Specify) | - | |
| 6010 | Other (Specify) | - | |
| 6011 | Other (Specify) | - | |
| 6012 | Other (Specify) | - | |

| 7000: FIXED ASSETS | | 3,900 | |
|--------------------|--|-------|--|
| 7001 | Computer Equipment & Software | 3,300 | Computer software needs to support staff & or computers for member use. Anticipating shard cost for replacement of computer equipment. Expenses such as Duo factor licensing, Meraki licensing, and other computer software. |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - | |
| 7003 | Furniture & Fixtures | 600 | Anticipating shared cost or possible replacement furniture needs for staff or members usage at center. |
| 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: | 1,200,000 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 1,200,000 |
| BUDGET CHECK: | - |

**Peer Wellness Center
Kings View
Fiscal Year (FY) 2023-24**

PROGRAM EXPENSES

| 1000: SALARIES & BENEFITS | | | | | |
|--------------------------------------|--|-------------|-------------|-------------------|-------------------|
| Employee Salaries | | | | | |
| Acct # | Position | FTE | Admin | Direct | Total |
| 1101 | Executive Director | 0.05 | \$ - | \$ 8,378 | \$ 8,378 |
| 1102 | Executive Assistant | 0.05 | - | 2,826 | 2,826 |
| 1103 | Regional Director | 0.11 | - | 15,134 | 15,134 |
| 1104 | Recovery Services Administrator | 1.00 | - | 82,397 | 82,397 |
| 1105 | Recovery Services Coordinator-Administration | 1.00 | - | 67,083 | 67,083 |
| 1106 | Recovery Services Coordinator-Activities/Resources | 1.00 | - | 56,328 | 56,328 |
| 1107 | Recovery Services Coordinator-Training | 1.00 | - | 49,687 | 49,687 |
| 1108 | Recovery Services Coordinator-Volunteers | 1.00 | - | 53,586 | 53,586 |
| 1109 | Recovery Services Coordinator-Vocational | 1.00 | - | 69,483 | 69,483 |
| 1110 | | | | | - |
| 1111 | | | | | - |
| 1112 | | | - | - | - |
| 1113 | | | - | - | - |
| 1114 | | | - | - | - |
| 1115 | | | - | - | - |
| 1116 | | | - | - | - |
| 1117 | | | - | - | - |
| 1118 | | | - | - | - |
| 1119 | | | - | - | - |
| 1120 | | | - | - | - |
| 1121 | | | - | - | - |
| 1122 | | | - | - | - |
| 1123 | | | - | - | - |
| 1124 | | | - | - | - |
| 1125 | | | - | - | - |
| 1126 | | | - | - | - |
| 1127 | | | - | - | - |
| 1128 | | | - | - | - |
| 1129 | | | - | - | - |
| 1130 | | | - | - | - |
| 1131 | | | - | - | - |
| 1132 | | | - | - | - |
| 1133 | | | - | - | - |
| 1134 | | | - | - | - |
| 1135 | | | - | - | - |
| Personnel Salaries Subtotal | | 6.21 | \$ - | \$ 404,902 | \$ 404,902 |
| Employee Benefits | | | | | |
| Acct # | Description | | Admin | Direct | Total |
| 1201 | Retirement | | \$ - | \$ 3,878 | \$ 3,878 |
| 1202 | Worker's Compensation | | - | 10,988 | 10,988 |

| | | | | |
|--|--------------------|--------------|-------------------|-------------------|
| 1203 | Health Insurance | - | 55,425 | 55,425 |
| 1204 | Other (Specify) | - | - | - |
| 1205 | Other (Specify) | - | - | - |
| 1206 | Other (Specify) | - | - | - |
| Employee Benefits Subtotal: | | \$ - | \$ 70,291 | \$ 70,291 |
| Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Direct | Total |
| 1301 | OASDI | \$ - | \$ - | \$ - |
| 1302 | FICA/MEDICARE | - | 30,904 | 30,904 |
| 1303 | SUI | - | 2,828 | 2,828 |
| 1304 | Other (Specify) | - | - | - |
| 1305 | Other (Specify) | - | - | - |
| 1306 | Other (Specify) | - | - | - |
| Payroll Taxes & Expenses Subtotal: | | \$ - | \$ 33,732 | \$ 33,732 |
| EMPLOYEE SALARIES & BENEFITS TOTAL: | | \$ - | \$ 508,925 | \$ 508,925 |

| | | |
|---------------------------------|-------------------------------------|------------------|
| 2000: CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | 5,280 |
| 2004 | Clothing, Food, & Hygiene | 10,400 |
| 2005 | Education Support | 1,200 |
| 2006 | Employment Support | 12,208 |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other (Client Stipends) | 20,800 |
| 2012 | Other (Program Supplies) | 6,000 |
| 2013 | Other (Program Supplies-Art) | 7,000 |
| 2014 | Other (Program Supplies-Activities) | 5,000 |
| 2015 | Other (Specify) | - |
| 2016 | Other (Specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 67,888 |

| | | |
|----------------------------------|------------------------------|------------------|
| 3000: OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 14,714 |
| 3002 | Printing/Postage | 800 |
| 3003 | Office Supplies & Equipment | 4,982 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 3,150 |
| 3006 | Staff Mileage | 100 |
| 3007 | Subscriptions & Memberships | 800 |
| 3008 | Vehicle Maintenance | 4,960 |
| 3009 | Other (Staff Recruitment) | 1,000 |
| 3010 | Other (Specify) | - |
| 3011 | Other (Specify) | - |
| 3012 | Other (Specify) | - |
| OPERATING EXPENSES TOTAL: | | \$ 30,506 |

| 4000: FACILITIES & EQUIPMENT | | |
|---|------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 47,060 |
| 4002 | Rent/Lease Building | 180,867 |
| 4003 | Rent/Lease Equipment | 4,000 |
| 4004 | Rent/Lease Vehicles | 6,660 |
| 4005 | Security | 94,173 |
| 4006 | Utilities | 48,965 |
| 4007 | Other (Specify) | - |
| 4008 | Other (Specify) | - |
| 4009 | Other (Specify) | - |
| 4010 | Other (Specify) | - |
| FACILITIES/EQUIPMENT TOTAL: | | \$ 381,725 |

| 5000: SPECIAL EXPENSES | | |
|--------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 65,428 |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services (Specify) | - |
| 5004 | Translation Services | 200 |
| 5005 | Other (Specify) | - |
| 5006 | Other (Specify) | - |
| 5007 | Other (Specify) | - |
| 5008 | Other (Specify) | - |
| SPECIAL EXPENSES TOTAL: | | \$ 65,628 |

| 6000: ADMINISTRATIVE EXPENSES | | |
|--------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 6001 | Administrative Overhead | \$ 128,571 |
| 6002 | Professional Liability Insurance | 8,035 |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Liability): | 4,822 |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Other (Specify) | - |
| 6009 | Other (Specify) | - |
| 6010 | Other (Specify) | - |
| 6011 | Other (Specify) | - |
| 6012 | Other (Specify) | - |
| ADMINISTRATIVE EXPENSES TOTAL | | \$ 141,428 |

| 7000: FIXED ASSETS | | |
|---------------------------|--|---------------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 3,300 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 600 |
| 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 | \$ 3,900 |
|------------------------------------|-----------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 1,200,000 |
|-------------------------------|---------------------|

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|--------------------------------|
| 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 | | \$ - |
| 8302 | PEI - Prevention & Early Intervention | | 1,200,000 |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 1,200,000 |

| | | |
|-----------------------------|--|--|
| 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: | \$ 1,200,000 |
|--------------------------------|--------------|

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

**Peer Wellness Center
Kings View
Fiscal Year (FY) 2023-24 Budget Narrative**

| PROGRAM EXPENSE | | | |
|--------------------------------------|--|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: SALARIES & BENEFITS | | 508,925 | |
| Employee Salaries | | 404,902 | |
| 1101 | Executive Director | 8,378 | Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies. |
| 1102 | Executive Assistant | 2,826 | This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies. |
| 1103 | Regional Director | 15,134 | Licensed Marriage and Family Therapist (LMFT). Provides program management and direction. Ensures operations are running smoothly and in compliance with contract requirements. |
| 1104 | Recovery Services Administrator | 82,397 | Provides supervision of all staff and members and direct oversight of program management. Responsible for managing program operations and delivery of peer support wellness groups and activities to the members served. Provide program vision, goals, activities and development of action plans. Ensure program and contract adherence to wellness and recovery values. Develops program outcome measures, provide monthly reports to Regional Director and County Contract Analyst. |
| 1105 | Recovery Services Coordinator-Administration | 67,083 | Provides administrative duties in the program and managing program attendance and data input into the Member Ties system for tracking. Works side by side with consumers in a way that they feel heard and supported. Order supplies that are requested and needed for program activities and as directed by program manager. Attend monthly meetings with consumers, gather feedback to determine if support and growth needs are being met. Helps plan and develop action plans. |
| 1106 | Recovery Services Coordinator-Activities/Resources | 56,328 | This position will work in tandem with the Program Manager, Recovery Services Administrator and other staff to provide opportunities for members to engage in fun and educational wellness and recovery activities at center. In addition, this position provides, advocacy, linkages and support to members to assist them in accessing assistance for their basic needs, such as General Relief (GR), Social Security Insurance (SSI), Covered California benefits, linkages to housing, mental health and medical services. Supports potential new members through the Welcoming Process |
| 1107 | Recovery Services Coordinator-Training | 49,687 | This position plans a monthly calendar of all training activities to be conducted at the center. Develops/designs new curriculum and training material based on identified needs within the center. Ensures all training activities are recovery, resilience and wellness focused. In collaboration with other Coordinators, conducts a formal assessment of training needs within the center on an annual basis or more often as needed. |
| 1108 | Recovery Services Coordinator-Volunteers | 53,586 | This position recruits and interviews all potential center volunteer applicants. Uses creative and innovative ways to recruit volunteers. Delivers a comprehensive Volunteer Training Program curriculum for all new volunteers. Ensures that all volunteers have successfully completed the skill-based training program before volunteering. Schedules/assigns all volunteer activity, including front desk coverage at center. Ensures that volunteer assignments and schedules are matched to the skill level and abilities to promote a feeling of self-confidence. Ongoing monitoring of volunteers regarding task assignments and offers support and guidance as needed. |
| 1109 | Recovery Services Coordinator-Vocational | 69,483 | This position develops and sustains a wellness and recovery oriented Vocational Program that prepares members for volunteer work and pre-employment readiness. Provides career assessment tools and teaches skill sets essential for supported employment of members. Develops, coordinates, and facilitates training for members to learn and cultivate good work habits and job skills essential for career success, including resume writing, interviewing skills and computer skill development. Provides advocacy, linkage, and support to members to assist them in accessing and obtaining employment. |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| 1116 | 0 | - | |
| 1117 | 0 | - | |
| 1118 | 0 | - | |
| 1119 | 0 | - | |

