

AMENDMENT III TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as Amendment III, is made and entered into this 4th day of April, 2017, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and **TURNING POINT OF CENTRAL CALIFORNIA, INC.**, a private Non-profit Corporation, whose address is P.O. Box 7447, Visalia, CA 93290, hereinafter referred to as "**CONTRACTOR**" (collectively the "parties").

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 13-393, effective June 18, 2013, whereby, CONTRACTOR agreed to operate Rural Full Service Partnership (FSP) program, an Intensive Case Management (ICM) program, and an Outpatient (OP) mental health program for children, adult and older adult clients who have serious emotional disturbance and/or serious and persistent mental illness in Pinedale, Sanger, Reedley, Selma, Kerman, and Coalinga and other rural sites as may be needed; and

WHEREAS, the parties desire to amend COUNTY Agreement No. 13-393 effective upon execution, regarding changes as stated below and restate the Agreement in its entirety.

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

1. That all references in Agreement No. A-13-393 to "Exhibit A-1, A-2 and A-3" shall be changed to read "Revised Exhibit A-1, A-2 and A-3" where appropriate, which is attached hereto and incorporated herein by this reference.

2. That the existing COUNTY Agreement No. 13-393, Section Four (4), Page Four (4), Line Seven (7), beginning with the word "The" and ending on Page Five (5), Line Seventeen (17) with the word "Exhibit C" be deleted and the following inserted in its place:

"The maximum amount under this Agreement for FY 2016-17 for all three (3) rural programs (FSP, ICM, OP) referenced in Section 1. **SERVICES** collectively, shall not exceed Seven Million One Hundred Seventeen Thousand Three Hundred Fifty-Eight and No/100 Dollars (\$7,117,358).

The maximum amount under this Agreement for FY 2017-18 for all three (3)

1 rural programs (FSP, ICM, OP) referenced in Section 1. **SERVICES** collectively, shall not
2 exceed Eight Million Seven Hundred Twenty-Eight Thousand Nine Hundred Twenty-Six and
3 No/100 Dollars (\$8,728,926).

4 The maximum amount under this Agreement for the entire five (5) year term for
5 all three (3) rural programs (FSP, ICM, OP) together shall not exceed Thirty-Two Million One
6 Hundred Ninety-Five Thousand Two Hundred Eighty-Seven and No/100 Dollars (\$32,195,287).

7 For FY 2016-17, the Rural FSP program maximum amount under this
8 Amendment III to Agreement for all funding and revenue streams collectively shall not exceed
9 One Million Five Hundred Five Thousand Eight Hundred Fifty and No/100 Dollars
10 (\$1,505,850). The maximum amount of MHSA funding for Rural FSP under this Amendment
11 III to Agreement, shall not exceed Nine Hundred Fifty-Nine Thousand Seventy-Four and
12 No/100 Dollars (\$959,074). In addition, it is understood by CONTRACTOR and COUNTY that
13 CONTRACTOR estimates to generate Five Hundred Forty-Six Thousand Two Hundred
14 Seventy-Six and No/100 Dollars (\$546,276) in Medi-Cal Federal Financial Participation (FFP)
15 and Five Hundred and No/100 Dollars (\$500) in client rents to offset CONTRACTOR's
16 program costs as set forth in the budget, attached hereto as Revised Exhibit C and incorporated
17 herein by reference.

18 For FY 2017-18, the Rural FSP program maximum amount under this
19 Amendment III to Agreement for all funding and revenue streams collectively shall not exceed
20 One Million Eight Hundred Seventy-Six Thousand One Hundred Eighty-Eight and No/100
21 Dollars (\$1,876,188). The maximum amount of MHSA funding for Rural FSP under this
22 Amendment III to Agreement, shall not exceed One Million Three Hundred Twenty-Nine
23 Thousand Four Hundred Twelve and No/100 Dollars (\$1,329,412). In addition, it is understood
24 by CONTRACTOR and COUNTY that CONTRACTOR estimates to generate Five Hundred
25 Forty-Six Thousand Two Hundred Seventy-Six and No/100 Dollars (\$546,276) in Medi-Cal
26 Federal Financial Participation (FFP) and Five Hundred and No/100 Dollars (\$500) in client
27 rents to offset CONTRACTOR's program costs as set forth in the budget, attached hereto as
28 Revised Exhibit C and incorporated herein by reference.

1 For FY 2016-17, the Rural ICM program maximum amount under this
2 Amendment III to Agreement for all funding and revenue streams collectively shall not exceed
3 Four Million One Hundred Eighty-Five Thousand Two Hundred Eighty and No/100 Dollars
4 (\$4,185,280). The maximum amount of MHSA funding for Rural ICM under this Amendment
5 III to Agreement, shall not exceed Two Million Four Hundred Forty Thousand Nine Hundred
6 Forty-Three and No/100 Dollars (\$2,440,943). In addition, it is understood by CONTRACTOR
7 and COUNTY that CONTRACTOR estimates to generate One Million Seven Hundred Forty-
8 Four Thousand Three Hundred Thirty-Seven and No/100 Dollars (\$1,744,337) in Medi-Cal
9 Federal Financial Participation (FFP) to offset CONTRACTOR's program costs as set forth in
10 the budget, attached hereto as Revised Exhibit C and incorporated herein by reference.

11 For FY 2017-18, the Rural ICM program maximum amount under this
12 Amendment III to Agreement for all funding and revenue streams collectively shall not exceed
13 Five Million Fifty-Six Thousand Eight Hundred Twenty-Five and No/100 Dollars (\$5,056,825).
14 The maximum amount of MHSA funding for Rural ICM under this Amendment III to
15 Agreement, shall not exceed Three Million Three Hundred Twelve Thousand Four Hundred
16 Eighty-Eight and No/100 Dollars (\$3,312,488). In addition, it is understood by CONTRACTOR
17 and COUNTY that CONTRACTOR estimates to generate One Million Seven Hundred Forty-
18 Four Thousand Three Hundred Thirty-Seven and No/100 Dollars (\$1,744,337) in Medi-Cal
19 Federal Financial Participation (FFP) to offset CONTRACTOR's program costs as set forth in
20 the budget, attached hereto as Revised Exhibit C and incorporated herein by reference.

