

A G R E E M E N T

THIS AGREEMENT ("Agreement") is made and entered into this 21st day of June, 2022, 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 California non-profit 501 (c) (3) corporation, whose address is P.O. Box 7447, Visalia, CA 93290, hereinafter referred to as "CONTRACTOR" (collectively the parties).

W I T N E S S E T H:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), has determined a need for certain Fresno County residents to receive substance use disorder (SUD) and mental health outpatient, full service partnership, and assertive community treatment services under California Assembly Bill (AB) 109 Public Safety Realignment and the Post-Release Community Supervision Act of 2011; and mental health diversion under AB 1810, California Senate Bill (SB) 317 and Penal Code 1001.36; and

WHEREAS, COUNTY is authorized through its Intergovernmental Agreement with the California State Department of Health Care Services, hereinafter referred to as State or DHCS, to subcontract for Drug Medi-Cal services (DMC) in Fresno County; and

WHEREAS, COUNTY is authorized to contract with privately operated agencies for the provision of alcohol and other drug treatment services, pursuant to Title 9, Division 4 of the California Code of Regulations and Division 10.5 (commencing with Section 11750) of the California Health and Safety Code; and

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

WHEREAS, CONTRACTOR is certified by the State to provide services required by the COUNTY, pursuant to the terms and conditions of this Agreement; and

WHEREAS, CONTRACTOR is qualified and willing to operate a forensic behavioral health program pursuant with said services to the terms and conditions of this Agreement.

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

1. **SERVICES**

1 A. CONTRACTOR shall perform all services and fulfill all responsibilities in a manner
2 consistent with the objectives and person served outcomes as set forth in the Scope of Work, attached
3 hereto as Exhibit A and incorporated herein by reference and made part of this Agreement.

4 B. CONTRACTOR shall also perform all services and fulfill all responsibilities as
5 specified in COUNTY's Request for Proposal (RFP) No. 22-047 dated March 7, 2022 and Addendum No.
6 One (1) to COUNTY'S RFP No. 22-047 dated March 23, 2022, collectively referred to herein as COUNTY's
7 Revised RFP, and CONTRACTOR's response to said Revised RFP dated April 4, 2022; all incorporated
8 herein by reference and made part of this Agreement. In the event of any inconsistency among these
9 documents, the inconsistency shall be resolved by giving precedence in the following order of priority: 1) to
10 this Agreement, including all Exhibits, 2) to the Revised RFP No. 22-047, 3) to the Response to the Revised
11 RFP No. 22-047. A copy of COUNTY's Revised RFP No. 22-047 and CONTRACTOR's response shall be
12 retained and made available during the term of this Agreement by COUNTY's DBH.

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

17 D. CONTRACTOR shall send to COUNTY's DBH upon execution of this Agreement, a
18 detailed plan ensuring clinically appropriate leadership and supervision of their clinical program.
19 Recruitment and retention of clinical leadership with the clinical competencies to oversee services based on
20 the level of care and program design presented herein shall be included in this plan. A description and
21 monitoring of this plan shall be provided.

22 E. CONTRACTOR shall participate in utilizing and integrating Reaching Recovery,
23 Child and Adolescent Needs and Strengths (CANS) and other clinical tools and measures as directed by
24 the COUNTY's DBH.

25 F. It is the expectation of the COUNTY that CONTRACTOR provide timely access to
26 services that meet the State of California standards for care. CONTRACTOR must complete intake for all
27 persons served (including persons served referred by Court or Probation) within timeframes specified below
28 from initial contact:

- 1 1) CONTRACTOR shall provide non-urgent services within ten (10)
2 business days from request/referral to first appointment;
- 3 2) CONTRACTOR shall provide psychiatry services within fifteen (15)
4 business days from request/referral to first appointment;
- 5 3) CONTRACTOR shall provide urgent services as soon as needed based
6 on each person's needs; and
- 7 4) CONTRACTOR shall comply with reporting requirements of Superior
8 Court of Fresno and Fresno County Probation Department relating to beneficiary status change and
9 treatment progress if an appropriate Release of Information (ROI) is in place within two (2) business days
10 from next court appearance or upon request.

11 CONTRACTOR shall track timeliness of services to persons served and provide a
12 monthly report showing the monitoring or tracking tool that captures this data. COUNTY and
13 CONTRACTOR shall meet to go over this monitoring tool on a monthly basis or as needed. COUNTY shall
14 take corrective action if there is a failure to comply by CONTRACTOR with the above timely access
15 standards. CONTRACTOR shall also provide tracking tools and measurements for effectiveness,
16 efficiency, and person served satisfaction indicators as required by Commission on Accreditation of
17 Rehabilitation Facilities (CARF) standards and as further detailed in Exhibit A.

18 G. This Agreement provides for forensic behavioral health services that includes SUD
19 and mental health outpatient services, full service partnership services and assertive community treatment
20 services as detailed in Exhibit A. CONTRACTOR shall collect, maintain and report all data and person
21 served information for the service categories independent of one another, including but not limited to: Medi-
22 Cal billing, other insurance or revenue billing and reports; staff schedules and reports; performance
23 measures; monthly invoices and general ledgers; and other data as required.

24 H. It is acknowledged by all parties hereto that COUNTY's DBH shall monitor said
25 services operated by CONTRACTOR, in accordance with Section Fourteen (14), MONITORING, of this
26 Agreement, Title 9, Title 22, and all other applicable local, state, and federal laws and policies.

27 I. CONTRACTOR shall participate in monthly, or as needed, workgroup meetings
28 consisting of staff from COUNTY's DBH to discuss service requirements, data reporting, outcomes

1 measurement, training, policies and procedures, overall program operations, and any problems or
2 foreseeable problems that may arise.

3 J. CONTRACTOR's administrative level agency representative, who is duly
4 authorized to act on behalf of the CONTRACTOR, must attend regularly scheduled monthly Behavioral
5 Health Board, Forensic and SUD subcommittees and regularly scheduled provider meetings.

6 K. Any change to CONTRACTOR's location of the service site may be made only
7 upon sixty (60) days advance written notification to COUNTY's DBH Director and upon written approval
8 from the COUNTY's DBH Director or his or her designee.

9 L. CONTRACTOR shall maintain, at CONTRACTOR's cost, a computer system
10 compatible with COUNTY's current billing and electronic health record (EHR) system for the provision of
11 submitting SUD information required under the terms and conditions of this Agreement. CONTRACTOR
12 shall complete billing and EHR data entry as follows: initial contact, when applicable; admissions;
13 California Outcomes Measurement System (CalOMS) reporting; American Society of Addiction Medicine
14 (ASAM) level of care reporting; discharge; and no show/missed appointments and referrals.

15 M. CONTRACTOR shall comply with requirements stated within the Intergovernmental
16 Agreement as listed in Exhibit C, Drug Medi-Cal Specific Requirements, attached hereto and by this
17 reference incorporated herein; and with all other provisions set forth in the Intergovernmental Agreement,
18 made available by the COUNTY's DBH at the following web address and by this reference incorporated
19 herein: [https://www.co.fresno.ca.us/departments/behavioral-health/home/for-providers/contract-](https://www.co.fresno.ca.us/departments/behavioral-health/home/for-providers/contract-providers/substance-use-disorder-providers)
20 [providers/substance-use-disorder-providers](https://www.co.fresno.ca.us/departments/behavioral-health/home/for-providers/contract-providers/substance-use-disorder-providers). CONTRACTOR is referred to therein as "Subcontractor" and
21 COUNTY is referred to therein as "Contractor."

22 N. CONTRACTOR shall maintain requirements as an organizational provider
23 throughout the term of this Agreement, as described in Section Seventeen (17), COMPLIANCE WITH
24 STATE MEDI-CAL REQUIREMENTS, of this Agreement. If for any reason, this status is not maintained,
25 the COUNTY may terminate this Agreement pursuant to Section Three (3), TERMINATION, of this
26 Agreement.

27 O. CONTRACTOR agrees that prior to providing services under the terms and
28 conditions of this Agreement, it shall have appropriate staff hired and in place for program services and

1 operations or COUNTY may, in addition to other remedies it may have, suspend referrals or terminate
2 this Agreement in accordance with Section Three (3), TERMINATION, of this Agreement. The parties
3 acknowledge that CONTRACTOR will be performing hiring, training, and credentialing of staff, and
4 COUNTY will be performing additional staff credentialing to ensure compliance with State and Federal
5 regulations.

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

13 2. TERM: The term of this Agreement shall be for a period of three (3) years, commencing
14 on July 1, 2022 through and including June 30, 2025. This Agreement may be extended for two (2)
15 additional consecutive twelve (12) month periods upon written approval of both parties no later than
16 sixty (60) days prior to the first day of the next twelve (12) month extension period. The COUNTY's
17 DBH Director or his or her designee is authorized to execute such written approval on behalf of
18 COUNTY based on CONTRACTOR'S satisfactory performance.

19 3. TERMINATION

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

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

- 26 1) An illegal or improper use of funds;
- 27 2) A failure to comply with any term of this Agreement;
- 28 3) A substantially incorrect or incomplete report submitted to the COUNTY;

1 4) Improperly performed service.

2 In no event shall any payment by the COUNTY constitute a waiver by the COUNTY of any
3 breach of this Agreement or any default which may then exist on the part of the CONTRACTOR. Neither
4 shall such payment impair or prejudice any remedy available to the COUNTY with respect to the breach or
5 default. The COUNTY shall have the right to demand of the CONTRACTOR the repayment to the
6 COUNTY of any funds disbursed to the CONTRACTOR under this Agreement, which in the judgment of
7 the COUNTY were not expended in accordance with the terms of this Agreement. The CONTRACTOR
8 shall promptly refund any such funds upon demand.

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

12 4. COMPENSATION

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

17 The maximum amount to be paid to CONTRACTOR by COUNTY under this
18 Agreement for the operating period of July 1, 2022 through June 30, 2023, shall not exceed Five Million,
19 Two Hundred Seven Thousand, Five Hundred Ninety-Nine and No/100 Dollars (\$5,207,599.00).

20 The maximum amount to be paid to CONTRACTOR by COUNTY under this
21 Agreement for the twelve (12) month period, (July 1, 2023 through June 30, 2024), shall not exceed Five
22 Million, Two Hundred Twenty-One Thousand, Seven Hundred Eighty-Three and No/100 Dollars
23 (\$5,221,783.00).

24 The maximum amount to be paid to CONTRACTOR by COUNTY under this
25 Agreement for the twelve (12) month period, (July 1, 2024 through June 30, 2025), shall not exceed Five
26 Million, Three Hundred Twenty-Six Thousand, Eighty-Five and No/100 Dollars (\$5,326,085.00).