| PROGRAM EXPENSE | | | |
|--------------------------------------|-------------------------------------|---------------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | - | |
| 1135 | 0 | - | |
| Employee Benefits | | 70,291 | |
| 1201 | Retirement | 3,878 | Cost of 401K |
| 1202 | Worker's Compensation | 10,988 | Workers Comp Insurance |
| 1203 | Health Insurance | 55,425 | Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance |
| 1204 | Other (Specify) | - | |
| 1205 | Other (Specify) | - | |
| 1206 | Other (Specify) | - | |
| Payroll Taxes & Expenses: | | 33,732 | |
| 1301 | OASDI | - | |
| 1302 | FICA/MEDICARE | 30,904 | Cost of FICA/Medicare |
| 1303 | SUI | 2,828 | Cost of SUI |
| 1304 | Other (Specify) | - | |
| 1305 | Other (Specify) | - | |
| 1306 | Other (Specify) | - | |
| 2000: CLIENT SUPPORT | | 67,888 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | 5,280 | Provides bus passes, bus tokens or any transportation assistance to members, such as taxi service, gas, or fixing a bike. |
| 2004 | Clothing, Food, & Hygiene | 10,400 | Supports members with items such as clothing, shoes, food/snacks, coffee, water & hygiene supplies. |
| 2005 | Education Support | 1,200 | Assist members with education expenses such as books, school supplies, and registration fees. |
| 2006 | Employment Support | 12,208 | Cost of vocational assistance such as interview clothes, DMV records, ID Cards, and birth certificates. Can also include software for things like math, typing skills, reading or other life skills. |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other (Client Stipends) | 20,800 | Cost to purchase food vouchers for members who have successfully completed 40 hours a month in volunteer in center |
| 2012 | Other (Program Supplies) | 6,000 | Provides groups expenses related to mental health, life skills, coping and breathing skills, health & wellness, and meditation. Expenses can be things such as notepads, markers, headphones, journals, calendars, agendas, and books. Also includes supplies for client usage such as cups for coffee, plates, napkins, utensils. |
| 2013 | Other (Program Supplies-Art) | 7,000 | Provides supplies for members art such as coloring books, paints, brushes, yarn, fabric, canvas, and music supplies. |
| 2014 | Other (Program Supplies-Activities) | 5,000 | Provides items for special members holiday events or items such as board games. |
| 2015 | Other (Specify) | - | |
| 2016 | Other (Specify) | - | |
| 3000: OPERATING EXPENSES | | 30,506 | |
| 3001 | Telecommunications | 14,714 | Cost of landline telephone services, cell phones service, data connectivity. |

| PROGRAM EXPENSE | | | | |
|-----------------|------------------------------|-------|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3002 | Printing/Postage | 800 | Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier. | |
| 3003 | Office Supplies & Equipment | 4,982 | Includes all desk supplies and minor equipment used by staff in the course of providing services. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 3,150 | Cost for continuation of staff development and training. | |
| 3006 | Staff Mileage | 100 | Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees. | |
| 3007 | Subscriptions & Memberships | 800 | Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online radio subscription for center or annual amazon account to purchase member supplies. | |
| 3008 | Vehicle Maintenance | 4,960 | Provides minor auto repairs & maintenance required to maintain leased vehicle for member transportation and program needs, oil changes and car washes, GPS vehicle tracking service, fuel, and DVM fees. | |
| 3009 | Other (Staff Recruitment) | 1,000 | Thorough background check, life scan, and drug testing. | |
| 3010 | Other (Specify) | - | | |
| 3011 | Other (Specify) | - | | |
| 3012 | Other (Specify) | - | | |

| 4000: FACILITIES & EQUIPMENT | | 381,725 | | |
|------------------------------|----------------------|---------|---|--|
| 4001 | Building Maintenance | 47,060 | Cost of alarm security service, pest control, copier maintenance, shredding services, facility supplies and services to maintain clean center and minor building repairs and maintenance. | |
| 4002 | Rent/Lease Building | 180,867 | Building space lease. | |
| 4003 | Rent/Lease Equipment | 4,000 | Copier lease and water tower rental for staff and members. | |
| 4004 | Rent/Lease Vehicles | 6,660 | The cost of 1 van lease to assist with program and member needs. | |
| 4005 | Security | 94,173 | Cost of security guard service for daytime and emergency 24/7 patrolling as needed. | |
| 4006 | Utilities | 48,965 | The cost of gas, electric, water, and garbage/sewer. | |
| 4007 | Other (Specify) | - | | |
| 4008 | Other (Specify) | - | | |
| 4009 | Other (Specify) | - | | |
| 4010 | Other (Specify) | - | | |

| 5000: SPECIAL EXPENSES | | 65,628 | | |
|------------------------|---|--------|---|--|
| 5001 | Consultant (Network & Data Management) | 65,428 | Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7. | |
| 5002 | HMIS (Health Management Information System) | - | | |
| 5003 | Contractual/Consulting Services (Specify) | - | | |
| 5004 | Translation Services | 200 | Anticipating translation services to assist members. | |
| 5005 | Other (Specify) | - | | |
| 5006 | Other (Specify) | - | | |
| 5007 | Other (Specify) | - | | |
| 5008 | Other (Specify) | - | | |

| 6000: ADMINISTRATIVE EXPENSES | | 141,428 | | |
|-------------------------------|---|---------|---|--|
| 6001 | Administrative Overhead | 128,571 | Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions. Expenses will also include for Program Staff Accountant and QI Data Analyst positions salaries. | |
| 6002 | Professional Liability Insurance | 8,035 | Cost general and professional liability insurance. | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | - | | |
| 6005 | Insurance (Liability): | 4,822 | Cost of personal property, accidental, and auto insurance. | |
| 6006 | Payroll Services | - | | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - | | |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|-----------------|-----|---|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 6008 | Other (Specify) | - | |
| | 6009 | Other (Specify) | - | |
| | 6010 | Other (Specify) | - | |
| | 6011 | Other (Specify) | - | |
| | 6012 | Other (Specify) | - | |

| 7000: FIXED ASSETS | | 3,900 | | |
|--------------------|------|--|-------|--|
| | 7001 | Computer Equipment & Software | 3,300 | Computer software needs to support staff & or computers for member use. Anticipating shard cost for replacement of computer equipment. Expenses such as Duo factor licensing, Meraki licensing, and other computer software. |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - | |
| | 7003 | Furniture & Fixtures | 600 | Anticipating shared cost or possible replacement furniture needs for staff or members usage at center. |
| | 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: 1,200,000
 TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,200,000
 BUDGET CHECK: -

**Peer Wellness Center
Kings View
Fiscal Year (FY) 2024-25**

PROGRAM EXPENSES

| 1000: SALARIES & BENEFITS | | | | | |
|--------------------------------------|--|-------------|-------------|-------------------|-------------------|
| Employee Salaries | | | | | |
| Acct # | Position | FTE | Admin | Direct | Total |
| 1101 | Executive Director | 0.05 | \$ - | \$ 8,630 | \$ 8,630 |
| 1102 | Executive Assistant | 0.05 | - | 2,911 | 2,911 |
| 1103 | Regional Director | 0.11 | - | 15,589 | 15,589 |
| 1104 | Recovery Services Administrator | 1.00 | - | 84,861 | 84,861 |
| 1105 | Recovery Services Coordinator-Administration | 1.00 | - | 69,102 | 69,102 |
| 1106 | Recovery Services Coordinator-Activities/Resources | 1.00 | - | 58,025 | 58,025 |
| 1107 | Recovery Services Coordinator-Training | 1.00 | - | 51,170 | 51,170 |
| 1108 | Recovery Services Coordinator-Volunteers | 1.00 | - | 55,197 | 55,197 |
| 1109 | Recovery Services Coordinator-Vocational | 1.00 | - | 71,565 | 71,565 |
| 1110 | | | | | - |
| 1111 | | | | | - |
| 1112 | | | - | - | - |
| 1113 | | | - | - | - |
| 1114 | | | - | - | - |
| 1115 | | | - | - | - |
| 1116 | | | - | - | - |
| 1117 | | | - | - | - |
| 1118 | | | - | - | - |
| 1119 | | | - | - | - |
| 1120 | | | - | - | - |
| 1121 | | | - | - | - |
| 1122 | | | - | - | - |
| 1123 | | | - | - | - |
| 1124 | | | - | - | - |
| 1125 | | | - | - | - |
| 1126 | | | - | - | - |
| 1127 | | | - | - | - |
| 1128 | | | - | - | - |
| 1129 | | | - | - | - |
| 1130 | | | - | - | - |
| 1131 | | | - | - | - |
| 1132 | | | - | - | - |
| 1133 | | | - | - | - |
| 1134 | | | - | - | - |
| 1135 | | | - | - | - |
| Personnel Salaries Subtotal | | 6.21 | \$ - | \$ 417,050 | \$ 417,050 |
| Employee Benefits | | | | | |
| Acct # | Description | | Admin | Direct | Total |
| 1201 | Retirement | | \$ - | \$ 3,995 | \$ 3,995 |
| 1202 | Worker's Compensation | | - | 11,318 | 11,318 |