21 For FY 2016-17, the Rural OP program maximum amount under this Amendment
22 III to Agreement for all funding and revenue streams collectively shall not exceed One Million
23 Four Hundred Twenty-Six Thousand Two Hundred Twenty-Nine and No/100 Dollars
24 (\$1,426,229). The maximum amount of MHSA and Mental Health Realignment funding for
25 Rural OP under this Amendment III to Agreement, shall not exceed Seven Hundred Sixty
26 Thousand Eight Hundred Fifty-Eight and No/100 Dollars (\$760,858). In addition, it is
27 understood by CONTRACTOR and COUNTY that CONTRACTOR estimates to generate Six
28 Hundred Sixty-Five Thousand Three Hundred Seventy-One and No/100 Dollars (\$665,371) in

1 Medi-Cal Federal Financial Participation (FFP) to offset CONTRACTOR's program costs as
2 set forth in the budget, attached hereto as Revised Exhibit C and incorporated herein by
3 reference.

4 For FY 2017-18, the Rural OP program maximum amount under this Amendment
5 III to Agreement for all funding and revenue streams collectively shall not exceed One Million
6 Seven Hundred Ninety-Five Thousand Nine Hundred Fourteen and No/100 Dollars
7 (\$1,795,914). The maximum amount of MHSA and Mental Health Realignment funding for
8 Rural OP under this Amendment III to Agreement, shall not exceed One Million One Hundred
9 Thirty Thousand Five Hundred Forty-Three and No/100 Dollars (\$1,130,543). In addition, it is
10 understood by CONTRACTOR and COUNTY that CONTRACTOR estimates to generate Six
11 Hundred Sixty-Five Thousand Three Hundred Seventy-One and No/100 Dollars (\$665,371) in
12 Medi-Cal Federal Financial Participation (FFP) to offset CONTRACTOR's program costs as
13 set forth in the budget, attached hereto as Revised Exhibit C and incorporated herein by
14 reference. ”

15 3. Except as otherwise provided in this Amendment III, all other provisions of
16 COUNTY Agreement No. A-13-393 remain unchanged and in full force and effect. This
17 Amendment III shall become effective upon execution.

18 4. COUNTY and CONTRACTOR agree that this Amendment III is sufficient to
19 amend the Agreement; and that upon execution of this Amendment III, the Agreement,
20 Amendment I, Amendment II, and Amendment III together shall be considered the Agreement.

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1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment III
2 to Agreement No. 13-393 as of the day and year first hereinabove written.
3

4 ATTEST:

5 CONTRACTOR:
6 TURNING POINT OF CENTRAL
7 CALIFORNIA, INC.

COUNTY OF FRESNO

8 By Raymond R. Banks
9

By Brian Pacheco

Brian Pacheco
Chairman, Board of Supervisors

10
11 Print Name: RAYMOND BANKS
12

13 Title: CHIEF EXECUTIVE OFFICER Date: 4-4-17

14 Chairman of the Board, or
15 President, or any Vice President

16 BERNICE E. SEIDEL, Clerk
17 Board of Supervisors

18 By Scott Hollander, COO

By Susan Bishop, Deputy

19 Print Name: Scott Hollander, COO
20

21 Title: Chief Operating Officer

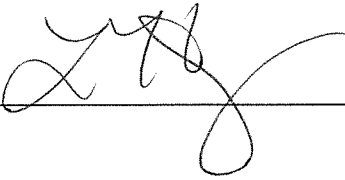
Date: 4-4-17

22 Secretary (of Corporation), or
23 any Assistant Secretary, or
24 Chief Financial Officer, or
25 any Assistant Treasurer

26 Mailing Address:
27 P.O. BOX 7447
28 Visalia, CA 93290
Phone No.: (559) 732-8086 Ext. 140
Contact: Chief Executive Officer

PLEASE SEE ADDITIONAL
SIGNATURE PAGE ATTACHED

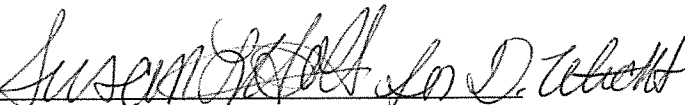
1 APPROVED AS TO LEGAL FORM:
2 DANIEL C. CEDERBORG, COUNTY COUNSEL

3
4 By  _____
5

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

9
10 By  _____
11

12 REVIEWED AND RECOMMENDED FOR
13 APPROVAL:

14
15 By  _____
16 Dawan Utecht, Director
17 Department of Behavioral Health

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19 Fund/Subclass: 0001/10000
20 Organizations/Cost Centers: 56304527, 56304528, 56304529.
21 Accounts/Programs: 7295/0
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**Mental Health Services Act (MHSA)
Rural Full Service Partnership (FSP) Services Program
Scope of Work**

ORGANIZATION: Turning Point of Central California, Inc.

CORPORATE ADDRESS: P.O. Box 7447, Visalia Ca 93290

SITE ADDRESSES: Pinedale: 34 & 40 East Minarets, Pinedale, CA 93650
Reedley: 1131 I Street, Reedley, CA 93654
Sanger: 225 Academy, Sanger, CA 93657
Selma: 3800 & 3810 McCall Avenue, Selma, CA 93662
Kerman: 275 S. Madera Street, Suite 404, Kerman, CA 93630
Coalinga: 311 Coalinga Plaza, Coalinga, CA 93210

PROGRAMS & SERVICES: Programs are Full Service Partnership (FSP) Program, Intensive Case Management (ICM) Program, and Outpatient (OP) Services Program. Services include mental health services, intensive case management, crisis outreach services, medication evaluation, peer support, and supported independent permanent housing for adults with serious mental illness and children with severe emotional disturbance in rural Fresno County.

PROGRAM DIRECTOR: Veronica DeAlba; (559) 436-0482

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

CONTRACT FUNDING: \$32,195,289– All 5 Terms, All 3 Programs and All 6 Service Sites Combined

Full Service Partnership Program (all sites)

	Total	CSS	Realignment	FFP	Client Rents
FY 2013-14	\$1,573,187	\$1,198,397	0	\$369,790	\$5,000
FY 2014-15	\$1,050,537	\$ 723,924	0	\$321,612	\$5,001
FY 2015-16	\$1,619,358	\$1,144,353	0	\$470,004	\$5,001
FY 2016-17	\$1,505,850	\$ 959,074	0	\$546,276	\$500
FY 2017-18	<u>\$1,876,188</u>	<u>\$1,329,412</u>	<u>0</u>	<u>\$546,276</u>	<u>\$500</u>
Total:	\$7,625,120	\$5,355,160	0	\$2,253,958	\$16,003

FULL SERVICE PARTNERSHIP

Mental Health Services in Reedley, Pinedale, Sanger, Selma, Kerman, and Coalinga

SCHEDULE OF SERVICES:

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

TARGET POPULATION:

The target population includes adults and children that live in rural Fresno County and have been assessed and determined to be in need of Full Service Partnership (FSP) level of mental health services. This population includes adults with severe mental illness (schizophrenia, major depression with psychotic features or bi-polar disorders), children with serious emotional disturbance, and those adults and/or children who have had recent admissions to the county's crisis intervention services (CIS), acute inpatient or have been incarcerated. For those clients who have been assessed and determined in need of Rural Full Service Partnership (FSP) services, services will be provided

at six established rural service sites including: Reedley, Pinedale, Sanger, Selma, Kerman, and Coalinga. In addition, those rural clients that do not reside in one of the rural service cities identified will be sought for delivery of services and/or for transportation to services at one of the established rural sites. The FSP program will serve a minimum of approximately 175 clients referred by the County annually.