27 The maximum amount to be paid to CONTRACTOR by COUNTY under this
28 Agreement for the twelve (12) month period, (July 1, 2025 through June 30, 2026), shall not exceed Five

1 Million, Four Hundred Fourteen Thousand, Six Hundred Eighty-Three and No/100 Dollars
2 (\$5,414,683.00).

3 The maximum amount to be paid to CONTRACTOR by COUNTY under this
4 Agreement for the twelve (12) month period, (July 1, 2026 through June 30, 2027), shall not exceed Five
5 Million, Five Hundred Twelve Thousand, Seven Hundred Forty-Five and No/100 Dollars
6 (\$5,512,745.00).

7 In no event shall compensation for services performed under this Agreement be in
8 excess of Twenty-Six Million, Six Hundred Eighty-Two Thousand, Eight Hundred Ninety-Five and
9 No/100 Dollars (\$26,682,895.00) during the term of this Agreement.

10 B. It is understood by COUNTY and CONTRACTOR that any Medi-Cal Federal
11 Financial Participation (FFP) and client reimbursements above the amounts stated herein will be used to
12 directly offset the COUNTY's contribution of AB109 and MHSA funds as identified in Exhibit D, and may
13 be used to expand program services to persons served and/or increase program capacity with the written
14 approval of the COUNTY's DBH Director or his or her designee. CONTRACTOR shall submit a written
15 request to the COUNTY's DBH Director or his or her designee for such approval. The offset of funds will
16 also be clearly identified in monthly invoices received from CONTRACTOR as further described in Section
17 Five (5), INVOICING, of this Agreement.

18 C. If CONTRACTOR fails to generate the Medi-Cal revenue and/or client fee
19 reimbursement amounts set forth in Exhibit D, COUNTY shall not be obligated to pay the difference
20 between these estimated amounts and the actual amounts generated.

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

24 E. Payment shall be made upon certification or other proof satisfactory to COUNTY's
25 DBH that services have actually been performed by CONTRACTOR as specified in this Agreement

26 F. For services rendered herein, CONTRACTOR shall assure that an ongoing quality
27 assurance component is in place and is occurring. CONTRACTOR shall assure that clinical records for
28 each person served are of such detail and length that a review of said record will verify that appropriate

1 services were provided. If the record is unclear, incomplete, and/or indicates that appropriate services were
2 not provided, COUNTY reserves the right to withhold payment for the applicable unit(s) of services. It is
3 understood that all expenses incidental to CONTRACTOR's performance of services under this Agreement
4 shall be borne by CONTRACTOR. If CONTRACTOR fails to comply with any provision of this Agreement,
5 COUNTY shall be relieved of its obligation for further compensation.

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

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

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

20 J. The services provided by CONTRACTOR under this Agreement are funded in whole
21 or in part by the State of California. In the event that funding for these services is delayed by the State
22 Controller, COUNTY may defer payments to CONTRACTOR. The amount of the deferred payment shall
23 not exceed the amount of funding delayed by the State Controller to the COUNTY. The period of time of
24 the deferral by COUNTY shall not exceed the period of time of the State Controller's delay of payment to
25 COUNTY plus forty-five (45) days.

26 K. CONTRACTOR shall be held financially liable for any and all future
27 disallowances/audit exceptions due to CONTRACTOR deficiency discovered through the State audit
28 process and COUNTY utilization review during the course of this Agreement. At COUNTY's election, the

1 disallowed amount will be remitted within forty-five (45) days to COUNTY upon notification or shall be
2 withheld from subsequent payments to CONTRACTOR. CONTRACTOR shall not receive reimbursement
3 for any units of services rendered that are disallowed or denied by the COUNTY's DBH utilization review
4 process or through the State Department of Health Care Services (DHCS) cost report audit settlement
5 process for Medi-Cal eligible persons served. Notwithstanding the above, COUNTY must notify
6 CONTRACTOR prior to any State audit process and/or COUNTY utilization review. To the extent allowable
7 by law, CONTRACTOR shall have the right to be present during each phase of any State audit process
8 and/or COUNTY utilization review and shall be provided all documentation related to each phase of any
9 State audit process and/or COUNTY utilization review. Additionally, prior to any disallowances/audit
10 exceptions becoming final, CONTRACTOR shall be given at least ten (10) business days to respond to
11 such proposed disallowances/audit exceptions.

12 L. It is understood by CONTRACTOR and COUNTY that this Agreement is funded with
13 mental health and substance use disorder funds to serve adults, many of whom have mental health and co-
14 occurring substance use disorders. It is further understood by CONTRACTOR and COUNTY that funds
15 shall be used to support appropriately integrated and documented treatment services for co-occurring
16 mental health and substance use disorders and that integrated services can be documented in
17 assessments, interventions, and program notes documenting linkages and services.

18 M. FUNDING SOURCES – It shall be the obligation of CONTRACTOR to determine
19 and claim all revenue possible from private pay sources and third party payers. CONTRACTOR shall not
20 use any funds under this Agreement for services covered by Drug Medi-Cal, Medi-Cal or other health
21 insurance for eligible beneficiaries.

22 N. PUBLIC INFORMATION – CONTRACTOR shall disclose its funding source in all
23 public information. Communication products must follow DBH graphic standards, including typefaces and
24 colors, to communicate our authority and project a unified brand. This includes all media types and
25 channels and all materials on and offline that are created as part of DBH's efforts to provide information to
26 the public. Communication products must include a funding acknowledgement determined by the level of
27
28

1 funding provided by DBH as follows:

- 2 1) A Program of Fresno County Department of Behavioral Health (100% funded);
- 3 2) Funding provided by Fresno County Department of Behavioral Health (50% or
4 more funded); and
- 5 3) Funded, in part, by County of Fresno Department of Behavioral Health (less
6 than 50% funded).

7 O. LOBBYING ACTIVITY – CONTRACTOR shall not directly or indirectly use any of
8 the funds provided under this Agreement for publicity, lobbying, or propaganda purposes designed to
9 support or defeat legislation pending before the Congress of the United States or the Legislature of the
10 State of California.

11 P. POLITICAL ACTIVITY – CONTRACTOR shall not directly or indirectly use any of
12 the funds under this Agreement for any political activity or to further the election or defeat of any candidate
13 for public office.

14 5. INVOICING

15 A. CONTRACTOR shall invoice COUNTY in arrears by the twentieth (20th) day of
16 each month for actual expenses incurred during the prior month electronically to: 1)
17 dbhinvoicereview@fresnocountyca.gov, 2) dbh-invoices@fresnocountyca.gov; and 3)
18 dbhcontractedservicesdivision@fresnocountyca.gov with a copy to the assigned COUNTY's DBH Staff
19 Analyst. After CONTRACTOR renders service to referred persons served, CONTRACTOR shall invoice
20 COUNTY for payment, certify the expenditure, and submit electronic claiming data into COUNTY's
21 electronic information system for all persons served, including those eligible for Medi-Cal as well as those
22 that are not eligible for Medi-Cal, including contracted cost per unit and actual cost per unit. Invoices and
23 reports shall be in such detail as acceptable to COUNTY's DBH, as described herein and in Section
24 Thirteen (13), REPORTS, of this Agreement. Billing information must include the name of the person
25 served, identification number, date of service, type of mental health service provided, duration of service,
26 International Classification of Diseases (ICD) diagnosis, service provider name, units of service provided,
27 rate of service provided, and actual amount of service. No reimbursement for costs incurred by
28 CONTRACTOR for services delivered under this Agreement shall be made until the invoice and supporting

1 documentation is received, verified, and approved by COUNTY's DBH. COUNTY must pay
2 CONTRACTOR before submitting a claim to DHCS for Federal reimbursement for Medi-Cal eligible
3 persons served.

4 B. If CONTRACTOR chooses to utilize the COUNTY's electronic health record system
5 (EHR) as their own full electronic health records system, COUNTY's DBH shall invoice CONTRACTOR in
6 arrears by the fifth (5th) day of each month for the prior month's hosting fee for access to the COUNTY's
7 electronic information system in accordance with the fee schedule as set forth in Exhibit E, "Electronic
8 Health Records Software Charges" attached hereto and incorporated herein by this reference and made
9 part of this Agreement. COUNTY shall invoice CONTRACTOR annually for the annual maintenance and
10 licensing fee for access to the COUNTY's electronic information system in accordance with the fee
11 schedule as set forth in Exhibit E. COUNTY shall invoice CONTRACTOR annually for the Reaching
12 Recovery fee, as applicable, for access to the COUNTY's electronic information system in accordance with
13 the fee schedule as set forth in Exhibit E. CONTRACTOR shall provide payment for these expenditures to
14 COUNTY's Fresno County Department of Behavioral Health, Accounts Receivable, P.O. Box 712, Fresno,
15 CA 93717-0712, Attention: Business Office, within forty-five (45) days after the date of receipt by
16 CONTRACTOR of the invoicing provided by COUNTY.

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

28 D. CONTRACTOR shall submit monthly invoices and general ledgers to COUNTY's

1 DBH that itemize the line item charges for monthly program costs (per applicable budget, as identified in
2 Exhibit D), including the cost per unit calculation based on persons served within that month, and excluding
3 unallowable costs. Unallowable costs such as lobbying or political donations must be deducted from the
4 monthly invoice reimbursements. The invoices and general ledgers will serve as tracking tools to determine
5 if CONTRACTOR's program costs are in accordance with its budgeted cost, and cost per unit negotiated by
6 service modes compared to actual cost per unit, as set forth in Exhibit D. The actual cost per unit will be
7 based upon total costs and total units of service. It will also serve for the COUNTY to certify the public funds
8 expended for purposes of claiming Federal and State reimbursement for the cost of Medi-Cal services and
9 activities. Failure to submit reports and other supporting documentation shall be deemed sufficient cause
10 for COUNTY to withhold payments until there is compliance, as further described in Section Five (5),
11 INVOICING, herein.

12 E. Monthly invoices shall include a roster of persons served, identifying volume
13 reported by payer group (including third party payer of services) by month and year-to-date, including
14 percentages.

15 F. In addition to billing for SUD outpatient services, CONTRACTOR shall submit on a
16 monthly basis by the twentieth (20th), an Operational Expense Report, per modality of service, along with a
17 general ledger, payroll register and supporting documentation for any line items selected. For the purposes
18 of verifying that costs are allowable and equitable, CONTRACTOR shall submit any additional
19 documentation as deemed necessary by COUNTY's DBH.

20 G. CONTRACTOR must report all third party collections from other funding sources for
21 Medicare, private insurance, client private pay or any other third party. Monthly invoices for reimbursement
22 must equal the amount due CONTRACTOR less any funding sources not eligible for Federal
23 reimbursement and any other revenues generated by CONTRACTOR (i.e., private insurance, etc.).

24 H. CONTRACTOR shall remit annually within ninety (90) days from June 30th, a
25 schedule to provide the required information on published charges for all authorized direct specialty mental
26 health services. The published charge listing will serve as a source document to determine the
27 CONTRACTOR's usual and customary charge prevalent in the public mental health sector that is used to
28 bill the general public, insurers or other non-Medi-Cal third party payers during the course of business

1 operations.