| | | | | |
|--|--------------------|--------------|-------------------|-------------------|
| 1203 | Health Insurance | - | 57,088 | 57,088 |
| 1204 | Other (Specify) | - | - | - |
| 1205 | Other (Specify) | - | - | - |
| 1206 | Other (Specify) | - | - | - |
| Employee Benefits Subtotal: | | \$ - | \$ 72,401 | \$ 72,401 |
| Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Direct | Total |
| 1301 | OASDI | \$ - | \$ - | \$ - |
| 1302 | FICA/MEDICARE | - | 31,831 | 31,831 |
| 1303 | SUI | - | 2,912 | 2,912 |
| 1304 | Other (Specify) | - | - | - |
| 1305 | Other (Specify) | - | - | - |
| 1306 | Other (Specify) | - | - | - |
| Payroll Taxes & Expenses Subtotal: | | \$ - | \$ 34,743 | \$ 34,743 |
| EMPLOYEE SALARIES & BENEFITS TOTAL: | | \$ - | \$ 524,194 | \$ 524,194 |

| | | |
|---------------------------------|-------------------------------------|------------------|
| 2000: CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | 4,390 |
| 2004 | Clothing, Food, & Hygiene | 8,234 |
| 2005 | Education Support | 1,000 |
| 2006 | Employment Support | 3,000 |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other (Client Stipends) | 20,800 |
| 2012 | Other (Program Supplies) | 3,400 |
| 2013 | Other (Program Supplies-Art) | 4,490 |
| 2014 | Other (Program Supplies-Activities) | 4,900 |
| 2015 | Other (Specify) | - |
| 2016 | Other (Specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 50,214 |

| | | |
|----------------------------------|------------------------------|------------------|
| 3000: OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 14,714 |
| 3002 | Printing/Postage | 800 |
| 3003 | Office Supplies & Equipment | 4,982 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 3,150 |
| 3006 | Staff Mileage | 100 |
| 3007 | Subscriptions & Memberships | 800 |
| 3008 | Vehicle Maintenance | 4,960 |
| 3009 | Other (Staff Recruitment) | 1,000 |
| 3010 | Other (Specify) | - |
| 3011 | Other (Specify) | - |
| 3012 | Other (Specify) | - |
| OPERATING EXPENSES TOTAL: | | \$ 30,506 |

| 4000: FACILITIES & EQUIPMENT | | |
|---|------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 47,060 |
| 4002 | Rent/Lease Building | 182,675 |
| 4003 | Rent/Lease Equipment | 4,000 |
| 4004 | Rent/Lease Vehicles | 6,660 |
| 4005 | Security | 94,176 |
| 4006 | Utilities | 49,455 |
| 4007 | Other (Specify) | - |
| 4008 | Other (Specify) | - |
| 4009 | Other (Specify) | - |
| 4010 | Other (Specify) | - |
| FACILITIES/EQUIPMENT TOTAL: | | \$ 384,026 |

| 5000: SPECIAL EXPENSES | | |
|--------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 65,428 |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services (Specify) | - |
| 5004 | Translation Services | 200 |
| 5005 | Other (Specify) | - |
| 5006 | Other (Specify) | - |
| 5007 | Other (Specify) | - |
| 5008 | Other (Specify) | - |
| SPECIAL EXPENSES TOTAL: | | \$ 65,628 |

| 6000: ADMINISTRATIVE EXPENSES | | |
|--------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 6001 | Administrative Overhead | \$ 128,571 |
| 6002 | Professional Liability Insurance | 8,115 |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Liability): | 4,846 |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Other (Specify) | - |
| 6009 | Other (Specify) | - |
| 6010 | Other (Specify) | - |
| 6011 | Other (Specify) | - |
| 6012 | Other (Specify) | - |
| ADMINISTRATIVE EXPENSES TOTAL | | \$ 141,532 |

| 7000: FIXED ASSETS | | |
|---------------------------|--|---------------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 3,300 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 600 |
| 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 | \$ 3,900 |
|------------------------------------|-----------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 1,200,000 |
|-------------------------------|---------------------|

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|--------------------------------|
| PROGRAM FUNDING SOURCES |
|--------------------------------|

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|--|--|--|--|--|
| 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 | | \$ - |
| 8302 | PEI - Prevention & Early Intervention | | 1,200,000 |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 1,200,000 |

| | | |
|-----------------------------|--|--|
| 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: | \$ 1,200,000 |
|--------------------------------|--------------|

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

**Peer Wellness Center
Kings View
Fiscal Year (FY) 2024-25 Budget Narrative**

| PROGRAM EXPENSE | | | |
|--------------------------------------|--|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: SALARIES & BENEFITS | | 524,194 | |
| Employee Salaries | | 417,050 | |
| 1101 | Executive Director | 8,630 | Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies. |
| 1102 | Executive Assistant | 2,911 | This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies. |
| 1103 | Regional Director | 15,589 | Licensed Marriage and Family Therapist (LMFT). Provides program management and direction. Ensures operations are running smoothly and in compliance with contract requirements. |
| 1104 | Recovery Services Administrator | 84,861 | Provides supervision of all staff and members and direct oversight of program management. Responsible for managing program operations and delivery of peer support wellness groups and activities to the members served. Provide program vision, goals, activities and development of action plans. Ensure program and contract adherence to wellness and recovery values. Develops program outcome measures, provide monthly reports to Regional Director and County Contract Analyst. |
| 1105 | Recovery Services Coordinator-Administration | 69,102 | Provides administrative duties in the program and managing program attendance and data input into the Member Ties system for tracking. Works side by side with consumers in a way that they feel heard and supported. Order supplies that are requested and needed for program activities and as directed by program manager. Attend monthly meetings with consumers, gather feedback to determine if support and growth needs are being met. Helps plan and develop action plans. |
| 1106 | Recovery Services Coordinator-Activities/Resources | 58,025 | This position will work in tandem with the Program Manager, Recovery Services Administrator and other staff to provide opportunities for members to engage in fun and educational wellness and recovery activities at center. In addition, this position provides, advocacy, linkages and support to members to assist them in accessing assistance for their basic needs, such as General Relief (GR), Social Security Insurance (SSI), Covered California benefits, linkages to housing, mental health and medical services. Supports potential new members through the Welcoming Process |
| 1107 | Recovery Services Coordinator-Training | 51,170 | This position plans a monthly calendar of all training activities to be conducted at the center. Develops/designs new curriculum and training material based on identified needs within the center. Ensures all training activities are recovery, resilience and wellness focused. In collaboration with other Coordinators, conducts a formal assessment of training needs within the center on an annual basis or more often as needed. |
| 1108 | Recovery Services Coordinator-Volunteers | 55,197 | This position recruits and interviews all potential center volunteer applicants. Uses creative and innovative ways to recruit volunteers. Delivers a comprehensive Volunteer Training Program curriculum for all new volunteers. Ensures that all volunteers have successfully completed the skill-based training program before volunteering. Schedules/assigns all volunteer activity, including front desk coverage at center. Ensures that volunteer assignments and schedules are matched to the skill level and abilities to promote a feeling of self-confidence. Ongoing monitoring of volunteers regarding task assignments and offers support and guidance as needed. |
| 1109 | Recovery Services Coordinator-Vocational | 71,565 | This position develops and sustains a wellness and recovery oriented Vocational Program that prepares members for volunteer work and pre-employment readiness. Provides career assessment tools and teaches skill sets essential for supported employment of members. Develops, coordinates, and facilitates training for members to learn and cultivate good work habits and job skills essential for career success, including resume writing, interviewing skills and computer skill development. Provides advocacy, linkage, and support to members to assist them in accessing and obtaining employment. |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| 1116 | 0 | - | |
| 1117 | 0 | - | |
| 1118 | 0 | - | |
| 1119 | 0 | - | |

| PROGRAM EXPENSE | | | |
|--------------------------------------|-------------------------------------|---------------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | - | |
| 1135 | 0 | - | |
| Employee Benefits | | 72,401 | |
| 1201 | Retirement | 3,995 | Cost of 401K |
| 1202 | Worker's Compensation | 11,318 | Workers Comp Insurance |
| 1203 | Health Insurance | 57,088 | Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance |
| 1204 | Other (Specify) | - | |
| 1205 | Other (Specify) | - | |
| 1206 | Other (Specify) | - | |
| Payroll Taxes & Expenses: | | 34,743 | |
| 1301 | OASDI | - | |
| 1302 | FICA/MEDICARE | 31,831 | Cost of FICA/Medicare |
| 1303 | SUI | 2,912 | Cost of SUI |
| 1304 | Other (Specify) | - | |
| 1305 | Other (Specify) | - | |
| 1306 | Other (Specify) | - | |
| 2000: CLIENT SUPPORT | | 50,214 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | 4,390 | Provides bus passes, bus tokens or any transportation assistance to members, such as taxi service, gas, or fixing a bike. |
| 2004 | Clothing, Food, & Hygiene | 8,234 | Supports members with items such as clothing, shoes, food/snacks, coffee, water & hygiene supplies. |
| 2005 | Education Support | 1,000 | Assist members with education expenses such as books, school supplies, and registration fees. |
| 2006 | Employment Support | 3,000 | Cost of vocational assistance such as interview clothes, DMV records, ID Cards, and birth certificates. Can also include software for things like math, typing skills, reading or other life skills. |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other (Client Stipends) | 20,800 | Cost to purchase food vouchers for members who have successfully completed 40 hours a month in volunteer in center |
| 2012 | Other (Program Supplies) | 3,400 | Provides groups expenses related to mental health, life skills, coping and breathing skills, health & wellness, and meditation. Expenses can be things such as notepads, markers, headphones, journals, calendars, agendas, and books. Also includes supplies for client usage such as cups for coffee, plates, napkins, utensils. |
| 2013 | Other (Program Supplies-Art) | 4,490 | Provides supplies for members art such as coloring books, paints, brushes, yarn, fabric, canvas, and music supplies. |
| 2014 | Other (Program Supplies-Activities) | 4,900 | Provides items for special members holiday events or items such as board games. |
| 2015 | Other (Specify) | - | |
| 2016 | Other (Specify) | - | |
| 3000: OPERATING EXPENSES | | 30,506 | |
| 3001 | Telecommunications | 14,714 | Cost of landline telephone services, cell phones service, data connectivity. |