PROJECT DESCRIPTION:

The Full Service Partnership (FSP) program will serve 175 clients referred by the County at any given point and time. Services will be provided with a focus on recovery, resiliency and wellness.

CONTRACTOR'S RESPONSIBILITIES:

CONTRACTOR shall:

- A. Provide case management and crisis outreach services will be available 24 hours a day/7 days a week both telephonically and in person. There shall be a minimum of providing 3 person to person contacts a week with each client. Services include, but may not be limited to: case management, crisis services, medication support, collateral, plan development, assessment, and rehabilitation services as needed.
1. Provider shall adhere to the following:
 - Staffing ratio of not more than 1 staff to 15 clients.
 - Assist clients in accessing all entitlements or benefits for which they are eligible (i.e. Medi-Cal, SSI, Section 8 vouchers etc.).
 - Develop family support and involvement whenever possible
 - Develop and maintenance access to supported education and employment opportunities.
 - Develop and maintain a "representative payee" service to those clients who could benefit from this service.
 - Develop and provide transportation to enable clients to access health care, mental health services and education, recreational or peer support services in the community.
 2. Provide Medication Evaluation either in person or via tele-psychiatry.
 3. Provide Peer Support services.
 4. Provide Supported Independent Permanent Housing (including locating residences and assisting clients to successfully live in the community).
 5. Provide services for Co-Occurring substance abuse disorders.
 - Identify alcohol, tobacco and drug abuse effects and patterns.
 - Education regarding the interaction of alcohol, tobacco and drug use with psychiatric symptoms and medications.
 - Developing motivation for decreasing alcohol, tobacco and drug use.
 - Achieving periods of abstinence and stability.
 - Use of clinical interventions and peer support recovery groups and activities.
 - Assisting clients to achieve an alcohol, tobacco and drug free life style.

- Education regarding relapse prevention.
- 6. Develop client self-directed plan of care/wellness and recovery plan.
- 7. Provide Education and training in independent living skills to include.
 - Carry out personal hygiene tasks.
 - Perform household chores, including cooking, laundry and shopping.
 - Development of money management skills.
 - Use of community transportation.
- 8. Transport clients to and from rural service sites as needed.
- 9. Collaborate with local communities to provide additional services at their locations, as well as establishing new rural sites as circumstances and needs warrant.
- 10. Outreach to rural clients who are un-served and/or underserved to improve rural penetration rates, with an emphasis on the penetration rates of rural Hispanics. Penetration rates should improve by a minimum of 20% in the first term, and by at least 10% per subsequent term.

COUNTY RESPONSIBILITIES:

COUNTY shall:

1. Provide oversight (through the County Department of Behavioral Health (DBH), Adult System of Care, and the Mental Health Services Act, Division Managers or designees) of the CONTRACTOR'S Rural FSP program. In addition to contract monitoring of program, oversight includes, but not limited to, coordination with the State Department of Mental Health, Mental Health Services Act in regard to program administration and outcomes.
2. 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,
3. Participate in evaluating the progress of the overall program and the efficiency of collaboration with the vendor staff and will be available to the contractor for ongoing consultation.
4. Receive and analyze statistical data outcome information from vendor throughout the term of contract on a monthly basis. DBH will notify the vendor when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining required information.
5. Recognize that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective. To assist the vendor efforts towards cultural and linguistic competency, DBH shall provide the following at no cost to vendor(s):
 - A. Technical assistance to vendor regarding cultural competency requirements and sexual orientation training.
 - B. Mandatory cultural competency training including sexual orientation and sensitivity training for DBH and vendor personnel, at minimum once per year. County will provide mandatory training regarding the special needs of this diverse population and will be included in the cultural competence training(s).

Sexual orientation and sensitivity to gender differences is a basic cultural competence principle and shall be included in the cultural competency training. Literature suggests that the mental health needs of lesbian, gay, bisexual, transgender (LGBT) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation.

- C. Technical assistance for vendor in translating behavioral health and substance abuse services information into DBH's threshold languages (Spanish, Laotian, Cambodian and Hmong). Translation services and costs associated will be the responsibility of the vendor.

PROGRAM OBJECTIVES AND Outcomes (FSP Program)

The following items listed below represent program goals to be tracked and achieved by the vendor during the contract terms.

Full Service Partnership

- Reduce frequency of hospitalization for each client served.
- Reduce frequency of access to crisis services provided by the Intensive Services Division.
- Reduce frequency of incarceration for each client.
- Vendor will conduct an assessment of each client and a plan of care
- Vendor will develop a satisfaction survey, approved by DBH that complies with the mandated State performance outcome and quality improvement reports/outcomes. At a minimum, ninety percent (90%) of clients will report satisfaction with the program services.
- Direct service productivity rate shall be a minimum of eighty percent (80%).
- Clients in independent housing will develop a plan for assisting in paying their own housing costs. Clients will assume responsibility for housing costs when deemed ready and appropriate. Within six months of enrollment, ninety-nine percent (99%) of clients without SSI will have made SSI applications. Vendor shall provide a written report regarding these goals on a semi-annual basis.
- Vendor will identify services provided to each client and resulting outcome measurements as requested.
- Comply with all MHSA Full Service Partnerships Data Reporting as referenced within Exhibit B.

**MENTAL HEALTH SERVICES ACT (MHSA)
RURAL INTENSIVE CASE MANAGEMENT PROGRAM
Scope of Work**

ORGANIZATION: Turning Point of Central California, Inc.

CORPORATE ADDRESS: P.O. Box 7447, Visalia Ca 93290

SITE ADDRESSES: Pinedale: 34 & 40 East Minarets, Pinedale, CA 93650
Reedley: 1131 I Street, Reedley, CA 93654
Sanger: 225 Academy, Sanger, CA 93657
Selma: 3800 & 3810 McCall Avenue, Selma, CA 93662
Kerman: 275 S. Madera Street, Suite 404, Kerman, CA 93630
Coalinga: 311 Coalinga Plaza, Coalinga, CA 93210

PROGRAMS & SERVICES: Programs are Full Service Partnership (FSP) Program, Intensive Case Management (ICM) Program, and Outpatient (OP) Services Program. Services include mental health services, intensive case management, crisis outreach services, medication evaluation, peer support, and supported independent permanent housing for adults with serious mental illness and children with severe emotional disturbance in rural Fresno County.