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

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

9 K. CONTRACTOR is responsible for collecting and managing of data in a manner to be
10 determined by DHCS and COUNTY's DBH in accordance with applicable rules and regulations.
11 COUNTY's electronic information system is a critical source of information for purposes of monitoring
12 service volume and obtaining reimbursement. CONTRACTOR must attend the COUNTY's DBH training
13 on equipment reporting for assets, intangible and sensitive minor assets, COUNTY's electronic information
14 system, and related cost reporting.

15 L. CONTRACTOR shall submit service data into COUNTY's electronic information
16 system within ten (10) calendar days from the date of services were rendered. Federal and State
17 reimbursement for Medi-Cal specialty mental health services is based on public expenditures certified by
18 the CONTRACTOR.

19 M. CONTRACTOR must provide all necessary data to allow COUNTY to bill Medi-Cal,
20 and any other third-party source, for services and meet State and Federal reporting requirements. The
21 necessary data can be provided by a variety of means, including but not limited to: 1) direct data entry into
22 COUNTY's electronic information system; 2) providing an electronic file compatible with COUNTY's
23 electronic information system; or 3) integration between COUNTY's electronic information system and
24 CONTRACTOR's information system(s).

25 N. If a person served has dual coverage, such as other health coverage (OHC) or
26 Federal Medicare, CONTRACTOR will be responsible for billing the carrier and obtaining a payment/denial
27 or have validation of claiming with no response ninety (90) days after the claim was mailed before the
28 service can be entered into COUNTY's electronic information system. CONTRACTOR must report all third

1 party collections or revenue for Medicare, third party, client pay, or private pay in each monthly invoice and
2 in the annual cost report that is required to be submitted. A copy of explanation of benefits or CMS 1500
3 form is required as documentation. CONTRACTOR shall submit monthly invoices for reimbursement that
4 equal the amount due CONTRACTOR less any funding sources not eligible for Federal and State
5 reimbursement. CONTRACTOR must comply with all laws and regulations governing the Federal
6 Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C. section
7 1395 et seq; and 2) the regulation and rules promulgated by the Federal Centers for Medicare and
8 Medicaid Services as they relate to participation, coverage and claiming reimbursement. CONTRACTOR
9 will be responsible for compliance as of the effective date of each Federal, State or local law or regulation
10 specified.

11 O. Data entry into the COUNTY's electronic information system shall be the
12 responsibility of CONTRACTOR. The direct specialty mental health services data must be reconciled by
13 the CONTRACTOR to the monthly invoices submitted for payment. COUNTY shall monitor the volume of
14 services and cost of services entered into COUNTY's electronic information system. Any and all audit
15 exceptions resulting from the provision and reporting of specialty mental health services by CONTRACTOR
16 shall be the sole responsibility of CONTRACTOR. CONTRACTOR will comply with all applicable policies,
17 procedures, directives and guidelines regarding the use of COUNTY's electronic information system. If
18 CONTRACTOR elects to use their own Electronic Health Record (EHR) system, the EHR must have
19 Certification Commission for Healthcare Information Technology (CCHIT) certification for Security Access
20 Control, Audit and Authentication. CONTRACTOR's billers in the EHR system will need to sign an
21 Electronic Signature Certification (ESR).

22 P. Medi-Cal Certification and Mental Health Plan Compliance

23 CONTRACTOR shall establish and maintain Medi-Cal certification or become
24 certified within ninety (90) days of the issuance of the facility's occupancy notice and fire clearance through
25 COUNTY's DBH for services to be delivered under this Agreement through COUNTY to provide
26 reimbursable services to Medi-Cal eligible persons. In addition, CONTRACTOR shall work with COUNTY's
27 DBH to execute the process if not currently certified by COUNTY for credentialing of staff. Service location
28 must be approved by COUNTY's DBH during the Medi-Cal certification process. During this process, the

1 CONTRACTOR shall obtain a legal entity number established by DHCS, as this is a requirement for
2 maintaining Mental Health Plan Organizational Provider status throughout the term of this Agreement.
3 CONTRACTOR shall become Medi-Cal certified prior to providing services to Medi-Cal eligible persons and
4 seeking reimbursement from the COUNTY for costs associated with direct specialty mental health services.
5 CONTRACTOR will not be reimbursed by COUNTY for any services rendered prior to Medi-Cal
6 certification. CONTRACTOR shall comply with any and all requests and directives associated with
7 COUNTY maintaining State Medi-Cal site certification.

8 Q. CONTRACTOR shall provide specialty mental health services in accordance with
9 COUNTY's MHP. CONTRACTOR must comply with the "Fresno County Mental Health Plan Compliance
10 Program and Code of Conduct" set forth in Exhibit F, attached hereto and incorporated herein by reference
11 and made part of this Agreement.

12 R. CONTRACTOR may provide direct specialty mental health services using unlicensed
13 staff as long as the CONTRACTOR is approved as an Organizational Provider by the COUNTY's MHP and
14 the individual is supervised by licensed staff who meet the Board of Behavioral Sciences requirements for
15 supervision, works within his/her scope, and only delivers allowable direct specialty mental health services.
16 Unlicensed staff must also be credentialed by COUNTY's MHP.

17 S. It is understood that each service is subject to audit for compliance with Federal and
18 State regulations, and that COUNTY may be making payments in advance of said review. In the event that
19 a service is disapproved, COUNTY may, at its sole discretion, withhold compensation or set off from other
20 payments due the amount of said disapproved services. CONTRACTOR shall be responsible for audit
21 exceptions to ineligible dates of services or incorrect application of utilization review requirements.
22 CONTRACTOR shall comply with any and all requests associated with any State and/or Federal reviews or
23 audits.

24 6. INDEPENDENT CONTRACTOR: In performance of the work, duties and obligations
25 assumed by CONTRACTOR under this Agreement, it is mutually understood and agreed that
26 CONTRACTOR, including any and all of the CONTRACTOR's officers, agents, and employees will at all
27 times be acting and performing as an independent contractor, and shall act in an independent capacity and
28 not as an officer, agent, servant, employee, joint venturer, partner, or associate of the COUNTY.

1 Furthermore, COUNTY shall have no right to control or supervise or direct the manner or method by which
2 CONTRACTOR shall perform its work and function. However, COUNTY shall retain the right to administer
3 this Agreement so as to verify that CONTRACTOR is performing its obligations in accordance with the
4 terms and conditions thereof.

5 CONTRACTOR and COUNTY shall comply with all applicable provisions of law and the rules and
6 regulations, if any, of governmental authorities having jurisdiction over matters the subject thereof.

7 Because of its status as an independent contractor, CONTRACTOR shall have absolutely no right
8 to employment rights and benefits available to COUNTY employees. CONTRACTOR shall be solely liable
9 and responsible for providing to, or on behalf of, its employees all legally-required employee benefits. In
10 addition, CONTRACTOR shall be solely responsible and save COUNTY harmless from all matters relating
11 to payment of CONTRACTOR'S employees, including compliance with Social Security withholding and all
12 other regulations governing such matters. It is acknowledged that during the term of this Agreement,
13 CONTRACTOR may be providing services to others unrelated to the COUNTY or to this Agreement.

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

16 In addition, changes to expense category (i.e., Salary & Benefits, Facilities/Equipment, Operating,
17 Financial Services, Special Expenses, Fixed Assets, etc.) subtotals in the individual program budgets, as
18 set forth in Exhibit D, that do not exceed ten percent (10%) of the maximum compensation payable to
19 CONTRACTOR, and movement of funds between the individual program budgets that does not exceed ten
20 percent (10%) of the maximum compensation payable to the CONTRACTOR, may be made with the
21 written approval of COUNTY's DBH Director or designee. Modifications shall not result in any change to
22 the maximum compensation amounts payable to CONTRACTOR, as stated in this Agreement.

23 8. NON-ASSIGNMENT: Neither party shall assign, transfer or sub-contract this Agreement
24 nor their rights or duties under this Agreement without the prior written consent of the other party.

25 9. INDEMNITY AND DEFENSE

26 A. Indemnity. CONTRACTOR shall indemnify and hold harmless and defend
27 the COUNTY (including its officers, agents, employees, and volunteers) against all claims,
28 demands, injuries, damages, costs, expenses (including attorney fees and costs), fines, penalties,

1 and liabilities of any kind to the COUNTY, the CONTRACTOR, or any third party that arise from or
2 relate to the performance or failure to perform by the CONTRACTOR (or any of its officers,
3 agents, subcontractors, or employees) under this Agreement. The COUNTY may conduct or
4 participate in its own defense without affecting the CONTRACTOR's obligation to indemnify and
5 hold harmless or defend the COUNTY.

6 B. CONTRACTOR agrees to indemnify COUNTY for Federal, State of California audit
7 exceptions resulting from noncompliance herein on the part of the CONTRACTOR.

8 The provisions of this Section Nine (9), Indemnity and Defense, shall survive termination of this
9 Agreement.

10 10. INSURANCE: The CONTRACTOR shall comply with all the insurance requirements in
11 Exhibit G to this Agreement.

12 A. Waiver of Subrogation

13 CONTRACTOR hereby grants to COUNTY a waiver of any right to subrogation
14 which any insurer of said CONTRACTOR may acquire against the COUNTY by virtue of the payment of,
15 any loss, incurred or alleged, under such insurance. CONTRACTOR agrees to obtain any endorsement
16 that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether
17 or not the COUNTY has received a waiver of subrogation endorsement from the insurer.

18 11. LICENSES/CERTIFICATES: Throughout each term of this Agreement, CONTRACTOR
19 and CONTRACTOR's staff shall maintain all necessary licenses, permits, approvals, certificates, waivers
20 and exemptions necessary for the provision of the services hereunder and required by the laws and
21 regulations of the United States of America, State of California, the County of Fresno, and any other
22 applicable governmental agencies. CONTRACTOR shall notify COUNTY immediately in writing of its
23 inability to obtain or maintain such licenses, permits, approvals, certificates, waivers and exemptions
24 irrespective of the pendency of any appeal related thereto. Additionally, CONTRACTOR and
25 CONTRACTOR's staff shall comply with all applicable laws, rules or regulations, as may now exist or be
26 hereafter changed.

27 12. RECORDS:

28 A. CONTRACTOR shall maintain its records in accordance with Exhibit H,

1 “Documentation Standards for Client Records,” attached hereto and incorporated herein by reference and
2 made part of this Agreement. The person served record shall begin with registration and intake and include
3 authorizations, assessments, plans of care, and progress notes, as well as other documents as approved
4 by the COUNTY’s DBH. COUNTY shall be allowed to review records of services provided, including the
5 goals and objectives of the treatment plan, and how the therapy provided is achieving the goals and
6 objectives. All mental health records shall be considered the property of the COUNTY and shall be
7 retained by the COUNTY upon termination or expiration of this Agreement. All medical records shall be
8 maintained for a minimum of ten (10) years from the date of the end of the Agreement.