| PROGRAM EXPENSE | | | | |
|-----------------|------------------------------|-------|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3002 | Printing/Postage | 800 | Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier. | |
| 3003 | Office Supplies & Equipment | 4,982 | Includes all desk supplies and minor equipment used by staff in the course of providing services. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 3,150 | Cost for continuation of staff development and training. | |
| 3006 | Staff Mileage | 100 | Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees. | |
| 3007 | Subscriptions & Memberships | 800 | Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online radio subscription for center or annual amazon account to purchase member supplies. | |
| 3008 | Vehicle Maintenance | 4,960 | Provides minor auto repairs & maintenance required to maintain leased vehicle for member transportation and program needs, oil changes and car washes, GPS vehicle tracking service, fuel, and DVM fees. | |
| 3009 | Other (Staff Recruitment) | 1,000 | Thorough background check, life scan, and drug testing. | |
| 3010 | Other (Specify) | - | | |
| 3011 | Other (Specify) | - | | |
| 3012 | Other (Specify) | - | | |

| 4000: FACILITIES & EQUIPMENT | | 384,026 | | |
|------------------------------|----------------------|---------|---|--|
| 4001 | Building Maintenance | 47,060 | Cost of alarm security service, pest control, copier maintenance, shredding services, facility supplies and services to maintain clean center and minor building repairs and maintenance. | |
| 4002 | Rent/Lease Building | 182,675 | Building space lease. | |
| 4003 | Rent/Lease Equipment | 4,000 | Copier lease and water tower rental for staff and members. | |
| 4004 | Rent/Lease Vehicles | 6,660 | The cost of 1 van lease to assist with program and member needs. | |
| 4005 | Security | 94,176 | Cost of security guard service for daytime and emergency 24/7 patrolling as needed. | |
| 4006 | Utilities | 49,455 | The cost of gas, electric, water, and garbage/sewer. | |
| 4007 | Other (Specify) | - | | |
| 4008 | Other (Specify) | - | | |
| 4009 | Other (Specify) | - | | |
| 4010 | Other (Specify) | - | | |

| 5000: SPECIAL EXPENSES | | 65,628 | | |
|------------------------|---|--------|---|--|
| 5001 | Consultant (Network & Data Management) | 65,428 | Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7. | |
| 5002 | HMIS (Health Management Information System) | - | | |
| 5003 | Contractual/Consulting Services (Specify) | - | | |
| 5004 | Translation Services | 200 | Anticipating translation services to assist members. | |
| 5005 | Other (Specify) | - | | |
| 5006 | Other (Specify) | - | | |
| 5007 | Other (Specify) | - | | |
| 5008 | Other (Specify) | - | | |

| 6000: ADMINISTRATIVE EXPENSES | | 141,532 | | |
|-------------------------------|---|---------|---|--|
| 6001 | Administrative Overhead | 128,571 | Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions. Expenses will also include for Program Staff Accountant and QI Data Analyst positions salaries. | |
| 6002 | Professional Liability Insurance | 8,115 | Cost general and professional liability insurance. | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | - | | |
| 6005 | Insurance (Liability): | 4,846 | Cost of personal property, accidental, and auto insurance. | |
| 6006 | Payroll Services | - | | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - | | |

| PROGRAM EXPENSE | | | | |
|-----------------|-----------------|-----|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 6008 | Other (Specify) | - | | |
| 6009 | Other (Specify) | - | | |
| 6010 | Other (Specify) | - | | |
| 6011 | Other (Specify) | - | | |
| 6012 | Other (Specify) | - | | |

| 7000: FIXED ASSETS | | 3,900 | |
|--------------------|--|-------|--|
| 7001 | Computer Equipment & Software | 3,300 | Computer software needs to support staff & or computers for member use. Anticipating shard cost for replacement of computer equipment. Expenses such as Duo factor licensing, Meraki licensing, and other computer software. |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - | |
| 7003 | Furniture & Fixtures | 600 | Anticipating shared cost or possible replacement furniture needs for staff or members usage at center. |
| 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: | 1,200,000 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 1,200,000 |
| BUDGET CHECK: | - |

**Peer Wellness Center
Kings View
Fiscal Year (FY) 2025-26**

PROGRAM EXPENSES

| 1000: SALARIES & BENEFITS | | | | | |
|--------------------------------------|--|-------------|-------------|-------------------|-------------------|
| Employee Salaries | | | | | |
| Acct # | Position | FTE | Admin | Direct | Total |
| 1101 | Executive Director | 0.05 | \$ - | \$ 8,889 | \$ 8,889 |
| 1102 | Executive Assistant | 0.05 | - | 2,998 | 2,998 |
| 1103 | Regional Director | 0.11 | - | 16,056 | 16,056 |
| 1104 | Recovery Services Administrator | 1.00 | - | 87,410 | 87,410 |
| 1105 | Recovery Services Coordinator-Administration | 1.00 | - | 71,184 | 71,184 |
| 1106 | Recovery Services Coordinator-Activities/Resources | 1.00 | - | 59,765 | 59,765 |
| 1107 | Recovery Services Coordinator-Training | 1.00 | - | 52,696 | 52,696 |
| 1108 | Recovery Services Coordinator-Volunteers | 1.00 | - | 56,852 | 56,852 |
| 1109 | Recovery Services Coordinator-Vocational | 1.00 | - | 73,713 | 73,713 |
| 1110 | | | | | - |
| 1111 | | | | | - |
| 1112 | | | - | - | - |
| 1113 | | | - | - | - |
| 1114 | | | - | - | - |
| 1115 | | | - | - | - |
| 1116 | | | - | - | - |
| 1117 | | | - | - | - |
| 1118 | | | - | - | - |
| 1119 | | | - | - | - |
| 1120 | | | - | - | - |
| 1121 | | | - | - | - |
| 1122 | | | - | - | - |
| 1123 | | | - | - | - |
| 1124 | | | - | - | - |
| 1125 | | | - | - | - |
| 1126 | | | - | - | - |
| 1127 | | | - | - | - |
| 1128 | | | - | - | - |
| 1129 | | | - | - | - |
| 1130 | | | - | - | - |
| 1131 | | | - | - | - |
| 1132 | | | - | - | - |
| 1133 | | | - | - | - |
| 1134 | | | - | - | - |
| 1135 | | | - | - | - |
| Personnel Salaries Subtotal | | 6.21 | \$ - | \$ 429,563 | \$ 429,563 |
| Employee Benefits | | | | | |
| Acct # | Description | | Admin | Direct | Total |
| 1201 | Retirement | | \$ - | \$ 4,114 | \$ 4,114 |
| 1202 | Worker's Compensation | | - | 11,657 | 11,657 |

| | | | | |
|--|--------------------|--------------|-------------------|-------------------|
| 1203 | Health Insurance | - | 58,801 | 58,801 |
| 1204 | Other (Specify) | - | - | - |
| 1205 | Other (Specify) | - | - | - |
| 1206 | Other (Specify) | - | - | - |
| Employee Benefits Subtotal: | | \$ - | \$ 74,572 | \$ 74,572 |
| Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Direct | Total |
| 1301 | OASDI | \$ - | \$ - | \$ - |
| 1302 | FICA/MEDICARE | - | 32,787 | 32,787 |
| 1303 | SUI | - | 3,000 | 3,000 |
| 1304 | Other (Specify) | - | - | - |
| 1305 | Other (Specify) | - | - | - |
| 1306 | Other (Specify) | - | - | - |
| Payroll Taxes & Expenses Subtotal: | | \$ - | \$ 35,787 | \$ 35,787 |
| EMPLOYEE SALARIES & BENEFITS TOTAL: | | \$ - | \$ 539,922 | \$ 539,922 |

| | | |
|---------------------------------|-------------------------------------|------------------|
| 2000: CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | 4,000 |
| 2004 | Clothing, Food, & Hygiene | 8,220 |
| 2005 | Education Support | 500 |
| 2006 | Employment Support | 1,500 |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other (Client Stipends) | 20,000 |
| 2012 | Other (Program Supplies) | 3,400 |
| 2013 | Other (Program Supplies-Art) | 3,000 |
| 2014 | Other (Program Supplies-Activities) | 4,000 |
| 2015 | Other (Specify) | - |
| 2016 | Other (Specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 44,620 |

| | | |
|----------------------------------|------------------------------|------------------|
| 3000: OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 14,714 |
| 3002 | Printing/Postage | 800 |
| 3003 | Office Supplies & Equipment | 3,984 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 3,150 |
| 3006 | Staff Mileage | 100 |
| 3007 | Subscriptions & Memberships | 800 |
| 3008 | Vehicle Maintenance | 4,960 |
| 3009 | Other (Staff Recruitment) | 1,000 |
| 3010 | Other (Specify) | - |
| 3011 | Other (Specify) | - |
| 3012 | Other (Specify) | - |
| OPERATING EXPENSES TOTAL: | | \$ 29,508 |

