

AMENDMENT NO. 3 TO SERVICE AGREEMENT

This Amendment No. 3 to Service Agreement ("Amendment No. 3") is dated January 28, 2025 and is between MENTAL HEALTH SYSTEMS, INC., dba TURN Behavioral Health Services, a private, Non-Profit, 501 (C) (3) Corporation ("Contractor"), and the County of Fresno, a political subdivision of the State of California ("County").

Recitals

A. County, through its Department of Behavioral Health (DBH), is a Mental Health Plan (MHP) as defined in Title 9 of the California Code of Regulations (C.C.R.), Section 1810.226.

B. On June 20, 2023, the County and the Contractor entered into County Agreement No. 23-284 ("Agreement"), as a qualified agency to operate a recovery-oriented program for Co-Occurring Disorders Program Full-Service Partnership (FSP) services for adults and older adults with active co-occurring disorders and symptoms (severe mental illness and substance use disorders).

C. On November 7, 2023, the County and the Contractor entered into Amendment No. 23-597 to the Agreement ("Amendment No. 1"), to reflect the correct scope of work and update the rate sheet to include Supplemental/Add On service codes that were previously added by the DBH Director through her authority in Article 25 of the Agreement to accommodate state mandated rate increases.

D. On July 9, 2024, the County and the Contractor entered into Amendment No. 24-369 to the Agreement ("Amendment No. 2"), to increase the specialty mental health services maximum compensation budget amount.

E. The County and Contractor now desire to increase the Mental Health Services Act (MHSA) maximum compensation of the Agreement to add housing support funds due to an increase in the number of persons served who lack housing stability and would benefit from housing support services.

The parties therefore agree as follows:

1 1. Section 4.3 of the Agreement located on page eight (8), beginning on line twenty-six (26)
2 and ending on page nine (9), line four (4) is deleted in its entirety and replaced with the
3 following:

4 "4.3 **Non-Medi-Cal Supports Maximum Compensation.** The maximum
5 compensation payable to the Contractor under this Agreement for the period of July 1,
6 2023 through June 30, 2024 for Non-Medi-Cal Supports is Six Hundred Sixty-Five
7 Thousand Nine Hundred Forty-Six and No/100 Dollars (\$665,946.00). The maximum
8 compensation payable to the Contractor under this Agreement for the period of July 1,
9 2024 through June 30, 2025 for Non-Medi-Cal Supports is Six Hundred Ninety-Five
10 Thousand Seven Hundred Twenty and No/100 Dollars (\$695,720.00)."

11 2. A portion of section 4.5 located on page 9, lines thirteen (13) through sixteen (16) is
12 deleted and replaced with the following:

13 "**Total Maximum Compensation.** In no event shall the maximum contract amount for
14 all the services provided by the Contractor to County under the terms and conditions of
15 this Agreement be excess of Eight Million Eleven Thousand Six Hundred Sixty-Six and
16 No/100 Dollars (\$8,011,666.00) during the entire term of this Agreement."

17 3. All references in the Agreement to Exhibit G1 shall be deemed references to "Revised
18 Exhibit G1," which is attached and incorporated by this reference.

19 4. When both parties have signed this Amendment No. 3, the Agreement, Amendment No.
20 1, Amendment No. 2, and this Amendment No. 3 together constitute the Agreement.

21 5. The Contractor represents and warrants to the County that:

22 a. The Contractor is duly authorized and empowered to sign and perform its
23 obligations under this Amendment.

24 b. The individuals signing this Amendment on behalf of the Contractor are duly
25 authorized to do so and his or her signature on this Amendment legally binds the
26 Contractor to the terms of this Amendment.

27 6. The parties agree that this Amendment may be executed by electronic signature as
28 provided in this section.

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

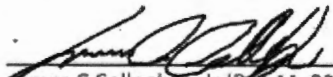
21 7. The Agreement as amended by this Amendment No. 3 is ratified and continued. All
22 provisions of the Agreement not amended by this Amendment No. 3 remain in full force and
23 effect. This Amendment No. 3 is effective upon execution.