9 B. If CONTRACTOR determines to maintain its records in COUNTY’s EHR system, it
10 shall provide COUNTY’s DBH Director, or his or her designee, with a thirty (30) day notice. If at any time
11 CONTRACTOR chooses not to maintain its records in COUNTY’s EHR system, it shall provide COUNTY’S
12 DBH Director, or his or her designee, with a thirty (30) day notice and CONTRACTOR will be responsible
13 for obtaining its own system, at its own cost, for electronic health record management. COUNTY shall be
14 allowed to review records of services provided, including the goals and objectives of the treatment plan,
15 and how the therapy provided is achieving the goals and objectives. All mental health records shall be
16 considered the property of the COUNTY and shall be retained by the COUNTY upon termination or
17 expiration of this Agreement. All medical records shall be maintained for a minimum of ten (10) years from
18 the date of the end of the Agreement.

19 C. Disclaimer – COUNTY makes no warranty or representation that information entered
20 into the COUNTY’s EHR system by CONTRACTOR will be accurate, adequate or satisfactory for
21 CONTRACTOR’s own purposes or that any information in CONTRACTOR’s possession or control, or
22 transmitted or received by CONTRACTOR, is or will be secure from unauthorized access, viewing, use,
23 disclosure, or breach. CONTRACTOR is solely responsible for person served information entered by
24 CONTRACTOR into the COUNTY’s EHR system. CONTRACTOR agrees that all Private Health
25 Information (PHI) maintained by CONTRACTOR in COUNTY’s EHR system will be maintained in
26 conformance with all Health Insurance Portability and Accountability Act (HIPAA) laws, as stated in Section
27 Nineteen (19), HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT.

28 D. Documentation – CONTRACTOR shall maintain adequate records in sufficient detail

1 to make possible an evaluation of services, and contain all the data necessary in reporting to the State of
2 California and/or Federal agency. All person served records shall be maintained pursuant to applicable
3 State of California and Federal requirements concerning confidentiality.

4 E. Suspension of Compensation – In the event that CONTRACTOR fails to provide
5 reports specified in this Agreement, it shall be deemed sufficient cause for COUNTY to withhold payments
6 until CONTRACTOR is in compliance with reporting requirements.

7 F. Client Confidentiality – CONTRACTOR shall conform to and COUNTY shall monitor
8 compliance with all State and Federal statutes and regulations regarding confidentiality, including but not
9 limited to confidentiality of information requirements of 42 Code of Federal Regulations § 2.1 et seq.,
10 Welfare and Institutions Code § 5328, 10850 and 14100.2, Health and Safety Code § 11977 and 11812,
11 Civil Code, Division 1, Part 2.6, and 22 California Code of Regulations § 51009.

12 13. REPORTS

13 A. Outcome Reports

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

17 B. AB109 Public Safety Realignment Reporting

18 COUNTY's Community Corrections Partnership Council is responsible for providing
19 a report to the State which will describe and evaluate the Public Safety Realignment Act, AB109
20 Implementation Plan funding for essential planning purposes, maintaining program accountability and
21 program monitoring. CONTRACTOR is required to submit quarterly and annually to the COUNTY's
22 Community Corrections Partnership Council, with a copy to COUNTY's DBH, such statutory outcome data
23 reporting. Outcome data and report requirements are subject to change at State and COUNTY's
24 discretion.

25 C. Additional Reports

26 CONTRACTOR shall also furnish to COUNTY such statements, records, reports,
27 data, and other information as COUNTY's DBH may request pertaining to matters covered by this
28 Agreement. In the event that CONTRACTOR fails to provide such reports or other information required

1 hereunder, it shall be deemed sufficient cause for COUNTY to withhold monthly payments until there is
2 compliance. In addition, CONTRACTOR shall provide written notification and explanation to COUNTY
3 within five (5) days of any funds received from another source to conduct the same services covered by this
4 Agreement.

5 D. Cost Report

6 CONTRACTOR agrees to submit a complete and accurate detailed cost report on
7 an annual basis for each fiscal year ending June 30th in the format prescribed by the DHCS for the
8 purposes of Short Doyle Medi-Cal reimbursements and total costs for programs. The cost report will be the
9 source document for several phases of settlement with the DHCS for the purposes of Short Doyle Medi-Cal
10 reimbursement. CONTRACTOR shall report costs under their approved legal entity number established
11 during the Medi-Cal certification process. The information provided applies to CONTRACTOR for program
12 related costs for services rendered to Medi-Cal and non-Medi-Cal persons served. CONTRACTOR will
13 remit a schedule to provide the required information on published charges (PC) for all authorized services.
14 The report will serve as a source document to determine their usual and customary charge prevalent in the
15 public mental health sector that is used to bill the general public, insurers, or other non-Medi-Cal third party
16 payers during the course of business operations. CONTRACTOR must report all collections for Medi-
17 Cal/Medicare services and collections. The CONTRACTOR shall also submit with the cost report a copy of
18 the CONTRACTOR's general ledger that supports revenues and expenditures and reconciled detailed
19 report of reported total units of services rendered under this Agreement to the units of services reported by
20 CONTRACTOR to COUNTY's electronic information system.

21 Cost Reports must be submitted to the COUNTY as a hard copy with a signed cover
22 letter and electronic copy of completed DHCS cost report form along with requested support documents
23 following each fiscal year ending June 30th. During the month of September of each year this Agreement
24 is effective, COUNTY will issue instructions of the annual cost report which indicates the training session,
25 DHCS cost report template worksheets, and deadlines to submit, as determined by State DHCS annually.
26 CONTRACTOR shall remit a hard copy of cost report to County of Fresno, Attention: Cost Report Team,
27 PO BOX 45003, Fresno CA 93718. CONTRACTOR shall remit the electronic copy or any inquiries to
28 DBHcostreportteam@fresnocountyca.gov.

1 All Cost Reports must be prepared in accordance with General Accepted Accounting
2 Principles (GAAP) and Welfare and Institutions Code §§ 5651(a)(4), 5664(a), 5705(b)(3) and 5718(c).
3 Unallowable costs such as lobby or political donations must be deducted on the cost report and invoice
4 reimbursement.

5 If the CONTRACTOR does not submit the cost report by the deadline, including any
6 extension period granted by the COUNTY, the COUNTY may withhold payments of pending invoicing
7 under compensation until the cost report has been submitted and clears COUNTY desk audit for
8 completeness.

9 E. Settlements with State Department of Health Care Services (DHCS)

10 During the term of this Agreement and thereafter, COUNTY and CONTRACTOR
11 agree to settle dollar amounts disallowed or settled in accordance with DHCS audit settlement findings
12 related to the reimbursement provided under this Agreement. CONTRACTOR will participate in the several
13 phases of settlements between COUNTY/CONTRACTOR and DHCS. The phases of initial cost reporting
14 for settlement according to State reconciliation of records for paid Medi-Cal services and audit settlement
15 are: State DHCS audit 1) initial cost reporting – after an internal review by COUNTY, the COUNTY files the
16 cost report with State DHCS on behalf of CONTRACTOR’s legal entity for the fiscal year; 2) Settlement –
17 State reconciliation of records for paid Medi-Cal services, approximately eighteen (18) to thirty-six (36)
18 months following the State close of the fiscal year, DHCS will send notice for any settlement under this
19 provision to COUNTY; and 3) Audit Settlement-State DHCS audit. After final reconciliation and settlement
20 DHCS may conduct a review of medical records, cost report along with support documents submitted to
21 COUNTY in initial submission to determine accuracy and may disallow costs and/or units of services.
22 COUNTY may choose to appeal and therefore reserves the right to defer payback settlement with
23 CONTRACTOR until resolution of the appeal. DHCS Audits will follow Federal Medicaid procedures for
24 managing overpayments.

25 If at the end of the Audit Settlement, COUNTY determines that it overpaid
26 CONTRACTOR, it will require CONTRACTOR to repay the Medi-Cal related overpayment back to
27 COUNTY. Funds owed to COUNTY will be due within forty-five (45) days of notification by COUNTY, or
28 COUNTY shall withhold future payments until all excess funds have been recouped by means of an offset

1 against any payments then or thereafter owing to COUNTY under this or any other Agreement between the
2 COUNTY and CONTRACTOR.

3 14. MONITORING: CONTRACTOR agrees to extend to COUNTY's staff, COUNTY's DBH
4 Director, and the State Department of Health Care Services or their designees, the right to review and
5 monitor records, services, or procedures, at any time, in regard to persons served, as well as the overall
6 operation of CONTRACTOR's performance, in order to ensure compliance with the terms and conditions of
7 this Agreement

8 15. REFERENCES TO LAWS AND RULES: In the event any law, regulation, or policy referred
9 to in this Agreement is amended during the term thereof, the parties hereto agree to comply with the
10 amended provision as of the effective date of such amendment.

11 16. COMPLIANCE WITH STATE REQUIREMENTS: CONTRACTOR recognizes that
12 COUNTY operates its mental health programs under an agreement with the State of California Department
13 Health Care Services, and that under said agreement the State imposes certain requirements on COUNTY
14 and its subcontractors. CONTRACTOR shall adhere to all State requirements, including those identified in
15 Exhibit I, "State Mental Health Requirements", attached hereto and by this reference incorporated herein
16 and made part of this Agreement.

17 17. COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS: CONTRACTOR shall be
18 required to maintain organizational provider certification by COUNTY. CONTRACTOR must meet Medi-
19 Cal organization provider standards as listed in Exhibit J, "Medi-Cal Organizational Provider Standards",
20 attached hereto and by this reference incorporated herein and made part of this Agreement. It is
21 acknowledged that all references to Organizational Provider and/or Provider in Exhibit J shall refer to
22 CONTRACTOR.

23 CONTRACTOR shall inform every person served of their rights under the COUNTY's
24 Mental Health Plan as described in Exhibit K, "Mental Health Plan Grievances and Appeals Process",
25 attached hereto and by this reference incorporated herein and made part of this Agreement.

26 CONTRACTOR shall also file an incident report for all incidents involving persons served,
27 following the COUNTY's DBH "Incident Reporting and Intensive Analysis" policy and procedure guide and
28 using the "Incident Report" protocol and user guide identified in Exhibit L, attached hereto and by this

1 reference incorporated herein and made part of this Agreement.

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

5 19. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT: COUNTY and
6 CONTRACTOR each consider and represent themselves as covered entities as defined by the U.S. Health
7 Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) and agree to use and
8 disclose Protected Health Information (PHI) as required by law.

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

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

18 20. DATA SECURITY

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

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

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

- 28 1) CONTRACTOR has received authorization by COUNTY for

1 telecommuting purposes;

2 2)Current virus protection software is in place;

3 3)Mobile device has the remote wipe feature enabled; and

4 4)A secure connection is used.