| 4000: FACILITIES & EQUIPMENT | | |
|---|------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 47,060 |
| 4002 | Rent/Lease Building | 184,501 |
| 4003 | Rent/Lease Equipment | 4,000 |
| 4004 | Rent/Lease Vehicles | 6,660 |
| 4005 | Security | 85,069 |
| 4006 | Utilities | 49,950 |
| 4007 | Other (Specify) | - |
| 4008 | Other (Specify) | - |
| 4009 | Other (Specify) | - |
| 4010 | Other (Specify) | - |
| FACILITIES/EQUIPMENT TOTAL: | | \$ 377,240 |

| 5000: SPECIAL EXPENSES | | |
|--------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 65,428 |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services (Specify) | - |
| 5004 | Translation Services | 200 |
| 5005 | Other (Specify) | - |
| 5006 | Other (Specify) | - |
| 5007 | Other (Specify) | - |
| 5008 | Other (Specify) | - |
| SPECIAL EXPENSES TOTAL: | | \$ 65,628 |

| 6000: ADMINISTRATIVE EXPENSES | | |
|--------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 6001 | Administrative Overhead | \$ 128,571 |
| 6002 | Professional Liability Insurance | 8,115 |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Liability): | 4,846 |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Other (Specify) | - |
| 6009 | Other (Specify) | - |
| 6010 | Other (Specify) | - |
| 6011 | Other (Specify) | - |
| 6012 | Other (Specify) | - |
| ADMINISTRATIVE EXPENSES TOTAL | | \$ 141,532 |

| 7000: FIXED ASSETS | | |
|---------------------------|--|---------------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 1,300 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 250 |
| 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 | \$ 1,550 |
|------------------------------------|-----------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 1,200,000 |
|-------------------------------|---------------------|

| |
|--------------------------------|
| 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 | | \$ - |
| 8302 | PEI - Prevention & Early Intervention | | 1,200,000 |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 1,200,000 |

| |
|-----------------------------|
| 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: | \$ 1,200,000 |
|--------------------------------|--------------|

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

**Peer Wellness Center
Kings View
Fiscal Year (FY) 2025-26 Budget Narrative**

| PROGRAM EXPENSE | | | |
|--------------------------------------|--|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: SALARIES & BENEFITS | | 539,922 | |
| Employee Salaries | | 429,563 | |
| 1101 | Executive Director | 8,889 | Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies. |
| 1102 | Executive Assistant | 2,998 | This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies. |
| 1103 | Regional Director | 16,056 | Licensed Marriage and Family Therapist (LMFT). Provides program management and direction. Ensures operations are running smoothly and in compliance with contract requirements. |
| 1104 | Recovery Services Administrator | 87,410 | Provides supervision of all staff and members and direct oversight of program management. Responsible for managing program operations and delivery of peer support wellness groups and activities to the members served. Provide program vision, goals, activities and development of action plans. Ensure program and contract adherence to wellness and recovery values. Develops program outcome measures, provide monthly reports to Regional Director and County Contract Analyst. |
| 1105 | Recovery Services Coordinator-Administration | 71,184 | Provides administrative duties in the program and managing program attendance and data input into the Member Ties system for tracking. Works side by side with consumers in a way that they feel heard and supported. Order supplies that are requested and needed for program activities and as directed by program manager. Attend monthly meetings with consumers, gather feedback to determine if support and growth needs are being met. Helps plan and develop action plans. |
| 1106 | Recovery Services Coordinator-Activities/Resources | 59,765 | This position will work in tandem with the Program Manager, Recovery Services Administrator and other staff to provide opportunities for members to engage in fun and educational wellness and recovery activities at center. In addition, this position provides, advocacy, linkages and support to members to assist them in accessing assistance for their basic needs, such as General Relief (GR), Social Security Insurance (SSI), Covered California benefits, linkages to housing, mental health and medical services. Supports potential new members through the Welcoming Process |
| 1107 | Recovery Services Coordinator-Training | 52,696 | This position plans a monthly calendar of all training activities to be conducted at the center. Develops/designs new curriculum and training material based on identified needs within the center. Ensures all training activities are recovery, resilience and wellness focused. In collaboration with other Coordinators, conducts a formal assessment of training needs within the center on an annual basis or more often as needed. |
| 1108 | Recovery Services Coordinator-Volunteers | 56,852 | This position recruits and interviews all potential center volunteer applicants. Uses creative and innovative ways to recruit volunteers. Delivers a comprehensive Volunteer Training Program curriculum for all new volunteers. Ensures that all volunteers have successfully completed the skill-based training program before volunteering. Schedules/assigns all volunteer activity, including front desk coverage at center. Ensures that volunteer assignments and schedules are matched to the skill level and abilities to promote a feeling of self-confidence. Ongoing monitoring of volunteers regarding task assignments and offers support and guidance as needed. |
| 1109 | Recovery Services Coordinator-Vocational | 73,713 | This position develops and sustains a wellness and recovery oriented Vocational Program that prepares members for volunteer work and pre-employment readiness. Provides career assessment tools and teaches skill sets essential for supported employment of members. Develops, coordinates, and facilitates training for members to learn and cultivate good work habits and job skills essential for career success, including resume writing, interviewing skills and computer skill development. Provides advocacy, linkage, and support to members to assist them in accessing and obtaining employment. |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| 1116 | 0 | - | |
| 1117 | 0 | - | |
| 1118 | 0 | - | |
| 1119 | 0 | - | |

| PROGRAM EXPENSE | | | |
|--------------------------------------|-------------------------------------|---------------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | - | |
| 1135 | 0 | - | |
| Employee Benefits | | 74,572 | |
| 1201 | Retirement | 4,114 | Cost of 401K |
| 1202 | Worker's Compensation | 11,657 | Workers Comp Insurance |
| 1203 | Health Insurance | 58,801 | Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance |
| 1204 | Other (Specify) | - | |
| 1205 | Other (Specify) | - | |
| 1206 | Other (Specify) | - | |
| Payroll Taxes & Expenses: | | 35,787 | |
| 1301 | OASDI | - | |
| 1302 | FICA/MEDICARE | 32,787 | Cost of FICA/Medicare |
| 1303 | SUI | 3,000 | Cost of SUI |
| 1304 | Other (Specify) | - | |
| 1305 | Other (Specify) | - | |
| 1306 | Other (Specify) | - | |
| 2000: CLIENT SUPPORT | | 44,620 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | 4,000 | Provides bus passes, bus tokens or any transportation assistance to members, such as taxi service, gas, or fixing a bike. |
| 2004 | Clothing, Food, & Hygiene | 8,220 | Supports members with items such as clothing, shoes, food/snacks, coffee, water & hygiene supplies. |
| 2005 | Education Support | 500 | Assist members with education expenses such as books, school supplies, and registration fees. |
| 2006 | Employment Support | 1,500 | Cost of vocational assistance such as interview clothes, DMV records, ID Cards, and birth certificates. Can also include software for things like math, typing skills, reading or other life skills. |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other (Client Stipends) | 20,000 | Cost to purchase food vouchers for members who have successfully completed 40 hours a month in volunteer in center |
| 2012 | Other (Program Supplies) | 3,400 | Provides groups expenses related to mental health, life skills, coping and breathing skills, health & wellness, and meditation. Expenses can be things such as notepads, markers, headphones, journals, calendars, agendas, and books. Also includes supplies for client usage such as cups for coffee, plates, napkins, utensils. |
| 2013 | Other (Program Supplies-Art) | 3,000 | Provides supplies for members art such as coloring books, paints, brushes, yarn, fabric, canvas, and music supplies. |
| 2014 | Other (Program Supplies-Activities) | 4,000 | Provides items for special members holiday events or items such as board games. |
| 2015 | Other (Specify) | - | |
| 2016 | Other (Specify) | - | |
| 3000: OPERATING EXPENSES | | 29,508 | |
| 3001 | Telecommunications | 14,714 | Cost of landline telephone services, cell phones service, data connectivity. |

| PROGRAM EXPENSE | | | | |
|-----------------|------------------------------|-------|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3002 | Printing/Postage | 800 | Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier. | |
| 3003 | Office Supplies & Equipment | 3,984 | Includes all desk supplies and minor equipment used by staff in the course of providing services. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 3,150 | Cost for continuation of staff development and training. | |
| 3006 | Staff Mileage | 100 | Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees. | |
| 3007 | Subscriptions & Memberships | 800 | Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online radio subscription for center or annual amazon account to purchase member supplies. | |
| 3008 | Vehicle Maintenance | 4,960 | Provides minor auto repairs & maintenance required to maintain leased vehicle for member transportation and program needs, oil changes and car washes, GPS vehicle tracking service, fuel, and DVM fees. | |
| 3009 | Other (Staff Recruitment) | 1,000 | Thorough background check, life scan, and drug testing. | |
| 3010 | Other (Specify) | - | | |
| 3011 | Other (Specify) | - | | |
| 3012 | Other (Specify) | - | | |

| 4000: FACILITIES & EQUIPMENT | | 377,240 | | |
|------------------------------|----------------------|---------|---|--|
| 4001 | Building Maintenance | 47,060 | Cost of alarm security service, pest control, copier maintenance, shredding services, facility supplies and services to maintain clean center and minor building repairs and maintenance. | |
| 4002 | Rent/Lease Building | 184,501 | Building space lease. | |
| 4003 | Rent/Lease Equipment | 4,000 | Copier lease and water tower rental for staff and members. | |
| 4004 | Rent/Lease Vehicles | 6,660 | The cost of 1 van lease to assist with program and member needs. | |
| 4005 | Security | 85,069 | Cost of security guard service for day time and emergency 24/7 patrolling as needed. | |
| 4006 | Utilities | 49,950 | The cost of gas, electric, water, and garbage/sewer. | |
| 4007 | Other (Specify) | - | | |
| 4008 | Other (Specify) | - | | |
| 4009 | Other (Specify) | - | | |
| 4010 | Other (Specify) | - | | |