24 [SIGNATURE PAGE FOLLOWS]
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26
27
28

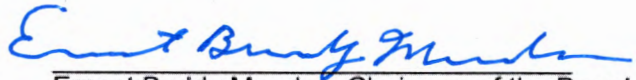
1 The parties are signing this Amendment No. 3 to Agreement No. 23-284 on the date
2 stated in the introductory clause.

3 Mental Health Systems, Inc., dba TURN
4 Behavioral Health Services

COUNTY OF FRESNO

5
6 
James C Callaghan Jr (Dec 11, 2024 15:55 PST)

7 James C. Callaghan Jr., CEO & President



Ernest Buddy Mendes, Chairman of the Board
of Supervisors of the County of Fresno

8
9 David Tanner
David Tanner (Dec 11, 2024 15:46 PST)

10 David Tanner, VP of Corporate Finance

11 **Attest:**
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California

12 By: Hanane
13 Deputy

14 9465 Farnham Street
15 San Diego, CA 92123

16 For accounting use only:

17 Org No.: 56304562
18 Account No.: 7295
19 Fund No.: 0001
20 Subclass No.: 10000
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**Fresno County Department of Behavioral Health
Specialty Mental Health Services Outpatient Rates**

FSP and AOT	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$1,140.98
Physicians Assistant	\$511.73
Nurse Practitioner	\$567.38
RN	\$463.45
Certified Nurse Specialist	\$567.38
LVN	\$243.47
Pharmacist	\$546.16
Licensed Psychiatric Technician	\$208.72
Psychologist/Pre-licensed Psychologist	\$458.87
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$296.95
Occupational Therapist	\$395.28
Mental Health Rehab Specialist	\$223.41
Peer Recovery Specialist	\$234.58
Other Qualified Providers - Other Designated MH staff that bill	\$223.41

Service	Unit	Maximum Units that Can be Billed	Rate per Unit
Interactive Complexity	15 mins per unit	1 per allowed procedure per provider per beneficiary	\$16.50
Sign Language or Oral Interpretive Services	15 mins per unit	Variable	\$30.00

**Fresno County Department of Behavioral Health
Specialty Mental Health Services Outpatient Rates**

FSP and AOT	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$1,176.12
Physicians Assistant	\$527.47
Nurse Practitioner	\$584.86
RN	\$477.73
Certified Nurse Specialist	\$584.86
LVN	\$250.97
Medical Assistant	\$172.52
Pharmacist	\$562.98
Licensed Psychiatric Technician	\$215.15
Psychologist/Pre-licensed Psychologist	\$473.00
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$306.09
Occupational Therapist	\$407.45
Mental Health Rehab Specialist	\$230.28
Peer Recovery Specialist	\$241.80
Other Qualified Providers - Other Designated MH staff that bill medical	\$230.28

Flat Rate Type	Unit	Maximum Units That Can Be Billed	Rate
Interactive Complexity	15 min per unit	1 per allowed procedure per provider per person	\$18.32
Sign Language/Oral Interpretive Services	15 min per unit	Variable	\$30.92

Co-Occurring Full Service Partnership
Mental Health Systems
Fiscal Year (FY) 2023-24

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101			\$ -		\$ -
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.00	\$ -		\$ -
Acct #	Program Position	FTE	Admin	Program	Total
1116				\$ -	\$ -
1117				-	-
1118				-	-
1119				-	-
1120				-	-
1121				-	-
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		0.00		\$ -	\$ -
			Admin	Program	Total
Direct Personnel Salaries Subtotal		0.00	\$ -	\$ -	\$ -
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement				\$ -
1202	Worker's Compensation		-	-	-
1203	Health Insurance		-	-	-
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Direct Employee Benefits Subtotal:			\$ -	\$ -	\$ -
Direct Payroll Taxes & Expenses:					
Acct #	Description		Admin	Program	Total
1301	OASDI		\$ -	\$ -	\$ -
1302	FICA/MEDICARE		-	-	-
1303	SUI		-	-	-
1304	Other (specify)		-	-	-
1305	Other (specify)		-	-	-
1306	Other (specify)		-	-	-
Direct Payroll Taxes & Expenses Subtotal:			\$ -	\$ -	\$ -
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:			Admin	Program	Total
			\$ -	\$ -	\$ -

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	#DIV/0!	#DIV/0!