5 B. CONTRACTOR-Owned Computers or Computer Peripherals

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

11 C. COUNTY-Owned Computer Equipment

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

14 ///

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

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

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

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

28 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 person served information
2 provided to CONTRACTOR. CONTRACTOR will be responsible to issue any notification to affected
3 individuals as required by law or as deemed necessary by COUNTY in its sole discretion. CONTRACTOR
4 will be responsible for all costs incurred as a result of providing the required notification.

5 21. PROPERTY OF COUNTY

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

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

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

| Asset Type | Threshold |
|---------------------------------|-----------|
| • Land | \$0 |
| • Buildings and Improvements | \$100,000 |
| • Infrastructure | \$100,000 |
| • Tangible | \$5,000 |
| o Equipment | |
| o Vehicles | |
| • Intangible | \$100,000 |
| o Internally Generated Software | |
| o Purchased Software | |
| o Easements | |
| o Patents | |
| • And Capital Lease | \$5,000 |

14
15
16
17
18
19
20
21
22 Qualified fixed asset equipment is to be reported and approved by COUNTY. If it is
23 approved and identified as an asset, it will be tagged with a COUNTY program number. A Fixed Asset Log,
24 attached hereto as Exhibit M and by this reference incorporated herein and made part of this Agreement,
25 will be maintained by COUNTY's Asset Management System and annually inventoried until the asset is
26 fully depreciated. During the terms of this Agreement, CONTRACTOR's fixed assets may be inventoried in
27 comparison to COUNTY's DBH Asset Inventory System.

28 ///

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 M. 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 copy
23 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 CONTRACTOR's 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 22. 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, nor 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 applicants
22 for employment are free of such discrimination. CONTRACTOR and subcontractors shall comply with the
23 provisions of the Fair Employment and Housing Act (Gov. Code §12800 et seq.), the regulations
24 promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1,
25 Part 1, Division 3, Title 2 of the Government Code (Gov. Code §11135-11139.5), and the regulations or
26 standards adopted by the awarding state agency to implement such article. CONTRACTOR shall permit
27 access by representatives of the Department of Fair Employment and Housing and the awarding state
28 agency upon reasonable notice at any time during the normal business hours, but in no case less than

1 twenty-four (24) hours notice, to such of its books, records, accounts, and all other sources of information
2 and its facilities as said department or agency shall require to ascertain compliance with this clause.
3 CONTRACTOR and its subcontractors shall give written notice of their obligations under this clause to labor
4 organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit.
5 2, §11105.) CONTRACTOR shall include the non-discrimination and compliance provisions of this clause
6 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 of
13 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 services
22 are available upon request, at no cost and in a timely manner for limited and/or no English proficient
23 beneficiaries and/or beneficiaries with disabilities. CONTRACTOR shall avoid relying on an adult or minor
24 child accompanying the beneficiary to interpret or facilitate communication; however, if the beneficiary
25 refuses language assistance services, the CONTRACTOR must document the offer, refusal and
26 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 N "National Standards on Culturally and Linguistically Appropriate Services", attached
11 hereto and incorporated herein by reference and made part of this Agreement. As the CLAS standards are
12 updated, CONTRACTOR's plan must be updated accordingly. As requested by COUNTY, CONTRACTOR
13 shall be responsible for conducting an annual CLAS self-assessment and providing the results of the self-
14 assessment to the COUNTY. The annual CLAS self-assessment instruments shall be reviewed by the
15 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 one (1) cultural competency training annually.

21 G. CONTRACTOR shall create and sustain a forum that includes staff at all agency
22 levels to discuss cultural competence. COUNTY encourages a representative from CONTRACTOR's
23 forum to attend COUNTY's Diversity, Equity and Inclusion (DEI) Committee, formerly known as Cultural
24 Humility Committee.

25 23. AMERICANS WITH DISABILITIES ACT: CONTRACTOR agrees to ensure that
26 deliverables developed and produced, pursuant to this Agreement, shall comply with the accessibility
27 requirements of Section 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973 as
28 amended (29 U.S.C. § 794 (d)), and regulations implementing that Act as set forth in Part 1194 of Title 36

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

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

22 25. SINGLE AUDIT CLAUSE

23 A. If CONTRACTOR expends Seven Hundred Fifty Thousand and No/100 Dollars
24 (\$750,000.00) or more in Federal and Federal flow-through monies, CONTRACTOR agrees to conduct an
25 annual audit in accordance with the requirements of the Single Audit Standards as set forth in Office of
26 Management and Budget (OMB) 2 CFR 200. CONTRACTOR shall submit said audit and management
27 letter to COUNTY. The audit must include a statement of findings or a statement that there were no
28 findings. If there were negative findings, CONTRACTOR must include a corrective action plan signed by

1 an authorized individual. CONTRACTOR agrees to take action to correct any material non-compliance or
2 weakness found as a result of such audit. Such audit shall be delivered to COUNTY's DBH Finance
3 Division for review within nine (9) months of the end of any fiscal year in which funds were expended and/or
4 received for the program. Failure to perform the requisite audit functions as required by this Agreement
5 may result in COUNTY performing the necessary audit tasks, or at COUNTY's option, contracting with a
6 public accountant to perform said audit, or may result in the inability of COUNTY to enter into future
7 agreements with CONTRACTOR. All audit costs related to this Agreement are the sole responsibility of
8 CONTRACTOR.

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

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

27 26. COMPLIANCE

28 CONTRACTOR agrees to comply with COUNTY's Contractor Code of Conduct and Ethics

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

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

20 27. ASSURANCES

21 In entering into this Agreement, CONTRACTOR certifies that neither they, nor any of their
22 officers, are currently excluded, suspended, debarred, or otherwise ineligible to participate in the Federal
23 Health Care Programs; that neither they, nor any of their officers, have been convicted of a criminal offense
24 related to the provision of health care items or services; nor have they, nor any of their officers, been
25 reinstated to participate in the Federal Health Care Programs after a period of exclusion, suspension,
26 debarment, or ineligibility. If COUNTY learns, subsequent to entering into a contract, that CONTRACTOR
27 is ineligible on these grounds, COUNTY will remove CONTRACTOR from responsibility for, or involvement
28 with, COUNTY's business operations related to the Federal Health Care Programs and shall remove such

1 CONTRACTOR from any position in which CONTRACTOR's compensation, or the items or services
2 rendered, ordered or prescribed by CONTRACTOR may be paid in whole or part, directly or indirectly, by
3 Federal Health Care Programs or otherwise with Federal Funds at least until such time as CONTRACTOR
4 is reinstated into participation in the Federal Health Care Programs.

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

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

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

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

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

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

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

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

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

1 28. PUBLICITY PROHIBITION: None of the funds, materials, property or services provided
2 directly or indirectly under this Agreement shall be used for CONTRACTOR's advertising, fundraising, or
3 publicity (i.e., purchasing of tickets/tables, silent auction donations, etc.) for the purpose of self-promotion.
4 Notwithstanding the above, publicity of the services described in Section One (1), SERVICES, of this
5 Agreement shall be allowed as necessary to raise public awareness about the availability of such specific
6 services when approved in advance by COUNTY's DBH Director, or his or her designee, and at a cost to
7 be provided for such items as written/printed materials, the use of media (i.e., radio, television, newspapers)
8 and any other related expense(s). Communication products must follow COUNTY's DBH graphic
9 standards, including typefaces and colors, to communicate our authority and project a unified brand. This
10 includes all media types and channels and all materials on and offline that are created as part of
11 COUNTY's DBH's efforts to provide information to the public.

12 29. COMPLAINTS

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

21 Within ten (10) days after each incident or complaint affecting COUNTY persons served,
22 CONTRACTOR shall provide COUNTY with information relevant to the complaint, investigative details of
23 the complaint, the complaint and CONTRACTOR's disposition of, or corrective action taken to resolve the
24 complaint. In addition, CONTRACTOR shall inform every person served of their rights as set forth in
25 Exhibit K. CONTRACTOR shall file an incident report for all incidents involving persons served, following
26 the protocol and user guide identified in Exhibit L.

27 30. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST INFORMATION

28 This provision is only applicable if CONTRACTOR is disclosing entities, fiscal agents, or

1 managed care entities, as defined in Code of Federal Regulations (C.F.R.), Title 42 §§ 455.101, 455.104
2 and 455.106(a)(1),(2).

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

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

20 31. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS

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

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

- 26 1) Fraud or a criminal offense in connection with obtaining, attempting to obtain,
27 or performing a public (federal, state, or local) transaction or contract under a public transaction;
28 2) Violation of a federal or state antitrust statute;

- 1 3) Embezzlement, theft, forgery, bribery, falsification, or destruction of records;
2 or
3 4) False statements or receipt of stolen property.

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

6 Disclosure of the above information will not automatically eliminate CONTRACTOR
7 from further business consideration. The information will be considered as part of the determination of
8 whether to continue and/or renew this Agreement and any additional information or explanation that
9 CONTRACTOR elects to submit with the disclosed information will be considered. If it is later determined
10 that CONTRACTOR failed to disclose required information, any contract awarded to such CONTRACTOR
11 may be immediately voided and terminated for material failure to comply with the terms and conditions of
12 the award.

13 CONTRACTOR must sign a "Certification Regarding Debarment, Suspension, and Other
14 Responsibility Matters- Primary Covered Transactions" in the form set forth in Exhibit P, attached hereto
15 and by this reference incorporated herein and made part of this Agreement. Additionally, CONTRACTOR
16 must immediately advise COUNTY's DBH in writing if, during the term of this Agreement: (1)
17 CONTRACTOR becomes suspended, debarred, excluded, or ineligible for participation in Federal or State
18 funded programs or from receiving federal funds as listed in the excluded parties' list system
19 (<http://www.epls.gov>); or (2) any of the above listed conditions become applicable to CONTRACTOR.
20 CONTRACTOR shall indemnify, defend, and hold COUNTY harmless for any loss or damage resulting
21 from a conviction, debarment, exclusion, ineligibility, or other matter listed in the signed Certification
22 Regarding Debarment, Suspension, and Other Responsibility Matters.

23 32. DISCLOSURE OF SELF-DEALING TRANSACTIONS: This provision is only applicable
24 if the CONTRACTOR is operating as a corporation (a for-profit or non-profit corporation) or if during the
25 term of the agreement, the CONTRACTOR changes its status to operate as a corporation.

26 Members of the CONTRACTOR's Board of Directors shall disclose any self-dealing transactions
27 that they are a party to while CONTRACTOR is providing goods or performing services under this
28 agreement. A self-dealing transaction shall mean a transaction to which the CONTRACTOR is a party

1 and in which one or more of its directors has a material financial interest. Members of the Board of
2 Directors shall disclose any self-dealing transactions that they are a party to by completing and signing a
3 Self-Dealing Transaction Disclosure Form, attached hereto as Exhibit Q and incorporated herein by
4 reference, and submitting it to the COUNTY prior to commencing with the self-dealing transaction or
5 immediately thereafter.