| 5000: SPECIAL EXPENSES | | 65,628 | | |
|------------------------|---|--------|---|--|
| 5001 | Consultant (Network & Data Management) | 65,428 | Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7. | |
| 5002 | HMIS (Health Management Information System) | - | | |
| 5003 | Contractual/Consulting Services (Specify) | - | | |
| 5004 | Translation Services | 200 | Anticipating translation services to assist members. | |
| 5005 | Other (Specify) | - | | |
| 5006 | Other (Specify) | - | | |
| 5007 | Other (Specify) | - | | |
| 5008 | Other (Specify) | - | | |

| 6000: ADMINISTRATIVE EXPENSES | | 141,532 | | |
|-------------------------------|---|---------|---|--|
| 6001 | Administrative Overhead | 128,571 | Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions. Expenses will also include for Program Staff Accountant and QI Data Analyst positions salaries. | |
| 6002 | Professional Liability Insurance | 8,115 | Cost general and professional liability insurance. | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | - | | |
| 6005 | Insurance (Liability): | 4,846 | Cost of personal property, accidental, and auto insurance. | |
| 6006 | Payroll Services | - | | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - | | |

| PROGRAM EXPENSE | | | | |
|-----------------|-----------------|-----|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 6008 | Other (Specify) | - | | |
| 6009 | Other (Specify) | - | | |
| 6010 | Other (Specify) | - | | |
| 6011 | Other (Specify) | - | | |
| 6012 | Other (Specify) | - | | |

| 7000: FIXED ASSETS | | 1,550 | | |
|--------------------|--|-------|--|--|
| 7001 | Computer Equipment & Software | 1,300 | Computer software needs to support staff & or computers for member use. Anticipating shard cost for replacement of computer equipment. Expenses such as Duo factor licensing, Meraki licensing, and other computer software. | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - | | |
| 7003 | Furniture & Fixtures | 250 | Anticipating shared cost or possible replacement furniture needs for staff or members usage at center. | |
| 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: | 1,200,000 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 1,200,000 |
| BUDGET CHECK: | - |

DOCUMENTATION STANDARDS FOR CLIENT RECORDS

The documentation standards are described below under key topics related to client care. All standards must be addressed in the client record; however, there is no requirement that the record have a specific document or section addressing these topics. All medical records shall be maintained for a minimum of 10 years from the date of the end of the Agreement.

A. Assessments

1. The following areas will be included as appropriate as a part of a comprehensive client record.
 - Relevant physical health conditions reported by the client will be prominently identified and updated as appropriate.
 - Presenting problems and relevant conditions affecting the client's physical health and mental health status will be documented, for example: living situation, daily activities, and social support.
 - Documentation will describe client's strengths in achieving client plan goals.
 - Special status situations that present a risk to clients or others will be prominently documented and updated as appropriate.
 - Documentations will include medications that have been described by mental health plan physicians, dosage of each medication, dates of initial prescriptions and refills, and documentations of informed consent for medications.
 - Client self report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.
 - A mental health history will be documented, including: previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and relevant results of relevant lab tests and consultations reports.
 - For children and adolescents, pre-natal and perinatal events and complete developmental history will be documented.
 - Documentations will include past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over-the-counter drugs.
 - A relevant mental status examination will be documented.
 - A DSM-5 diagnosis, or a diagnosis from the most current ICD, will be documented, consistent with the presenting problems, history mental status evaluation and/or other assessment data.

2. Timeliness/Frequency Standard for Assessment

- An assessment will be completed at intake and updated as needed to document changes in the client's condition.
- Client conditions will be assessed at least annually and, in most cases, at more frequent intervals.

B. Client Plans

1. Client plans will:

- have specific observable and/or specific quantifiable goals
- identify the proposed type(s) of intervention
- have a proposed duration of intervention(s)
- be signed (or electronic equivalent) by:
 - the person providing the service(s), or
 - a person representing a team or program providing services, or
 - a person representing the MHP providing services
 - when the client plan is used to establish that the services are provided under the direction of an approved category of staff, and if the below staff are not the approved category,
 - a physician
 - a licensed/ "waivered" psychologist
 - a licensed/ "associate" social worker
 - a licensed/ registered/marriage and family therapist or
 - a registered nurse
- In addition,
 - Client plans will be consistent with the diagnosis, and the focus of intervention will be consistent with the client plan goals, and there will be documentation of the client's participation in and agreement with the plan. Examples of the documentation include, but are not limited to, reference to the client's participation and agreement in the body of the plan, client signature on the plan, or a description of the client's participation and agreement in progress notes.

- Client signature on the plan will be used as the means by which the CONTRACTOR documents the participation of the client.
- When the client's signature is required on the client plan and the client refuses or is unavailable for signature, the client plan will include a written explanation of the refusal or unavailability.
- The CONTRACTOR will give a copy of the client plan to the client on request.

2. Timeliness/Frequency of Client Plan:

- Will be updated at least annually.
- The CONTRACTOR(S) will establish standards for timeliness and frequency for the individual elements of the client plan described in item 1.

C. Progress Notes

1. Items that must be contained in the client record related to the client's progress in treatment include:

- The client record will provide timely documentation of relevant aspects of client care.
- Mental health staff/practitioners will use client records to document client encounters, including relevant clinical decisions and interventions.
- All entries in the client record will include the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number, if applicable.
- All entries will include the date services were provided.
- The record will be legible.
- The client record will document follow-up care, or as appropriate, a discharge summary.

2. Timeliness/Frequency of Progress Notes:

- Progress notes shall be documented at the frequency by type of service indicated below:
 - a. Every Service Contact
 - Mental Health Services
 - Medication Support Services
 - Crisis Intervention

STATE MENTAL HEALTH REQUIREMENTS

1. CONTROL REQUIREMENTS

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

2. PROFESSIONAL LICENSURE

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

3. CONFIDENTIALITY

CONTRACTOR 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 Asset) | 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 | | | | | | | | | | | | |
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| 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 |

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



The Case for the National CLAS Standards

Health equity is the attainment of the highest level of health for all people.¹ Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age,² such as socioeconomic status, education level, and the availability of health services.³

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion.⁴

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.^{5,6} By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities⁷ and the National Stakeholder Strategy for Achieving Health Equity,⁸ which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.

Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

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

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

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

Contractor and its employees and subcontractor shall:

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

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

Fresno County Mental Health Compliance Program
Contractor Acknowledgment and Agreement

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

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

For Individual Providers

Name (print): _____

Discipline: Psychiatrist Psychologist LCSW LMFT

Signature: _____ Date: ___/___/___

For Group or Organizational Providers

Group/Org. Name (print): _____

Employee Name (print): _____

Discipline: Psychiatrist Psychologist LCSW LMFT

Other: _____

Job Title (if different from Discipline): _____

Signature: _____ Date: ___/___/___

FRESNO COUNTY MENTAL HEALTH PLAN

Grievances

Fresno County Mental Health Plan (MHP) provides beneficiaries with a grievance and appeal process and an expedited appeal process to resolve grievances and disputes at the earliest and the lowest possible level.

Title 9 of the California Code of Regulations requires that the MHP and its fee-for-service providers give verbal and written information to Medi-Cal beneficiaries regarding the following:

- How to access specialty mental health services
- How to file a grievance about services
- How to file for a State Fair Hearing

The MHP has developed a Consumer Guide, a beneficiary rights poster, a grievance form, an appeal form, and Request for Change of Provider Form. All of these beneficiary materials must be posted in prominent locations where Medi-Cal beneficiaries receive outpatient specialty mental health services, including the waiting rooms of providers' offices of service.

Please note that all fee-for-service providers and contract agencies are required to give the individuals served copies of all current beneficiary information annually at the time their treatment plans are updated and at intake.

Beneficiaries have the right to use the grievance and/or appeal process without any penalty, change in mental health services, or any form of retaliation. All Medi-Cal beneficiaries can file an appeal or state hearing.

Grievances and appeals forms and self addressed envelopes must be available for beneficiaries to pick up at all provider sites without having to make a verbal or written request. Forms can be sent to the following address:

Fresno County Mental Health Plan
P.O. Box 45003
Fresno, CA 93718-9886
(800) 654-3937 (for more information)
(559) 488-3055 (TTY)

Provider Problem Resolution and Appeals Process

The MHP uses a simple, informal procedure in identifying and resolving provider concerns and problems regarding payment authorization issues, other complaints and concerns.

Informal provider problem resolution process – the provider may first speak to a Provider Relations Specialist (PRS) regarding his or her complaint or concern.

The PRS will attempt to settle the complaint or concern with the provider. If the attempt is unsuccessful and the provider chooses to forego the informal grievance process, the provider will be advised to file a written complaint to the MHP address (listed above).

Formal provider appeal process – the provider has the right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun, when the complaint concerns a denied or modified request for MHP payment authorization, or the process or payment of a provider’s claim to the MHP.

Payment authorization issues – the provider may appeal a denied or modified request for payment authorization or a dispute with the MHP regarding the processing or payment of a provider’s claim to the MHP. The written appeal must be submitted to the MHP within 90 calendar days of the date of the receipt of the non-approval of payment.

The MHP shall have 60 calendar days from its receipt of the appeal to inform the provider in writing of the decision, including a statement of the reasons for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.

If the appeal concerns a denial or modification of payment authorization request, the MHP utilizes a Managed Care staff who was not involved in the initial denial or modification decision to determine the appeal decision.