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 571
2002	Client Housing Support	590,490
2003	Client Transportation & Support	30,266
2004	Clothing, Food, & Hygiene	29,192
2005	Education Support	571
2006	Employment Support	571
2007	Household Items for Clients	13,714
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	571
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 665,946

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

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	-
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ -

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

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ -
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ -

INDIRECT COST RATE	0.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	s	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES	\$ 665,946
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PROGRAM FUNDING SOURCES

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		\$ 665,946
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 665,946

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:	\$ 665,946
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NET PROGRAM COST:	\$ -
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Co-Occurring Disorders Full Service Partnership
Mental Health Systems
Fiscal Year (FY) 2023-24

PARTIAL FTE DETAIL

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

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

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

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

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

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

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

Position	Contract #/Name/Department/County	FTE %

Total		0.00

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

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

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

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

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

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

Position	Contract #/Name/Department/County	FTE %

Total		0.00

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

Co-Occurring Full Service Partnership
Mental Health Systems
Fiscal Year (FY) 2023-24 Budget Narrative

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
1000: DIRECT SALARIES & BENEFITS		-		
Administrative Positions		-		
1101	0	-		
1102	0	-		
1103	0	-		
1104	0	-		
1105	0	-		
1106	0	-		
1107	0	-		
1108	0	-		
1109	0	-		
1110	0	-		
1111	0	-		
1112	0	-		
1113	0	-		
1114	0	-		
1115	0	-		
Program Positions		-		
1116	0	-		
1117	0	-		
1118	0	-		
1119	0	-		
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
Direct Employee Benefits		-		
1201	Retirement	-		
1202	Worker's Compensation	-		
1203	Health Insurance	-		
1204	Other (specify)	-		
1205	Other (specify)	-		
1206	Other (specify)	-		
Direct Payroll Taxes & Expenses:		-		
1301	OASDI	-		
1302	FICA/MEDICARE	-		
1303	SUI	-		
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
2000: DIRECT CLIENT SUPPORT		665,946		
2001	Child Care	571	wraparound expenses that cover client support/assistance	
2002	Client Housing Support	590,490	Master leases at Glenn Apartments, room & board, room & care, and residential /sober living expenses for 3 clients per month.	
2003	Client Transportation & Support	30,266	cost of transportation of clients by staff (mileage reimbursement or gas for vehicles), buss passes/cards for client transportation needs	
2004	Clothing, Food, & Hygiene	29,192	wraparound expenses that cover client support/assistance	
2005	Education Support	571	wraparound expenses that cover client support/assistance	
2006	Employment Support	571	wraparound expenses that cover client support/assistance	
2007	Household Items for Clients	13,714	wraparound expenses that cover client support/assistance	
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2010	Utility Vouchers	571	wraparound expenses that cover client support/assistance
	2011	Other (specify)	-	
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES				
	3001	Telecommunications	-	
	3002	Printing/Postage	-	
	3003	Office, Household & Program Supplies	-	
	3004	Advertising	-	
	3005	Staff Development & Training	-	
	3006	Staff Mileage	-	
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Other (specify)	-	
	3010	Other (specify)	-	
	3011	Other (specify)	-	
	3012	Other (specify)	-	
4000: DIRECT FACILITIES & EQUIPMENT				
	4001	Building Maintenance	-	
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	-	
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	-	
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	
5000: DIRECT SPECIAL EXPENSES				
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	-	
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	
6000: INDIRECT EXPENSES				
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Other (specify)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	
7000: DIRECT FIXED ASSETS				
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	-	
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (specify)	-	
	7008	Other (specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:		665,946	
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:		665,946	
BUDGET CHECK:		-	