6 33. AUDITS AND INSPECTIONS: The CONTRACTOR shall at any time during business
7 hours, and as often as the COUNTY may deem necessary, make available to the COUNTY for examination
8 all of its records and data with respect to the matters covered by this Agreement. The CONTRACTOR
9 shall, upon request by the COUNTY, permit the COUNTY to audit and inspect all of such records and data
10 necessary to ensure CONTRACTOR'S compliance with the terms of this Agreement.

11 If this Agreement exceeds ten thousand dollars (\$10,000.00), CONTRACTOR shall be subject to
12 the examination and audit of the California State Auditor for a period of three (3) years after final payment
13 under contract (Government Code Section 8546.7).

14 34. NOTICES: The persons and their addresses having authority to give and receive notices
15 under this Agreement include the following:

16 COUNTY

17 Director, Fresno County
18 Department of Behavioral Health
19 1925 E. Dakota Ave
20 Fresno, CA 93726

21 CONTRACTOR

22 Chief Executive Officer
23 Turning Point of Central California, Inc.
24 P.O. Box 7447
25 Visalia, CA 93290-7447

26 All notices between the COUNTY and CONTRACTOR provided for or permitted under this
27 Agreement must be in writing and delivered either by personal service, by first-class United States mail, by
28 an overnight commercial courier service, or by telephonic facsimile transmission. A notice delivered by
personal service is effective upon service to the recipient. A notice delivered by first-class United States
mail is effective three COUNTY business days after deposit in the United States mail, postage prepaid,
addressed to the recipient. A notice delivered by an overnight commercial courier service is effective one
COUNTY business day after deposit with the overnight commercial courier service, delivery fees prepaid,
with delivery instructions given for next day delivery, addressed to the recipient. A notice delivered by
telephonic facsimile is effective when transmission to the recipient is completed (but, if such transmission is
completed outside of COUNTY business hours, then such delivery shall be deemed to be effective at the

1 next beginning of a COUNTY business day), provided that the sender maintains a machine record of the
2 completed transmission. For all claims arising out of or related to this Agreement, nothing in this section
3 establishes, waives, or modifies any claims presentation requirements or procedures provided by law,
4 including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code,
5 beginning with section 810).

6 35. GOVERNING LAW: Venue for any action arising out of or related to this Agreement shall
7 only be in Fresno County, California.

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

10 36. SEVERABILITY: If anything in this Agreement is found by a court of competent jurisdiction
11 to be unlawful or otherwise unenforceable, the balance of this Agreement remains in effect, and the parties
12 shall make best efforts to replace the unlawful or unenforceable part of this Agreement with lawful and
13 enforceable terms intended to accomplish the parties' original intent.

14 37. ELECTRONIC SIGNATURE: The parties agree that this Agreement may be executed by
15 electronic signature as provided in this section. An "electronic signature" means any symbol or process
16 intended by an individual signing this Agreement to represent their signature, including but not limited to (1)
17 a digital signature; (2) a faxed version of an original handwritten signature; or (3) an electronically scanned
18 and transmitted (for example by PDF document) of a handwritten signature. Each electronic signature
19 affixed or attached to this Agreement (1) is deemed equivalent to a valid original handwritten signature of
20 the person signing this Agreement for all purposes, including but not limited to evidentiary proof in any
21 administrative or judicial proceeding, and (2) has the same force and effect as the valid original handwritten
22 signature of that person. The provisions of this section satisfy the requirements of Civil Code section
23 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5,
24 beginning with section 1633.1). Each party using a digital signature represents that it has undertaken and
25 satisfied the requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through (5),
26 and agrees that each other party may rely upon that representation. This Agreement is not conditioned
27 upon the parties conducting the transactions under it by electronic means and either party may sign this
28 Agreement with an original handwritten signature.

1 38. ENTIRE AGREEMENT: This Agreement constitutes the entire agreement between the
2 CONTRACTOR and COUNTY with respect to the subject matter hereof and supersedes all previous
3 Agreement negotiations, proposals, commitments, writings, advertisements, publications, and
4 understanding of any nature whatsoever unless expressly included in this Agreement.

5 ///

6 ///

7 ///

8 ///

9 ///

10 ///

11 ///

12 ///

13 ///

14 ///

15 ///

16 ///

17 ///

18 ///

19 ///

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///

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

3
4 **CONTRACTOR:**
5 **TURNING POINT OF**
6 **CENTRAL CALIFORNIA, INC.**

COUNTY OF FRESNO

7 By: Raymond R. Banks




8 Print Name: Raymond R. Banks

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

9
10 Title: Chief Executive Officer

11 Chairman of Board, or President
12 or any Vice President

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

13
14 By: 

15
16 Print Name: Ryan Banks

By: 

Deputy

17
18 Title: Deputy Chief Operating Officer

19 Secretary of Corporation, or
20 any Assistant Secretary, or
21 Chief Financial Officer, or
any Assistant Treasurer

22 **MAILING ADDRESS:**

23 615 S. Atwood St.
24 Visalia, CA 93277
25 Phone No.: (559) 732-8086
Contact: Sharon Ross, COO

26 **FOR ACCOUNTING USE ONLY:**

27 Fund/Subclass: 0001/10000
28 ORG No.: 56302081, 56302070, 56304784, 56304525
Account: 7295/0

FORENSIC BEHAVIORAL HEALTH – CONTINUUM OF CARE

SCOPE OF WORK

CONTRACTOR: Turning Point of Central California, Inc. (Turning Point)

CONTACT:

LOCATION OF SERVICES: 3636 N. First Street, Suite 135

I. BACKGROUND

The 2011 Public Safety Realignment contained in AB 109 specifies local responsibilities for managing certain adult offenders. The intent of realignment is to allow maximum local flexibility within the statutory framework for the adult population transfers set forth in AB 109. The authors of this bill have identified several community interventions to assist this population lead a productive crime-free life. It is recognized that a number of these people would benefit from mental health and/or substance use disorder treatment and support services.

Under Assembly Bill (AB) 1810 on June 27, 2018, pre-trial jail diversion is defined as the “postponement of prosecution, either temporarily or permanently, at any point in the judicial process from the point at which the accused is charged until adjudication, to allow the defendant to undergo mental health treatment.” Essentially, pre-trial jail diversion will allow mental health services treatment in lieu of trial and sentencing by a jury or judge for those who have been deemed to have a mental health illness, which significantly contributed to the act of the crime.

Senate Bill (SB) 317 authorized the ability for the court to suspend proceedings and grant diversion to individuals charged with misdemeanors who have been found incompetent to stand trial. Currently individuals that are found incompetent to stand trial are either referred to an out of county inpatient facility for restoration services or a Full-Service Partnership (FSP) within the DBH system of care for mental health services. With the passing of SB 317, IST individuals are more likely to be diverted to community based supports for both mental health and restoration services.

The Forensic Behavioral Health Continuum of Care (FBH-COC) will be comprised of an evidence-based, 2-tiered, outpatient, mental health and co-occurring SUD treatment and support services program specifically tailored to meet the unique needs of the target population. The benefit to the 2-tiered system will be the flexibility to move the individuals seamlessly from one level of care to another level of care based on clinical need – all under the same program.

The FBH-COC will include the following levels of care: Assertive Community Treatment (ACT), Full-Service Partnership (FSP), and Outpatient (OP).

CONTRACTOR shall include, at a minimum, the following services in all levels of care:

- Mental health treatment
- Substance use disorder treatment
- Medication support
- Case management
- Crisis intervention
- Housing support
- Peer support
- Criminal justice support

- Educational and vocational services
- Rehabilitative services
- Transportation services
- Assistance with child services
- Medi-Cal enrollment
- SSI or SSDI enrollment
- Anger management
- Faith-based support
- Food support
- Outreach and engagement

The FBH-COC is new program and involves many partners. Processes are being developed and are expected to change to improve service delivery. CONTRACTOR shall be flexible and is welcomed to propose improvements and communicate concerns to County's Department of Behavioral Health (DBH).

II. SERVICES START DATE

In the first 90 days, the CONTRACTOR will complete a series of tasks and deliverables that are outlined in the Training and Education Start-Up Timeline summarized below:

First 30 days- RECRUITMENT AND INFRASTRUCTURE ENHANCEMENTS

- Purchase infrastructure enhancements (e.g. laptops, equipment etc.).
- Post job openings and begin recruitment/staff orientation/staff credentialing by FCMHP.
- Begin to develop outreach materials.
- Begin filming web-based outreach training videos.

First 60 days- COORDINATE OUTREACH TRAININGS

- Finalize printed flyers in PDF format for hardcopy and/or electronic distribution.
- Continue filming web-based outreach training videos.
- Finalize individual referral processes.

First 90 days- ENGAGE COMMUNITY PARTNERS

- Distribute updated brochures reflecting program structure, services and referral process.
- Schedule in-person trainings with stakeholder groups to show training videos & answer questions.
- Begin conducting outreach trainings.

III. TARGET POPULATION

The program is designed to provide services to adults and older adults with criminogenic needs, including but not limited to individuals who qualify for AB 109 services, AB 1810 services, and those who have been declared Incompetent to Stand Trial (IST). The target population will include those who may have little to no criminogenic risk factors.. This proposal is intended to detail costs and services provided to 100 FSP/ACT persons served at any given time. The program will serve, at any given time, 20% at Tier I (ACT) and 80% at Tier II (FSP). The program will provide a range of services that will be tailored to each individual's needs for service type, intensity and duration.

The SAMHSA Risk-Needs-Responsivity (RNR) model identifies that this target population needs specialized treatment approaches that are dependent upon the needs/risk of each individual – both psychiatric and criminogenic. Persons served will therefore be assigned to one of three primary levels of care upon completion of the intake/assessment: ACT, FSP and OP. Within each level are additional sub-levels that specifically focus treatment on the achievement of competencies and milestones that form the building blocks to ensure that the individual gradually builds and maintains earned progress in treatment. In this way, treatment is continually meeting the individual where they are, and providing the necessary scaffolding to help them improve functioning and life satisfaction. It is expected that the majority of persons served will be at the OP level of care.

IV. LOCATION OF SERVICES

The program will be located in a safe, welcoming office setting, close to community resources and public transportation. Transportation will be provided by staff through the use of agency vehicles and individuals will be taught how to use public transportation and provided bus passes or tokens when appropriate, to further reduce barriers while providing them with a level of assistance that matches their functional ability. The offices are located at 3636 N. First Street, Suites 162 & 135, Fresno, CA 93726. The CONTRACTORS has housed multiple programs at this facility for several years, individuals have consistently affirmed that this location is easily accessible. Additionally, the majority of services are expected to be provided in the field, literally meeting the individuals where they are in the community.