PROGRAM DIRECTOR: Veronica DeAlba; (559) 436-0482

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

CONTRACT FUNDING: \$32,195,289– All 5 Terms, All 3 Programs and All 6 Service Sites Combined

Intensive Case Management Program (all sites)

	Total	CSS	Realignment	FFP	Client Rents
FY 2013-14	\$2,770,327	\$2,166,977	0	\$603,350	0
FY 2014-15	\$2,999,307	\$2,397,613	0	\$601,694	0
FY 2015-16	\$3,971,334	\$2,257,356	0	\$1,713,978	0
FY 2016-17	\$4,185,280	\$2,440,943	0	\$1,744,337	0
FY 2017-18	<u>\$5,056,825</u>	<u>\$3,312,488</u>	<u>0</u>	<u>\$1,744,337</u>	<u>0</u>
Total:	\$18,983,073	\$12,575,377	0	\$6,407,696	0

INTENSIVE CASE MANAGEMENT

ICM Mental Health Services in Reedley, Pinedale, Sanger, Selma, Kerman, and Coalinga

SCHEDULE OF SERVICES:

CONTRACTOR staff shall be available to provide services to clients 8 hours a day/ 5 days a week.

TARGET POPULATION:

The target population includes adults and children that live in rural Fresno County and have been assessed and determined to be in need of Intensive Case Management (ICM) level of mental health services. This population includes adults with severe mental illness (schizophrenia, major depression with psychotic features or bi-polar disorders) and children with serious emotional disturbance who are in need of on-going community based services. For those clients who have been assessed and determined in need of ICM services, services will be provided at six established rural service sites including: Reedley, Pinedale, Sanger, Selma, Kerman, and Coalinga. In addition,

those rural clients that do not reside in one of the rural service cities identified will be sought for delivery of services and/or for transportation to services at one of the established rural sites. The ICM program will serve approximately 889 clients annually in FY 2013-14 through FY 2014-15, approximately 1400 clients annually in FY 2015-16, 1,800 clients annually in FY 2016-17 and 1,900 clients annually in FY 2017-18.

PROJECT DESCRIPTION:

The rural intensive case management services program is designed to serve clients within Fresno County rural areas that have a severe mental illness (schizophrenia, major depression with psychotic features or bi-polar disorder) and are in need of on-going community based services. The CONTRACTOR'S rural intensive case management services program will provide the services described below. CONTRACTOR will provide rural intensive case management services to approximately 1400 clients annually throughout the contract term.

CONTRACTOR'S RESPONSIBILITY:

A. Services include, but may not be limited to: case management, crisis services, medication support, collateral, plan development, assessment, and rehabilitation services as needed.

CONTRACTOR shall:

1. Provide Case management and community based crisis intervention services will be available 8 hours a day/ 5 days a week. There shall be a minimum of 1 person to person contact a week with clients. Services include, but may not be limited to: case management, crisis services, medication support, collateral, plan development, assessment, and rehabilitation services as needed.
2. Provider shall:
 - Assist clients with accessing all entitlements or benefits for which they are eligible (i.e. Medi-Cal, SSI, Section 8 vouchers etc.).
 - Develop family support and involvement whenever possible.
 - Refer clients to supported education and employment opportunities.
 - Provide transportation service when it is critical to initially access a support service or gain entitlements or benefits.
 - Provide and services to enable clients to access peer support activities.
3. Provide Medication Evaluation either in person or via tele-psychiatry.
4. Assist clients to locate appropriate housing in the community.
5. Refer or provide peer support activities.
6. Provide services for Co-Occurring substance abuse disorders.
 - Identify alcohol, tobacco and drug abuse effects and patterns.
 - Education regarding the interaction of alcohol, tobacco and drug use with psychiatric symptoms and medications.
 - Developing motivation for decreasing alcohol, tobacco and drug use.
 - Achieving periods of abstinence and stability.
 - Use of clinical interventions and peer support recovery groups and activities.

- Assisting clients to achieve an alcohol, tobacco and drug free life style.
 - Education regarding relapse prevention.
7. Develop client self-directed plan of care.
 8. Transport clients to and from rural service sites as needed.
 9. Collaborate with local communities to provide additional services at their locations, as well as establishing new rural sites as circumstances and needs warrant.
 10. Outreach to rural clients who are un-served and/or underserved to improve rural penetration rates, with an emphasis on the penetration rates of rural Hispanics. Penetration rates should improve by a minimum of 20% in the first term, and by at least 10% per subsequent term.

COUNTY RESPONSIBILITIES:

COUNTY shall:

1. Provide oversight (through the County Department of Behavioral Health (DBH), Adult System of Care, Division Manager or designee) of the CONTRACTOR'S Homeless ACT program. In addition to contract monitoring of program(s), oversight includes, but not limited to, coordination with the State Department of Mental Health, Projects for Assistance in Transition from Homelessness (PATH) program in regard to program administration and outcomes.
2. 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
3. Participate in evaluating the progress of the overall program and the efficiency of collaboration with the vendor staff and will be available to the contractor for ongoing consultation.
4. Receive and analyze statistical data outcome information from vendor throughout the term of contract on a monthly basis. DBH will notify the vendor when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining required information.
5. Recognize that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective. To assist the vendor efforts towards cultural and linguistic competency, DBH shall provide the following at no cost to vendor(s):
 - A. Technical assistance to vendor regarding cultural competency requirements and sexual orientation training.
 - B. Mandatory cultural competency training including sexual orientation and sensitivity training for DBH and vendor personnel, at minimum once per year. County will provide mandatory training regarding the special needs of this diverse population and will be included in the cultural competence training(s). Sexual orientation and sensitivity to gender differences is a basic cultural competence principle and shall be included in the cultural competency training. Literature suggests that the mental health needs of lesbian, gay, bisexual, transgender (LGBT) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation.

- C. Technical assistance for vendor in translating behavioral health and substance abuse services information into DBH's threshold languages (Spanish, Laotian, Cambodian and Hmong). Translation services and costs associated will be the responsibility of the vendor.

PROGRAM OBJECTIVES

The following items listed below represent program goals to be tracked and achieved by the vendor during the contract terms.