If the Managed Care staff reverses the appealed decision, the provider will be asked to submit a revised request for payment within 30 calendar days of receipt of the decision

Other complaints – if there are other issues or complaints, which are not related to payment authorization issues, providers are encouraged to send a letter of complaint to the MHP. The provider will receive a written response from the MHP within 60 calendar days of receipt of the complaint. The decision rendered by the MHP is final.

INCIDENT REPORTING

PROTOCOL FOR COMPLETION OF INCIDENT REPORT

The Incident Report must be completed for all incidents involving individuals served through DBH's current incident reporting portal, Logic Manager, at <https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

- The reporting portal is available 24 hours a day, every day.
- Any employee of the CONTRACTOR can submit an incident using the reporting portal at any time. No login is required.
- The designated administrator of the CONTRACTOR can add information to the follow up section of the report after submission.
- When an employee submits an incident within 24 hours from the time of the incident or first knowledge of the incident, the CONTRACTOR's designated administrator, the assigned contract analyst and the Incident Reporting email inbox will be notified immediately via email from the Logic Manager system that there is a new incident to review.
- Meeting the 24 hour incident reporting requirements will be easier as there are no signatures to collect.
- The user guide attached identifies the reporting process and the reviewer process, and is subject to updates based on DBH's selected incident reporting portal system.

Questions about incident reporting, how to use the incident reporting portal, or designating/changing the name of the administrator who will review incidents for the CONTRACTOR should be emailed to DBHIncidentReporting@fresnocountyca.gov and the assigned contract analyst.



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*
Placeholder

Name of Reporting Party*
Placeholder

Facility Address*
Placeholder

Facility Phone Number*
Placeholder

Mental Health or Substance Use Disorder Program?*
Select option

Client First Name*
Placeholder

Client Last Name*
Placeholder

From Job*
Placeholder

Client Date of Birth*
Placeholder

Client Address*
Placeholder

Client ID*
Placeholder

Gender*
Select option

County of Origin*
Select option

Summary

Subject ID*
Placeholder

Incident (check all that apply)*
Select options

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):
Placeholder

Description of the Incident*
Placeholder

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

Incident (check all that apply)*

Medical Emergency Death of Client

Homicide/Homicide Attempt

AWOL/Elopement from locked facility

Violence/Abuse/Assault (toward others, client and/or property)

Attempted Suicide (resulting in serious injury)

Injury (self-inflicted or by accident)

Medication Error

fresnodbh.logicmanager.com/incidents/7t-9&ip=18&k=182be0c5cdcd5072bb1b64cdee4d3d6e

Date of Incident*
mm/dd/yyyy

Time of Incident*
hh:mm

Location of Incident*
/

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

Did the Injured Party seek Medical Attention?
Default: yes/no

Attach any additional details
Add File or Drop File Here

Reported By Name*
/

Reported By Email*
/

Reported On
10/30/2019

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

The screenshot shows a web browser window with the URL `fresnodbh.logicmanager.com/incident/1471-08p-1&k-182be0c5c1cd5072bb1864cde-1d3d6e`. At the top of the form, there is a button labeled "Add File or Drop File Here" which is highlighted in yellow. Below this are several input fields: "Reported By Name*", "Reported By Email*", and "Reported On" (with the date 10/30/2019). A section titled "Follow Up" contains a dropdown menu for "Action Taken (check all that apply)", a text field for "Please specify if other", a text area for "Description of Action Taken*", and another text field for "Outcome*". At the bottom of the form is a large green "SUBMIT" button.

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

This close-up shows the "Action Taken (check all that apply)" dropdown menu. It is open, displaying a list of options. Two items are selected and highlighted in grey: "Law Enforcement Contacted" and "Called 911/EMS". Other visible options include "Consulted with Physician", "First Aid/CPR Administered", "Client removed from building", "Parent/Legal Guardian Contacted", and "Other".

When done entering all the information, simply click submit.

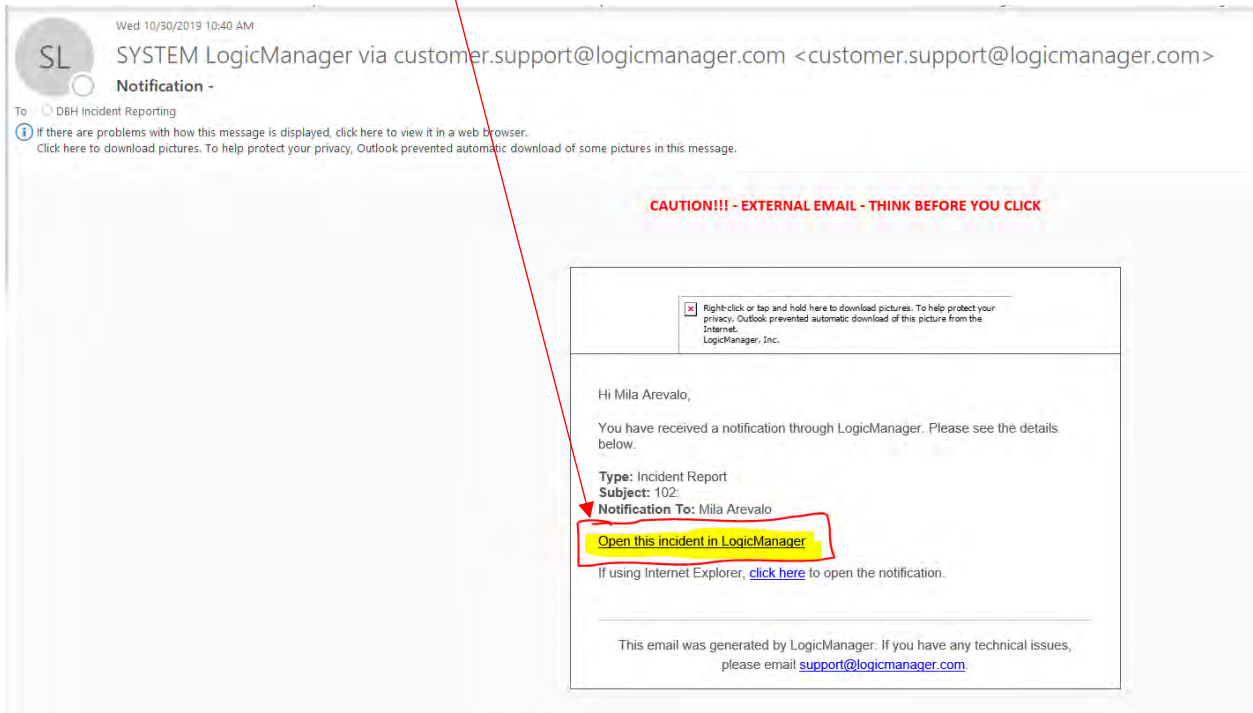
Any fields that have a red asterisk, require information and will prevent submission of the form if left blank.

This close-up focuses on the "Outcome*" text field, which has a red asterisk indicating it is a required field. A red arrow points from the text above to the asterisk. Below the field is a large green "SUBMIT" button.

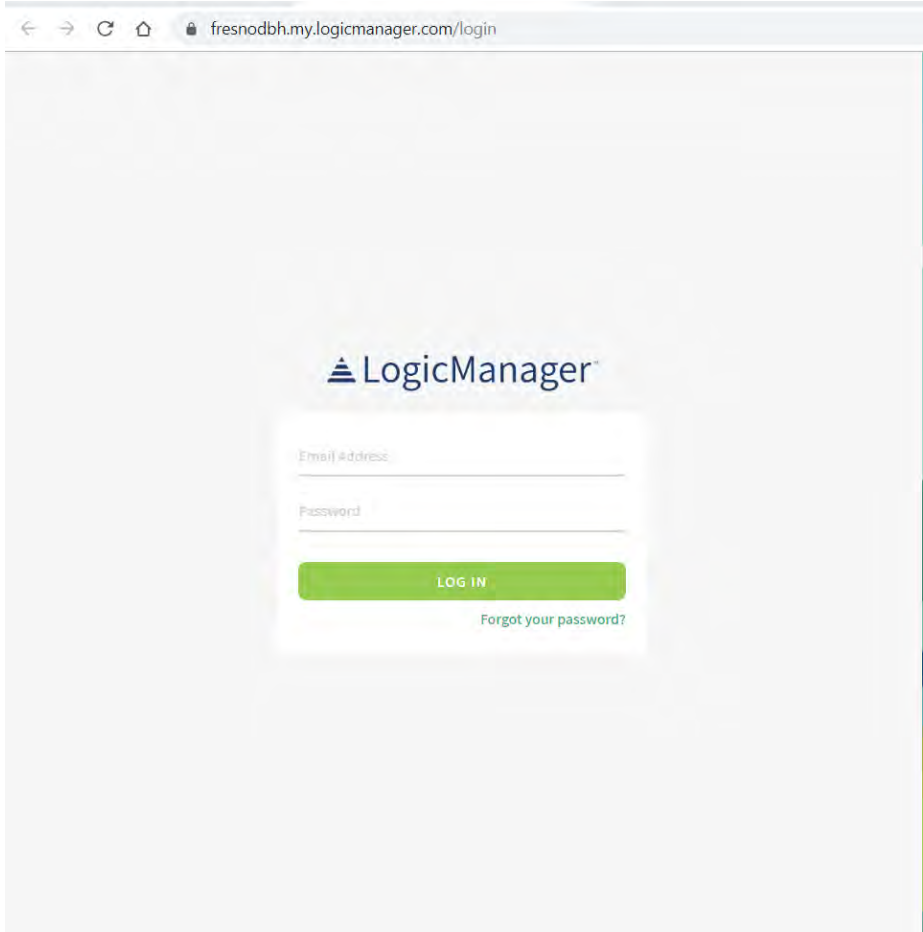
A "Thank you for your submission" statement will pop up if an incident is successfully submitted. Click "Reload the Form" to submit another incident.