Both suites are located in the same building complex, and both are currently site certified by the FCMHP to provide specialty mental health services to the AB109 FSP and OP populations. The ACT/FSP services are expected to be served in suite 162, and the OP services are to be provided in suite 135. The majority of services, however, are expected to be provided in the field, at locations that are most convenient for individuals. Telehealth services will be offered if preferred by the person served, or if there is a public health order to discontinue face to face services.

V. HOURS OF OPERATION

The ACT, FSP and OP programs maintain office hours of operation Monday through Friday from 8:00 a.m. to 5:00 p.m. Each individual will have a single point of responsibility through a Mental Health Specialist (MHS). The caseload of each MHS will be low enough to ensure their availability to the individual and family is appropriate to their service needs; they are able to provide intensive services and supports when needed, and they can give the individual and/or family member considerable personal attention. Other members of the team the individual and/or family members will have access to will include a program psychiatrist, a nurse, social workers and marriage and family therapists, and peer supports.

The ACT/FSP and OP programs also have 24/7 crisis availability. A trained staff member is prepared to respond to all crisis situations through rotating scheduled staff of the day (like officer of the day) during normal work hours and on-call coverage for after-hours. All on-call staff are mental health professionals and management staff. Updates on person served are readily updated to these staff members and they have full access to the HER to reference Plan of Care and recent intervention/medication support. These staff carry a cell phone and remain within 25 miles of the city to be able to respond to situations within one hour. Telephone interventions are utilized when sufficient to the purpose; however, staff provide face-to-face services to the extent necessary to

ensure individual safety and resolve the crisis. Emergency housing is available, and staff are trained to access crisis services if needed. Staff are trained that use of crisis services should be avoided if safely preventable, as the goals of the program are to reduce/eliminate use of these services. Staff coordinate care with crisis service workers and residential program staff and seek to return persons served to supported independence as quickly as is appropriate. Services include the ability of the MHS, or other team members known to the individual or family to respond to persons served and family members 24 hours a day, seven days a week. This level of accessibility for the individual and/or family helps to reduce and prevent negative outcomes for persons served including unnecessary hospitalizations, incarcerations, or evictions.

VI. DESCRIPTION OF SERVICES

The intended benefit of creating a program such as the FBH-COC with multiple tiers and levels of care is for maximum flexibility to move individuals seamlessly between levels, as clinically indicated. Most of the persons served will need ongoing, long-term treatment and support. The CONTRACTOR shall provide a level of service and support that will reflect each participant's unique and individual needs.

1. Behavioral Health

A. CONTRACTOR shall provide "core" services to all individuals in the program. Services will include are but are not limited to the following:

- i. Engagement;
- ii. Transportation Services;
- iii. Personal Needs (food, clothing, hygiene, etc.);
- iv. Social Activities;
- v. Access/linkage to Medical/doctor/Primary Care Physician (PCP);
- vi. Housing;
- vii. Life Skills Classes;
- viii. Ancillary Services;
- ix. Peer Support Services;
- x. Crisis Intervention Services;
- xi. Securing Legal Documents;
- xii. Entitlements/Benefits;
- xiii. Legal Assistance;
- xiv. Educational/Employment Support.

B. CONTRACTOR shall provide the following clinical services:

- i. Treatment Plan/Plan of Care;
- ii. Assessment;
- iii. Reaching Recovery Tools;
- iv. Pediatric Symptom Checklist (PSC) 35 and the Child and Adolescent Needs and Strengths (CANS) assessment;
- v. Individual Therapy;
- vi. Group Therapy;
- vii. Case Management;
- viii. Consultation;
- ix. Collateral;
- x. Breath/Saliva Testing;
- xi. Individual & Group SUD services;
- xii. Linkage to intensive Outpatient SUD services;
- xiii. Linkage to Withdrawal Management;

- xiv. Linkage to In-Patient Residential Services;
- xv. Linkage to Recovery Residence;
- xvi. Changing Offender Behavior (COB) Curriculum;
- xvii. Hospitalization/Post Hospitalization Support,
- xviii. Post Incarceration Support;
- xix. Homelessness Support.

C. CONTRACTOR will ensure that all services:

- i. Be values-driven, strengths based, individual-driven, and co-occurring capable;
- ii. Be culturally and linguistically competent;
- iii. Be age, culture, gender, and language appropriate;
- iv. Include accommodations for individuals with physical disability(ies);
- v. Include close and constant communication and collaboration between CONTRACTOR , the criminal justice system (including the Courts, Public Defender and Probation);
- vi. Include evidence-based practices (EBPs) appropriate for the target population.

D. Methods for service coordination and communication between program and other service providers shall be developed and implemented consistent with Fresno County Mental Health Plan (MHP) confidentiality rules.

E. CONTRACTOR shall maintain up to date caseload record of all individuals enrolled in services, and provide individual, programmatic, and other demographic information to DBH.

F. CONTRACTOR shall utilize the SAMHSA Risk-Needs-Responsivity (RNR) model to inform and determine level of intensity of CONTRACTOR supervision and the specific interventions that will be applied based on each individual's level of risk, criminogenic needs and capacity to respond effectively.

G. CONTRACTOR shall ensure billable specialty mental health services meet any/all County, State, Federal regulations including any utilization review and quality assurance standards, and provide all pertinent and appropriate information in a timely manner to DBH to bill Medi-Cal services rendered.

2. **Levels of Treatment**

A. **"Tier 1" – Assertive Community Treatment (ACT)**

- i. Many of the individuals will be released from jail and enter the FBH-COC at this level of care. Individuals eligible for this level of intervention may have been provided services at the level of in-patient psychiatric hospitalization however, due to diversion, will instead require a high-intensity, wrap-around services in the community. The ACT Evidence-Based Practice (EBP) is an individual-focused, community-based, time-unlimited model of delivering comprehensive and effective services to individuals such as this, who have needs not well met by traditional approaches to delivering services. Their needs are often complex with disorders that are often under-managed and further complicated by varying degrees of involvement with the criminal justice system. For the individuals with the greatest need, who are admitted to the FBH-COC at the ACT level of care, CONTRACTOR is committed to offering those individuals treatment that is consistent with the full fidelity ACT model.
- ii. CONTRACTOR shall ensure the following minimum staffing levels:
 - a. 10 individuals/clinician or fewer: The ACT team will maintain a low consumer to staff ratio in the range of 10:1 in order to ensure adequate intensity and individualization of services

- b. 90% or more individuals have face-to-face contact with more than staff member in 2 weeks: The entire team shares responsibility for each individual; each clinician contributes expertise as appropriate. The team approach ensures continuity of care for individuals, and creates a supportive organizational environment for practitioners.
 - c. ACT Team will meet at least 4 days/week and reviews each individual each time, even if only briefly: Daily team meetings allow ACT practitioners to discuss individuals, solve problems, and plan treatment and rehabilitation efforts, ensuring all individuals receive optimal service.
 - d. Supervisor provides services at least 50% of the time: Research has shown this factor was among the five most strongly related to better outcomes. Team leaders who also have direct clinical contact are better able to model appropriate clinical interventions and remain in touch with the individual served by the team.
 - e. Less than 20% turnover in 2 years: Whenever possible, the CONTRACTOR will strive to maintain a consistent staffing team to enhance team cohesion; additionally, consistent staffing enhances the therapeutic relationships between individuals and providers.
 - f. ACT Team will operate at 95% or more of full staffing over each 12 month period: Whenever possible, we strive to maintain consistent, multidisciplinary services with minimal position vacancies.
 - g. A psychiatric prescriber is assigned directly to the ACT Team: The psychiatrist/psychiatric prescriber serves as medical director for the team; in addition to medication monitoring, the psychiatrist/psychiatric prescriber functions as a fully integrated team member, participating in treatment planning and rehabilitation efforts.
 - h. Two full-time nurses or more are members for the ACT Team: The full-time nursing staff has been found to be a critical ingredient in successful ACT Teams. The nurses function as full members of the team, which includes conducting home visits, treatment planning, and daily team meetings. Nurses can help monitor needed medications and serve to educate the team about important medication issues.
 - i. Staff with Substance Use Disorder (SUD) training or supervised SUD experience: Concurrent substance use disorders are common in persons with severe mental illness. Appropriate assessment and intervention strategies are critical.
 - j. Two FTEs or more with 1 year educational/employment rehabilitation training or supervised VR experience: ACT teams emphasize skill development and support in natural settings. Fully integrated ACT teams include vocational services that enable individuals to find and keep jobs in integrated work settings.
 - k. ACT Team will maintain appropriate staff-to-individual ratio: The ACT team provides an integrated approach to mental health services, through which the range of treatment issues are addressed from a variety of perspectives; it is critical to maintain adequate staff size and disciplinary background in order to provide comprehensive, individualized service and adequate access/coverage to each individual.
- iii. CONTRACTOR shall ensure that its ACT Team:
- a. Actively recruits a defined population and all cases comply with explicit admission criteria. ACT is best suited to individuals who do not effectively use less intensive mental health services.
 - b. Provides 24-hour coverage: An immediate response can help minimize distress when persons with severe mental illness are faced with crisis. When the ACT team provides crisis intervention, continuity of care is maintained. Non-crisis services are available after hours as appropriate.

- c. Will be involved in 95% or more hospital admissions. More appropriate use of psychiatric hospitalization occurs, and continuity of care is maintained, when the ACT Team is involved with psychiatric hospitalizations.
- d. Is jointly involved in the planning of 95% or more of hospital discharges of individuals served. Ongoing participation of the ACT Team during an individual's hospitalization and discharge planning allows the team to help maintain community supports (e.g., housing), and continuity of service.
- e. Serves individuals on a time-unlimited basis, with fewer than 5% graduating annually: Individuals often regress when they are terminated from short-term ACT Teams. Time-unlimited services encourage the development of stable, ongoing therapeutic relationships.
- f. Provides 80% or more of total face-to-face contacts in the community: Contacts in natural settings (i.e., where individuals live, work, and interact with other people) are thought to be more effective than when they occur in hospital or office settings, as skills may not transfer well to natural settings. Furthermore, more accurate assessment of the person served can occur in his or her community setting because the clinician can make direct observations rather than relying on self-report. Medication delivery, crisis intervention, and networking are more easily accomplished through home visits.
- g. Retains 95% or more of caseload over a 12-month period: Outreach efforts, both initially and after an individual is enrolled on an ACT team, help build relationships and ensure individuals receive ongoing services.
- h. Will demonstrate consistently well-thought-out strategies and use street outreach and legal mechanisms whenever appropriate: Individuals are not immediately discharged from the ACT Team due to failure to keep appointments. Retention of persons served is a high priority for ACT teams. Persistent, caring attempts to engage individuals in treatment helps foster a trusting relationship between the person served and the ACT team. Assertive outreach is considered a critical feature of the ACT team.
- i. Provides an average of 2 hours/week or more of face-to-face contact per individual: In order to help individuals with severe and persistent symptoms maintain and improve their function within the community, high service intensity is often required.
- j. Provides an average of 4 or more face-to-face contacts per week per individual: ACT Teams are highly invested in their individuals, and maintain frequent contact in order to provide ongoing, responsive support as needed. Frequent contacts are associated with improved outcomes.
- k. Provides four or more contacts per month per individual with support system in the community: Developing and maintaining community support further enhances individual's integration and functioning.
- l. Provides individuals with substance use disorders spend, on average, 24 minutes/week or more in formal substance abuse treatment (as determined by medical necessity): substance use disorders often occur concurrently in persons with SMI; these co-occurring disorders require treatment that directly addresses them.
- m. Encourages 50% or more of the individuals with substance use disorders attend at least one substance abuse treatment group meeting during a month (as determined by medical necessity): Group treatment has been shown to positively influence recovery for persons with dual disorders (DD).
- n. Is fully based in DD treatment principles (stage-wise treatment model that is non- confrontational, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence), with treatment provided by ACT Team staff: The DD model attends

to the concerns of both SMI and substance abuse for maximum opportunity for recovery and symptom management.