Intensive Case Management Services

- Reduce frequency of hospitalization for each client served. Department of Behavioral Health will provide baseline data for each client enrolled in the program. Reports and data will be submitted on a monthly basis.
- Reduce frequency of access to crisis services provided by the Intensive Services Division. Department of Behavioral Health will provide baseline data for each client enrolled in the program. Reports and data will be submitted on a monthly basis.
- Reduce frequency of incarceration for each client.
- Vendor will conduct an assessment of each client and a plan of care on an annual basis.
- Vendor will develop a satisfaction survey, approved by DBH that complies with the mandated State performance outcome and quality improvement reports/outcomes. At a minimum, ninety percent (90%) of clients will report satisfaction with the program services.
- Direct service productivity rate shall be a minimum of eighty Percent (80%).
- Within six months of enrollment, ninety percent (99%) of clients without SSI will have made SSI applications.
- Vendor shall provide a written report of services provided and related outcome measurements as requested.

**Mental Health Services Act (MHSA)
Rural Outpatient Mental Health Services Program
Scope of Work**

ORGANIZATION: Turning Point of Central California, Inc.

CORPORATE ADDRESS: P.O. Box 7447, Visalia Ca 93290

SITE ADDRESSES: Pinedale: 34 & 40 East Minarets, Pinedale, CA 93650
Reedley: 1131 I Street, Reedley, CA 93654
Sanger: 225 Academy, Sanger, CA 93657
Selma: 3800 & 3810 McCall Avenue, Selma, CA 93662
Kerman: 275 S. Madera Street, Suite 404, Kerman, CA 93630
Coalinga: 311 Coalinga Plaza, Coalinga, CA 93210

PROGRAMS & SERVICES: Programs are Full Service Partnership (FSP) Program, Intensive Case Management (ICM) Program, and Outpatient (OP) Services Program. Services include mental health services, intensive case management, crisis outreach services, medication evaluation, peer support, and supported independent permanent housing for adults with serious mental illness and children with severe emotional disturbance in rural Fresno County.

PROGRAM DIRECTOR: Veronica DeAlba; (559) 436-0482

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

CONTRACT FUNDING: \$29,147,413 – All 5 Terms, All 3 Programs and All 6 Service Sites Combined

Outpatient Program (all sites)

	Total	CSS	Realignment	FFP	Client Rents
FY 2013-14	\$593,885	\$319,056	\$74,080	\$200,749	0
FY 2014-15	\$887,555	\$636,973	\$74,080	\$250,582	0
FY 2015-16	\$883,511	\$478,976	\$74,080	\$330,455	0
FY 2016-17	\$1,426,229	\$686,778	\$74,080	\$665,371	0
FY 2017-18	<u>\$1,795,914</u>	<u>\$1,056,463</u>	<u>\$74,080</u>	<u>\$665,371</u>	<u>0</u>
Total:	\$5,587,094	\$2,905,246	\$370,400	\$2,112,528	0

OUTPATIENT

Mental Health Services in Reedley, Pinedale, Sanger, Selma, Kerman, and Coalinga

SCHEDULE OF SERVICES:

CONTRACTOR staff shall be available to provide rural outpatient mental health services to clients 8 hours a day/ 5 days a week.

TARGET POPULATION:

The target population includes adults and children that live in rural Fresno County and have been assessed and determined to be in need of Outpatient (OP) level of mental health services. This population includes those who are Medi-Cal eligible and meet the State Department of Mental Health's medical necessity criteria. For those clients who have been assessed and determined in need of OP services, services will be provided at six established rural service sites including: Reedley, Pinedale, Sanger, Selma, Kerman, Coalinga, and Firebaugh. In addition, those rural clients that do not reside in one of the rural service cities identified will be sought for delivery of services and/or for transportation to services at one of the established rural sites. The OP program will serve approximately 536 clients at any given point and time.

PROJECT DESCRIPTION:

For clients who are Medi-Cal eligible and who meet the State Department of Mental Health's medical necessity criteria, the vendor will provide office based outpatient mental services to include individual, group and family therapy and medication support services. The outpatient mental health services will be accessed through the County's managed care program and will require prior authorization for services. The vendor staff will provide short-term psychotherapy and medication support services. For individuals, who need medications only and do not require mental health specialty services, the vendor will work with United Health Center or other like agency to develop a collaborative agreement for the provision of primary care services. CONTRACTOR will provide rural outpatient mental health services to approximately 436 clients annually in FY 2013-14 through FY 2014-15, 778 clients in FY 2015-16 through FY 2016-17, and 978 clients annually in FY 2017-18.

1. CONTRACTOR shall provide the following specific services as it relates to mental health:

- A. CONTRACTOR will provide mental health outpatient services (individual, group and family therapy, and medication support) to approximately 436 (FY 2013-14 – FY 2014-15) and 778 (FY 2015-16 – 2017-18) adult clients annually throughout the contract term. Services include, but may not be limited to: case management, crisis services, medication support, collateral, plan development, assessment, and rehabilitation services as needed.
- B. Ensure CONTRACTOR staff provides appropriate age, culture, gender and language services and accommodations for physical disability(ies) to clients.
- C. Make appropriate referrals and linkages to addiction services that are beyond that of the Rural Outpatient Mental Health services program to individuals with coexisting alcohol, tobacco and drug abuse and other addictive symptoms.
- D. Provide support to the client's family and other members of the client's social network to help them manage the symptoms and illness of the client and reduce the level of family and social stress associated with the illness.
- E. Coordinate services with other community mental health and non-mental health providers, as well as other medical professionals. Methods for service coordination and communication between vendor and other service providers serving the same clients shall be developed and implemented consistent with Fresno County confidentiality rules.
- F. Selected Vendor shall maintain an up to date caseload record of all clients enrolled in services, and provide client, programmatic, and other demographic information to the County. Reports are to be submitted to the DBH Mental Health Services Act Division Manager or MHSA Staff Analyst on a monthly basis.
- G. Selected bidder(s) shall compile quarterly reports indicating the total number of clients served in a particular Fiscal Year.
- H. Ensure billable Mental Health Specialty Services meet any/all County, State, Federal regulations including any utilization review and quality assurance standards. Provide all pertinent and appropriate information in a timely manner to County to bill Medi-Cal for services rendered.
- I. Transport clients to and from rural service sites as needed.
- J. Collaborate with local communities to provide additional services at their locations, as well as establishing new rural sites as circumstances and needs warrant.
- K. Outreach to rural clients who are un-served and/or underserved to improve rural penetration rates, with an emphasis on the penetration rates of rural Hispanics. Penetration rates should improve by a minimum of 20% in the first term, and by at least 10% per subsequent term.

COUNTY RESPONSIBILITIES:

COUNTY shall:

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

PROGRAM OBJECTIVES

The following items listed below represent program goals to be tracked and achieved by the vendor during the contract terms.