The screenshot shows a dark teal header with the "LogicManager" logo. Below it, a white message box displays "Thank you for your submission!". At the bottom of the message box is a large green button labeled "RELOAD THE FORM". A red arrow points from the text above to this button.

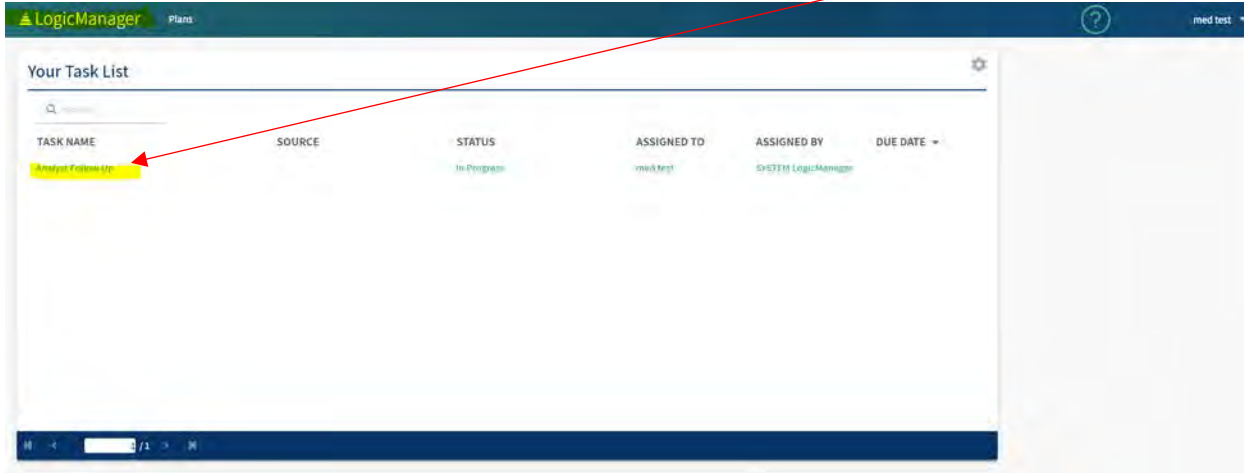
A Notification email will be received when a new incident is reported, or a new comment has been made regarding an incident. Click on "Open this incident in Logic Manager" and the Logic Manager login screen will show.



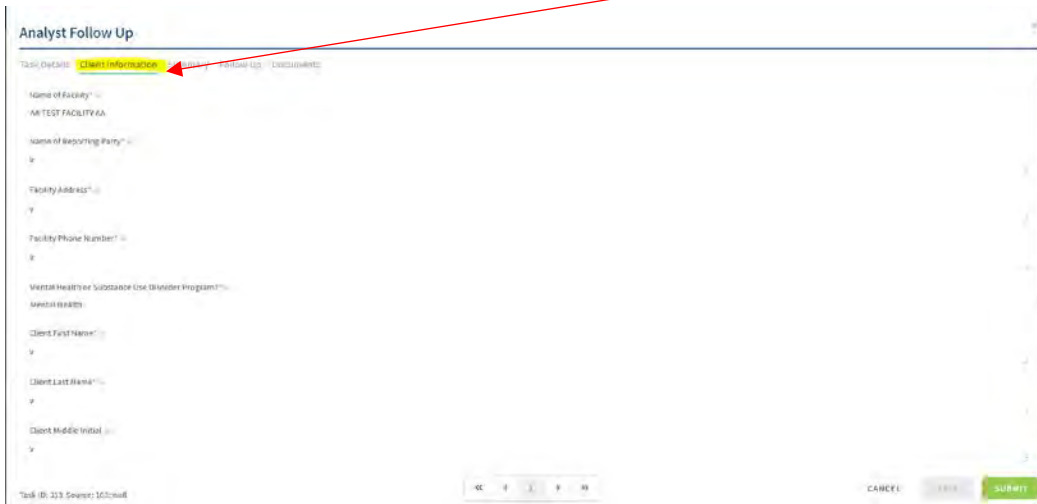
Enter in email address and password. First time users will be prompted to set up a password.



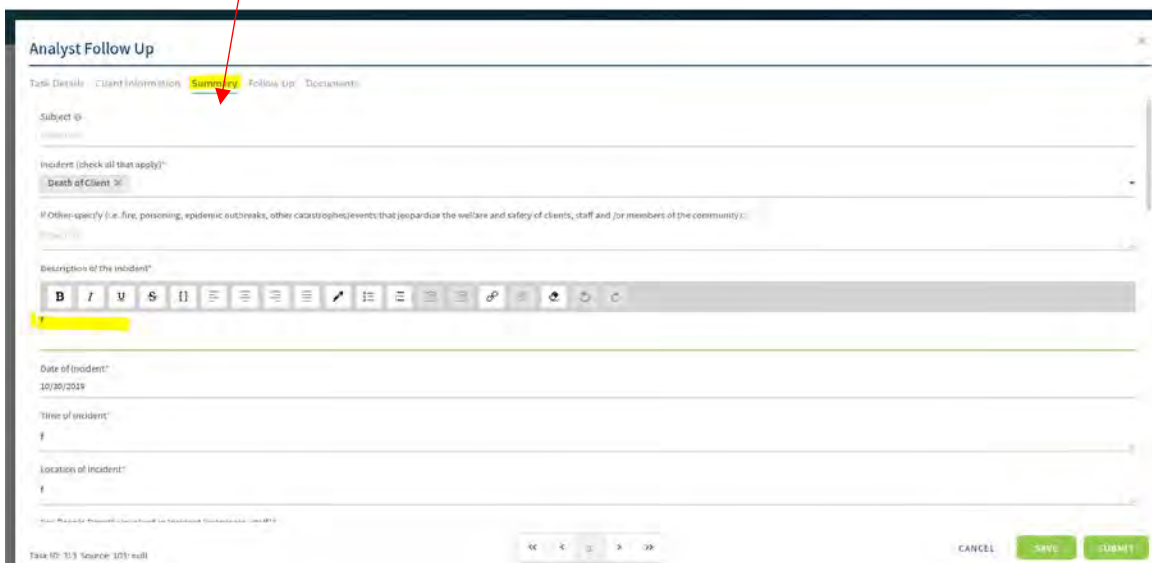
Once logged in, the main screen will show reviewer task (incidents to review). Click on analyst/supervisor follow up to view the incident.



This screen below will then pop up. There are 5 tabs to navigate through. **Client information** will show the client and facility information. No edits can be made to this section.



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



The next tab is **Follow up**: This section can be edited. Add to the areas below or make corrections to these fields. Be sure to click **SAVE** when edits are made. Then **Cancel** to Exit out of the incident.

Analyst Follow Up

Task Details Client Information Summary Follow Up Documents

Action Taken (check all that apply)
Law Enforcement Contacted

Please specify if other

Description of Action Taken

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

Task ID: 313 Source: 103: null

CANCEL SAVE SUBMIT

The next tab is **Documents**: View and add attachments to the incident. Be sure to click **SAVE** when adding documents. Then **Cancel** to Exit out of the incident.

Analyst Follow Up

Task Details Client Information Summary Follow Up Documents

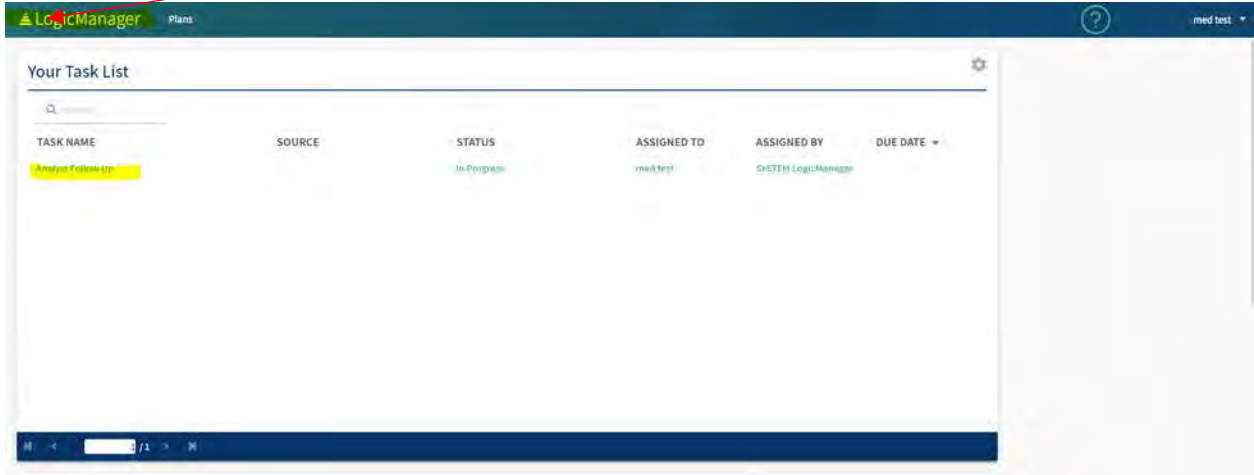
No documents yet.
Drop files here or click on the Add Document dropdown.

Task ID: 313 Source: 103: null

CANCEL SAVE SUBMIT

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

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



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? YES NO
 If yes, give date. _____
- B. Do you anticipate any change of ownership or control within the year?..... YES NO
 If yes, when? _____
- C. Do you anticipate filing for bankruptcy within the year?..... YES NO
 If yes, when? _____
- V. Is the facility operated by a management company or leased in whole or part by another organization?..... YES NO
 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?..... YES NO

VII. A. Is this facility chain affiliated? YES NO
 (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: | |