Co-Occuring Full Service Partnership
MHS Fresno Impact
Fiscal Year (FY) 2024-25

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101			\$ -	\$ -	\$ -
1102			-	-	-
1103			-	-	-
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
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		0.00	\$ -	\$ -	\$ -
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ -	\$ -	\$ -
1202	Worker's Compensation		-	-	-
1203	Health Insurance		-	-	-
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-

Employee Benefits Subtotal: \$ - \$ - \$ -				
Payroll Taxes & Expenses:				
Acct #	Description	Admin	Direct	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	-	-	-
1303	SUI	-	-	-
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Payroll Taxes & Expenses Subtotal:		\$ -	\$ -	\$ -
EMPLOYEE SALARIES & BENEFITS TOTAL:		\$ -	\$ -	\$ -

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 571
2002	Client Housing Support	620,264
2003	Client Transportation & Support	30,266
2004	Clothing, Food, & Hygiene	29,192
2005	Education Support	571
2006	Employment Support	571
2007	Household Items for Clients	13,714
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	571
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 695,720

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

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	-

4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	-
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ -

5000: SPECIAL EXPENSES

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

6000: ADMINISTRATIVE EXPENSES

Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ -
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
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		\$ -

7000: FIXED ASSETS

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

TOTAL PROGRAM EXPENSES	\$ 695,720
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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		\$ 695,720
8302	PEI - Prevention & Early Intervention		
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 695,720

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:	\$ 695,720
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NET PROGRAM COST:	\$ -
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**Co-Occuring Full Service Partnership
MHS Fresno Impact
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			-	
Employee Salaries			-	
	1101	0	-	
	1102	0	-	
	1103	0	-	
	1104	0	-	
	1105	0	-	
	1106	0	-	
	1107	0	-	
	1108	0	-	
	1109	0	-	
	1110	0	-	
	1111	0	-	
	1112	0	-	
	1113	0	-	
	1114	0	-	
	1115	0	-	
	1116	0	-	
	1117	0	-	
	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			-	
	1201	Retirement	-	
	1202	Worker's Compensation	-	
	1203	Health Insurance	-	
	1204	Other (specify)	-	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Payroll Taxes & Expenses:			-	
	1301	OASDI	-	
	1302	FICA/MEDICARE	-	
	1303	SUI	-	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
2000: CLIENT SUPPORT			695,720	
	2001	Child Care	571	Estimated wrap expenses related to child care for clients
	2002	Client Housing Support	620,264	Estimated expenses for housing support for clients
	2003	Client Transportation & Support	30,266	Cost of transporting clients by staff (mileage reimbursement or gas for vehicles) and bus passes/cards for client transportation needs.
	2004	Clothing, Food, & Hygiene	29,192	Estimated expenses for food & for clothing
	2005	Education Support	571	Estimated wrap expenses related to education support for clients
	2006	Employment Support	571	Estimated wrap expenses related to employment support for clients
	2007	Household Items for Clients	13,714	Estimated wrap expenses related to household items for clients
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	571	Estimated wrap expenses related to utility vouchers for clients
	2011	Other (specify)	-	
	2012	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

3000: OPERATING EXPENSES			-	
	3001	Telecommunications	-	
	3002	Printing/Postage	-	
	3003	Office, Household & Program Supplies	-	
	3004	Advertising	-	
	3005	Staff Development & Training	-	
	3006	Staff Mileage	-	
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Other (specify)	-	
	3010	Other (specify)	-	
	3011	Other (specify)	-	
	3012	Other (specify)	-	

4000: FACILITIES & EQUIPMENT			-	
	4001	Building Maintenance	-	
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	-	
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	-	
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: SPECIAL EXPENSES			-	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	-	
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	

6000: ADMINISTRATIVE EXPENSES			-	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	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)	-	

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

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
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:	695,720
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	695,720
BUDGET CHECK:	-