Rural Mental Health Outpatient Services

- Vendor will develop a satisfaction survey, approved by DBH that complies with the mandated State performance outcome and quality improvement reports/outcomes. At a minimum, ninety percent (90%) of clients will report satisfaction with the program services.
- Direct service productivity rate shall be a minimum of eighty Percent (80%).
- Vender will comply with all requirements of the Department of Behavioral Health Managed Care Organizational Provider Manual.
- Vender will comply with the County's Quality Assurance and Improvement Project.
- Vendor will identify services provided to each client and resulting outcome measurements as requested.

RMH
Turning Point of Central California
July 1, 2016 - June 30, 2017

Budget Categories -		20%	60%	20%				Total Proposed Budget			
Line Item Description (Must be itemized)		RMH OP	RMH ICM	RMH FSP	OP Admin	ICM Admin	FSP Admin	OP	ICM	FSP	Total
PERSONNEL SALARIES:											
0001	Program Director	1.00	0.20	0.60	0.20			18,113	52,736	18,192	\$89,041
0002	Assistant Program Director	3.00	0.60	1.80	0.60			34,404	100,170	34,555	\$169,129
0003	MHP/Team Lead	23.25	4.65	13.95	4.65			217,843	634,264	218,796	\$1,070,904
0004	Supervising PSC	3.00	0.60	1.80	0.60			31,003	90,266	31,138	\$152,407
0005	Case Manager	19.00	3.80	11.40	3.80			135,067	393,256	135,658	\$663,980
0006	Driver	3.00	0.60	1.80	0.60			14,625	42,581	14,689	\$71,894
0007	Nurse	7.00	1.40	4.20	1.40			65,700	191,291	65,988	\$322,979
0008	Peer Support	1.50	0.30	0.90	0.30			9,248	26,925	9,288	\$45,460
0009	Secretary	13.00	2.60	7.80	2.60			48,511	141,242	48,723	\$238,476
0010	Billing Clerk	3.00	0.60	1.80	0.60			24,943	72,622	25,052	\$122,617
0011											
SALARY TOTAL		76.75	15.35	46.05	15.35			599,456	1,745,353	602,078	\$2,946,887
PAYROLL TAXES:											
0030	OASDI										
0031	FICA/MEDICARE							49,702	144,710	49,919	\$244,331
0032	SUI							2,865	8,342	2,878	\$14,085
0033	ACCRUED PAID LEAVE							64,823	188,735	65,106	\$318,664
PAYROLL TAX TOTAL								117,390	341,787	117,903	\$577,080
EMPLOYEE BENEFITS:											
0040	Retirement							24,364	70,936	24,470	\$119,770
0041	Workers Compensation							6,141	17,879	6,168	\$30,188
0042	Health Insurance (medical, vision, life, dental)							88,113	256,549	88,500	\$433,162
EMPLOYEE BENEFITS TOTAL								118,618	345,364	119,138	\$583,120
SALARY & BENEFITS GRAND TOTAL								835,464	2,432,504	839,119	\$4,107,087

FACILITIES/EQUIPMENT EXPENSES:		OP	ICM	FSP	Total
1010	Rent/Lease Building	44,600	133,800	44,600	\$223,000
1011	Rent/Lease Equipment	-	-	-	\$0
1012	Utilities	7,000	21,000	7,000	\$35,000
1013	Building Maintenance	9,000	27,000	9,000	\$45,000
1014	Equipment Maintenance	2,600	7,800	2,600	\$13,000
1015	Equipment Purchase	3,200	9,600	3,200	\$16,000
FACILITY/EQUIPMENT TOTAL		66,400	199,200	66,400	\$332,000
OPERATING EXPENSES:					
1060	Telephone	20,825	62,475	20,825	\$104,125
1061	Answering Service	-	-	-	\$0
1062	Postage	700	2,100	700	\$3,500
1063	Printing & Reproduction	1,250	3,750	1,250	\$6,250
1064	Publications	600	1,800	600	\$3,000
1065	Legal Notices/Advertising	400	1,200	400	\$2,000
1066	Office Supplies	3,000	9,000	3,000	\$15,000
1067	Household Supplies	2,800	8,400	2,800	\$14,000
1068	Food (For Outreach Events & Client Activities)	1,300	3,900	1,300	\$6,500
1069	Program Supplies - Therapeutic	3,800	11,400	3,800	\$19,000
1070	Program Supplies - Medical	3,000	9,000	3,000	\$15,000
1071	Transportation of Clients	-	-	-	\$0
1072	Staff Mileage/vehicle maintenance	35,720	107,160	35,720	\$178,600
1073	Staff Travel (Out of County)	-	-	-	\$0
1074	Staff Training/Registration	1,400	4,200	1,400	\$7,000
1075	Lodging	300	900	300	\$1,500
1076	Other - (Vehicle Insurance/ Vehicle Lease)	10,900	32,700	10,900	\$54,500
1077	Other - (Client Activities/Outreach Events)	3,000	9,000	3,000	\$15,000
1078	Other - (Taxes,Bank Charges,Interest,Depreciation)	1,050	3,150	1,050	\$5,250
1078	Other - (Recruitment)	700	2,100	700	\$3,500
1079	Licenses	12,910	38,731	12,910	\$64,551
OPERATING EXPENSES TOTAL		103,655	310,966	103,655	\$518,276
FINANCIAL SERVICES EXPENSES:		OP	ICM	FSP	Total
1080	Accounting Bookkeeping	-	-	-	\$0
1081	External Audit	800	2,400	800	\$4,000
1082	Liability Insurance	4,000	12,000	4,000	\$20,000
1083	Administrative Overhead	220,712	642,616	221,677	\$1,085,005
1084	Payroll Services	-	-	-	\$0
1085	Professional Liability Insurance	-	-	-	\$0
FINANCIAL SERVICES TOTAL		225,512	657,016	226,477	\$1,109,005
SPECIAL EXPENSES (Consultant/Etc.):					
1090	Consultant - Network & Data Management	4,000	12,000	4,000	\$20,000
1091	Translation Services	4,400	13,200	4,400	\$22,000
1092	Medication Supports	1,000	3,000	1,000	\$5,000
1093	O/S Labor Clinical - Counselor	6,000	18,000	6,000	\$30,000
1094	O/S Labor Clinical - Nurse	1,000	3,000	1,000	\$5,000
1095	O/S Labor Clinical - Psychiatrist	171,958	515,874	171,958	\$859,790
SPECIAL EXPENSES TOTAL		188,358	565,074	188,358	\$941,790

FIXED ASSETS:									
1190	Computers & Software Support	500	1,500	500	\$2,500				
1191	Furniture & Fixtures				\$0				
1192	Other - (Expendable Equipment)	4,000	12,000	4,000	\$20,000				
1193	Other - (Identify)				\$0				
FIXED ASSETS TOTAL		4,500	13,500	4,500	\$22,500				
NON MEDI-CAL CLIENT SUPPORT EXPENSES:									
2000	Client Housing Support Expenditures (SFC 70)			75,000	\$75,000				
2001	Client Housing Operating Expenditures (SFC 71)	200	600	200	\$1,000				
2002.1	Clothing, Food & Hygiene (SFC 72)	1,070	3,210	1,070	\$5,350				
2002.2	Client Transportation & Support (SFC 72)	1,000	3,000	1,000	\$5,000				
2002.3	Education Support (SFC 72)	70	210	70	\$350				
2002.4	Employment Support (SFC 72)				\$0				
2002.5	Respite Care (SFC 72)				\$0				
2002.6	Household Items (SFC 72)				\$0				
2002.7	Utility Vouchers (SFC 72)				\$0				
2002.8	Child Care (SFC 72)				\$0				
FIXED ASSETS TOTAL		2,340	7,020	77,340	\$86,700				
TOTAL PROGRAM EXPENSES		\$1,426,229	\$4,185,280	\$1,505,849	\$7,117,358				
MEDI-CAL REVENUE:		Rate	OP Units	ICM Units	FSP Units	OP Amount	ICM Amount	FSP Amount	Total
3000	Mental Health Services (Individual/Family/GroupTherapy	2.60	78,346	196,800	22,777	203,699	511,680	59,220	\$774,598
3100	Case Management	1.36	10,574	82,542	36,823	14,381	112,257	50,079	\$176,717
3200	Crisis Services	2.61	485	3,334	5,975	1,266	8,702	15,595	\$25,562
3300	Medication Support	3.55	163,043	197,597	42,899	578,803	701,469	152,291	\$1,432,563
3400	Collateral	2.60	6,959	74,073	29,525	18,093	192,590	76,765	\$287,448
3500	Plan Development	2.60	14,153	29,827	2,464	36,798	77,550	6,406	\$120,754
3600	Assessment	2.60	21,749	280,750	177,351	56,547	729,950	461,113	\$1,247,610
3700	Rehabilitation	2.60	41,524	128,235	5,365	107,962	333,411	13,949	\$455,322
Estimated Medi-Cal Billing Totals			336,833	993,158	323,179	1,017,549	2,667,609	835,418	\$4,520,576
Estimated % of Federal Financial Participation Reimbursement					50.00%	334,779	877,657	274,857	\$1,487,294
Estimated % of MAGI Federal Financial Participation Reimbursement					95.00%	330,592	866,679	271,419	\$1,468,690
Estimated % of Clients Served that will be Medi-Cal Eligible					0.00%				
MEDI-CAL REVENUE TOTAL						665,371	1,744,337	546,276	\$2,955,983
OTHER REVENUE:									
4000 Other - (Client Fees)								500	\$500
4100 Other - (Client Insurance)									\$0
4200 Other -									\$0
4300 Other -									\$0
OTHER REVENUE TOTAL						-	-	500	\$500
MHSA FUNDS:									
5100 Community Services & Supports Funds						686,778	2,440,943	959,074	\$4,086,795
5200 Realignment Funds						74,080	-	-	\$74,080
OTHER REVENUE (MH) TOTALS						760,858	2,440,943	959,074	\$4,160,875
TOTAL PROGRAM REVENUE						1,426,229	4,185,280	1,505,849	\$7,117,358

RMH
Turning Point of Central California
July 1, 2017 - June 30, 2018

Budget Categories -		20%	60%	20%				Total Proposed Budget			
Line Item Description (Must be itemized)		RMH OP	RMH ICM	RMH FSP	OP Admin	ICM Admin	FSP Admin	OP	ICM	FSP	Total
PERSONNEL SALARIES:											
0001	Program Director	1.00	0.20	0.60	0.20			18,894	55,011	18,976	\$92,881
0002	Assistant Program Director	3.00	0.60	1.80	0.60			47,963	139,648	48,173	\$235,784
0003	MHP/Team Lead	23.25	4.65	13.95	4.65			329,233	744,196	330,183	\$1,403,612
0004	Supervising PSC	3.00	0.60	1.80	0.60			31,003	90,266	31,138	\$152,407
0005	Case Manager	19.00	3.80	11.40	3.80			142,878	415,998	143,503	\$702,378
0006	Driver	3.00	0.60	1.80	0.60			16,396	47,737	16,467	\$80,600
0007	Nurse	7.00	1.40	4.20	1.40			68,546	199,577	68,846	\$336,969
0008	Peer Support	1.50	0.30	0.90	0.30			9,248	26,925	9,288	\$45,460
0009	Secretary	13.00	2.60	7.80	2.60			77,834	226,620	78,175	\$382,629
0010	Billing Clerk	3.00	0.60	1.80	0.60			25,586	74,495	25,698	\$125,778
0011											
SALARY TOTAL		76.75	15.35	46.05	15.35			767,580	2,020,471	770,447	\$3,558,498
PAYROLL TAXES:											
0030	OASDI							58,545	170,458	58,801	\$287,804
0031	FICA/MEDICARE							3,421	9,961	3,436	\$16,818
0032	SUI							76,579	222,965	76,914	\$376,458
0033	ACCruED PAID LEAVE										
PAYROLL TAX TOTAL								138,545	403,384	139,151	\$681,080
EMPLOYEE BENEFITS:											
0040	Retirement							28,699	83,558	28,824	\$141,081
0041	Workers Compensation							7,219	21,019	7,251	\$35,489
0042	Health Insurance (medical, vision, life, dental)							104,944	305,553	105,403	\$515,900
EMPLOYEE BENEFITS TOTAL								140,862	410,130	141,478	\$692,470
SALARY & BENEFITS GRAND TOTAL								1,046,987	2,833,985	1,051,076	\$4,932,048

		OP	ICM	FSP	Total
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building	50,000	150,000	50,000	\$250,000
1011	Rent/Lease Equipment	-	-	-	\$0
1012	Utilities	7,000	21,000	7,000	\$35,000
1013	Building Maintenance	9,000	27,000	9,000	\$45,000
1014	Equipment Maintenance	2,600	7,800	2,600	\$13,000
1015	Equipment Purchase	3,000	9,000	3,000	\$15,000
FACILITY/EQUIPMENT TOTAL		71,600	214,800	71,600	\$358,000
OPERATING EXPENSES:					
1060	Telephone	23,300	69,900	23,300	\$116,500
1061	Answering Service	-	-	-	\$0
1062	Postage	700	2,100	700	\$3,500
1063	Printing & Reproduction	1,250	3,750	1,250	\$6,250
1064	Publications	600	1,800	600	\$3,000
1065	Legal Notices/Advertising/Program Enhancement	1,000	3,000	1,000	\$5,000
1066	Office Supplies	3,000	9,000	3,000	\$15,000
1067	Household Supplies	2,800	8,400	2,800	\$14,000
1068	Food (For Outreach Events & Client Activities)	1,300	3,900	1,300	\$6,500
1069	Program Supplies - Therapeutic	3,800	11,400	3,800	\$19,000
1070	Program Supplies - Medical	3,000	9,000	3,000	\$15,000
1071	Transportation of Clients	-	-	-	\$0
1072	Staff Mileage/vehicle maintenance	46,820	140,460	46,820	\$234,100
1073	Staff Travel (Out of County)	-	-	-	\$0
1074	Staff Training/Registration	1,400	4,200	1,400	\$7,000
1075	Lodging	300	900	300	\$1,500
1076	Other - (Vehicle Insurance/ Vehicle Lease)	12,620	37,860	12,620	\$63,100
1077	Other - (Client Activities/Outreach Events)	3,000	9,000	3,000	\$15,000
1078	Other - (Taxes,Bank Charges,Interest,Depreciation)	1,050	3,150	1,050	\$5,250
1078	Other - (Recruitment)	700	2,100	700	\$3,500
1079	Licenses (DMV & Avatar)	14,398	43,194	14,398	\$71,990
OPERATING EXPENSES TOTAL		121,038	363,114	121,038	\$605,190
FINANCIAL SERVICES EXPENSES:					
1080	Accounting Bookkeeping	-	-	-	\$0
1081	External Audit	800	2,400	800	\$4,000
1082	Liability Insurance	4,000	12,000	4,000	\$20,000
1083	Administrative Overhead	270,715	788,204	271,899	\$1,330,818
1084	Payroll Services	-	-	-	\$0
1085	Professional Liability Insurance	-	-	-	\$0
FINANCIAL SERVICES TOTAL		275,515	802,604	276,699	\$1,354,818
SPECIAL EXPENSES (Consultant/Etc.):					
1090	Consultant - Network & Data Management	4,000	12,000	4,000	\$20,000
1091	Translation Services	4,400	13,200	4,400	\$22,000
1092	Medication Supports	1,000	3,000	1,000	\$5,000
1093	O/S Labor Clinical - Counselor	6,000	18,000	6,000	\$30,000
1094	O/S Labor Clinical - Nurse	1,000	3,000	1,000	\$5,000
1095	O/S Labor Clinical - Psychiatrist	259,534	778,602	259,534	\$1,297,670

SPECIAL EXPENSES TOTAL		275,934	827,802	275,934	\$1,379,670
FIXED ASSETS:					
1190	Computers & Software Support	500	1,500	500	\$2,500
1191	Furniture & Fixtures				\$0
1192	Other - (Expendable Equipment)	2,000	6,000	2,000	\$10,000
1193	Other - (Identify)				\$0
FIXED ASSETS TOTAL		2,500	7,500	2,500	\$12,500
NON MEDI-CAL CLIENT SUPPORT EXPENSES:					
2000	Client Housing Support Expenditures (SFC 70)			75,000	\$75,000
2001	Client Housing Operating Expenditures (SFC 71)	200	600	200	\$1,000
2002.1	Clothing, Food & Hygiene (SFC 72)	1,070	3,210	1,070	\$5,350
2002.2	Client Transportation & Support (SFC 72)	1,000	3,000	1,000	\$5,000
2002.3	Education Support (SFC 72)	70	210	70	\$350
2002.4	Employment Support (SFC 72)				\$0
2002.5	Respite Care (SFC 72)				\$0
2002.6	Household Items (SFC 72)				\$0
2002.7	Utility Vouchers (SFC 72)				\$0
2002.8	Child Care (SFC 72)				\$0
FIXED ASSETS TOTAL		2,340	7,020	77,340	\$86,700
TOTAL PROGRAM EXPENSES		\$1,795,914	\$5,056,825	\$1,876,187	\$8,728,926

MEDI-CAL REVENUE:		Rate	OP Units	ICM Units	FSP Units	OP Amount	ICM Amount	FSP Amount	Total
3000	Mental Health Services (Individual/Family/Group Therapy)	\$ 2.60	78,346	196,800	22,777	\$ 203,699.15	\$ 511,679.57	\$ 59,219.64	\$ 774,598.36
3100	Case Management	\$ 1.36	10,574	82,542	36,823	\$ 14,380.64	\$ 112,257.12	\$ 50,079.28	\$ 176,717.04
3200	Crisis Services	\$ 2.61	485	3,334	5,975	\$ 1,265.85	\$ 8,701.74	\$ 15,594.75	\$ 25,562.34
3300	Medication Support	\$ 3.55	163,043	197,597	42,899	\$ 578,802.65	\$ 701,469.35	\$ 152,291.45	\$ 1,432,563.45
3400	Collateral	\$ 2.60	6,959	74,073	29,525	\$ 18,093.40	\$ 192,589.80	\$ 76,765.00	\$ 287,448.20
3500	Plan Development	\$ 2.60	14,153	29,827	2,464	\$ 36,797.80	\$ 77,550.20	\$ 6,406.40	\$ 120,754.40
3600	Assessment	\$ 2.60	21,749	280,750	177,351	\$ 56,547.40	\$ 729,950.00	\$ 461,112.60	\$ 1,247,610.00
3700	Rehabilitation	\$ 2.60	41,524	128,235	5,365	\$ 107,962.40	\$ 333,411.00	\$ 13,949.00	\$ 455,322.40
Estimated Medi-Cal Billing Totals			336,833	993,158	323,179	\$ 1,017,549.29	\$ 2,667,608.78	\$ 835,418.12	\$ 4,520,576.19
Estimated % of Federal Financial Participation Reimbursement					50.00%	334,779	877,657	274,857	\$1,487,294
Estimated % of MAGI Federal Financial Participation Reimbursement					95.00%	330,592	866,679	271,419	\$1,468,690
Estimated % of Clients Served that will be Medi-Cal Eligible					0.00%				
MEDI-CAL REVENUE TOTAL						665,371	1,744,337	546,276	\$2,955,983
OTHER REVENUE:									
4000 Other - (Client Fees)								500	\$500
4100 Other - (Client Insurance)									\$0
4200 Other -									\$0
4300 Other -									\$0
OTHER REVENUE TOTAL						-	-	500	\$500
MHSA FUNDS:									
5100 Community Services & Supports Funds						1,056,463	3,312,488	1,329,412	\$5,698,363
5200 Realignment Funds						74,080	-	-	\$74,080
OTHER REVENUE (MH) TOTALS						1,130,543	3,312,488	1,329,412	\$5,772,443
TOTAL PROGRAM REVENUE									
						1,795,914	5,056,825	1,876,187	\$8,728,926