- o. Has peer support staff that are employed full-time: Some research has concluded that including persons served as staff on case management teams improves the practice culture, making it more attuned to consumer perspectives.
- p. Provides an Integrated Approach: Individuals benefit when services are integrated into a single team, rather than when they are referred to many different service providers. Furthermore, an integrated approach allows services to be tailored to each individual.

B. “Tier 2” – Full Service Partnership (FSP)

- i. Service Approach:
 - a. CONTRACTOR shall include the use of innovative approaches resulting in increased access to services and encouraging and assisting individuals in transition towards growth, stability, wellness, recovery and self-sufficiency.
 - b. CONTRACTOR shall deliver services with a focus of “meeting the individuals where they are” utilizing a “whatever it takes” approach.
 - c. CONTRACTOR shall utilize a peer to peer support network that includes hiring recovering individuals/family members of recovering individuals. Staff shall employ harm reduction in philosophy and motivational interviewing techniques and principles. Peer counselors shall be equal partners in the multi-disciplinary team and play a critical role in developing the recovery culture and person-centered focus of the team. The team will provide peer recovery and self-help services and use resources such as Wellness Recovery Action Plans (WRAP); the UCLA Program for Social and Independent Living Skills; Trauma Recovery and Empowerment Model (TREM); and a module for living cooperatively with roommates and housemates in group residential settings.
 - d. CONTRACTOR shall abide by the FSP Service Delivery Model and the FSP Objectives and Performance Measures.
- ii. CONTRACTOR shall ensure the following minimum staffing levels:
 - a. FSP services will be provided by a multi-disciplinary team.
 - b. CONTRACTOR shall assign a Personal Service Coordinator (PSC) to each individual who will act as a “single point of responsibility” within the ACT Team for coordination services and supports. The PSC will be readily available to the individual and family as needed and will be culturally competent and know the community resources of the individual’s racial/ethnic community.
 - c. A low person served to staff ratio:
 - (i) 12:1
- iii. CONTRACTOR shall ensure the following availability of services:
 - a. CONTRACTOR’s PSC staff shall be available to provide crisis assessment and intervention twenty-four hours per day, seven days per week throughout the year, including telephone and face-to-face contact as needed. There shall be no barrier to access crisis services based solely on active substance use. Response to crisis shall be rapid and flexible. The vendor shall collaborate with facilities and designated COUNTY staff to provide emergency placement should crisis housing, short-term care and inpatient treatment (voluntary or involuntary) be needed. CONTRACTOR’s staff shall provide support to the maximum extent possible, including accompanying the individual to the facility, performing a face to face visit if admitted to crisis facility and remaining with the individual during the assessment. As soon as

- possible CONTRACTOR staff shall begin the process of planning for discharge and return to the community.
- b. Case management services will be available twenty-four hours per day, seven days a week throughout the year.
- iv. CONTRACTOR shall ensure that its FSP Team services:
- a. "Core" services referenced on page 4, section VI "Description of Services will be provided by the multi-disciplinary team.
 - b. The PSC will work closely with the individual to develop an Integrated Services and Supports Plan (ISSP). The ISSP will provide a map of steps the individual identifies as necessary to move along their recovery path. The ISSP will operationalize the fundamental concepts of individual/family directedness, wellness/recovery/ resiliency focus, community collaboration, integrated service experience, and cultural competency
 - c. In conjunction with the multi-disciplinary team, the PSC will coordinate linkages to all of the services or benefits that have been defined by the individual/family and the multi-disciplinary team, and which will be delivered by community partners in the full-service partnership.
- v. CONTRACTOR shall ensure the following frequency of services:
- a. CONTRACTOR shall offer the full array of services and supports, including a minimum of three (3) face to face contacts per week or as clinically appropriate.

C. "Tier 3" – Outpatient (OP)

- i. Service Approach:
 - a. Each individual will be provided integrated dual treatment for both Mild to Moderate as well as Severe Mental Illness (SMI) and Substance Use Disorder (SUD) diagnoses being addressed as the primary focus of clinical attention. However, to assess, conceptualize and identify treatment strategies for an individual, assessment of symptoms and impairments specific to an individual's SUD helps the treatment team employ targeted interventions that are evidence-based and proven effective for those specific issues. SUD diagnosis-specific services are also culturally/linguistically competent, values-driven, and focused on restoring the dignity of every person. SUD services will be based on the individual's stage of change and based in harm reduction theory in order to help individuals reduce barriers to treatment. The role of the Turning Point FBH-COC staff will be to help the individual achieve measurable goals towards sobriety, stability and physical health with the use of coping skills and peer support.
- ii. CONTRACTOR shall ensure that the following OP services meet Drug Medi-Cal - Organized Delivery System (DMC-ODS) and Mental Health Plan (MHP) provider manual requirements:
 - a. Intake Services;
 - b. Breath/Urine testing;
 - c. Treatment Plan/POC/Update;
 - d. Individual therapy;
 - e. Group therapy;
 - f. Case Management;
 - g. Collateral;
 - h. Consultation;
 - i. Linkage to Recovery Residences;
 - j. Contingency Management (pending completion and evaluation of DHCS contingency management pilot; and
 - k. Recovery Services.

- iii. CONTRACTOR shall ensure the following linkages to services as needed:
 - a. Withdrawal Management;
 - b. In-Patient Residential Treatment Services;
 - c. Recovery Homes; and
 - d. Medication Assisted Treatment (MAT).
- iv. Availability of Services:
 - a. CONTRACTOR shall make available outpatient services eight (8) hours a day, five (5) days a week.
- v. CONTRACTOR shall ensure the following frequency of services:
 - a. Frequency of services will be provided as clinically indicated.

3. Housing

Housing services are vital to provide stability, reduce hospital/jail visits, and allow for recovery and the building of resiliency. Individuals living with severe mental illnesses can successfully live in and maintain housing with frequent, consistent team contact and support. With this in mind, the CONTRACTOR shall offer linkages and financial assistance for a variety of housing options for persons served including crisis housing, transitional or low-barrier housing, recovery residence, residential drug treatment, board and care homes, and room and board homes. Because the FBH-COC population is known to experience many barriers to securing and maintaining housing, the CONTRACTOR provides specialty training to mitigate some of the barriers and to individually support the persons served with obtaining the least restrictive housing option appropriate for the individual.

Housing support needs to match the individual's unique needs at a particular point in time. Housing options range based on individual's level of need with the goal of supporting the individual to achieve the highest level of independence possible for them individually. FBH-COC persons served who are parenting children are offered opportunities and options for appropriate housing as well. Mental Health Service Act (MHSA) program funds are used to subsidize a variety of housing needs for including emergency housing, rental payments, deposits, utilities, and the purchase of household goods. The program staff may accompany the individual to meet with landlords or housing managers to support and advocate as needed. Program staff educate persons served about expectations of tenancy, lease/rental agreement requirements, and the importance of remaining courteous of other tenants. Staff regularly visits the housing environment to ensure it is appropriate to individual needs. Staff work to help persons served eliminate any problems before an eviction or other negative consequence arises.

The ACT team initially assists persons served with obtaining assistance with rent and utilities as a part of developing a long-term plan for sustainable independence. Persons served are assisted with determining eligibility and completing application processes for housing subsidies. As many individuals may initially require room and board or board and care level housing while they stabilize, the FBH-COC program will rely on relationships that have been developed between room and board operators and board and care operators who work solely with the FSP population in other Turning Point programs and are willing to be patient in working with the unique set of challenges tied to housing individuals in these difficult stages of recovery. Step up and permanent housing options are facilitated through the use of community partners such as Falcon Court, STASIS housing, The Californian apartments, or privately leased apartments. FSP individuals often have difficulty maintaining housing, therefore the CONTRACTOR offers and pursues housing options to overcome barriers experienced by persons served. The goal is for each individual to be able to maintain safe and sustainable housing at the individual's highest level of independence.

4. Discharge Planning

Before active program participation is concluded and prior to an approved discharge from the program; program staff will meet with the individual to develop an individualized strategy that will assist the individual in maintaining a continued alcohol and drug free lifestyle. This meeting with the individual must be completed in 30 days prior to the last face to face treatment session by the counselor. The discharge planning process will include individual's recovery plan, which the individual will need to identify their relapse triggers, explain how each trigger could cause them to relapse, then identify their plan to avoid those relapse when confronted by each of the trigger. Individual will also need to generate a support plan that includes a list of individuals and/or organizations and activities that can provide support and assistance for individual to maintain sobriety. Individual and counselor must review the discharge plan; both must sign and date the discharge plan. After individual and counselor have signed it, then the physician must review, sign, date, and approve the discharge plan. Once the individual, counselor, and physician had signed and dated the discharge plan, a copy is given to the individual. Discharge planning will no longer be dictated by the probation term, it will focus on medical necessity to determine when appropriately necessary.

5. Collaboration with Probation

The CONTRACTOR shall collaborate with the Fresno County Probation Department (the "Probation Department") to provide screenings on-site at the AB 109 office to individuals who may need MH and/or SUD services. Individuals who are screened to need services are to be referred to the appropriate level of care for services. The CONTRACTOR shall also make arrangements to provide assessments to EOP individuals outside of regular business hours as needed.

The CONTRACTOR shall participate with the Probation Department in Pre-Release Coordinated Clinical Assessment Team (CCAT) teleconferences to discuss EOP incarcerated individual's case prior to release. This is most helpful as it is often the only time that there is direct access to California Department of Corrections and Rehabilitation (CDCR) doctors and clinicians to ask questions related to an EOP incarcerated individual. These teleconferences are done during regular business hours.

6. Collaboration with Court Services

All individuals who are placed in the FBH-COC will have intermittent requirements to report back to the collaborative treatment courts regarding the individual's progress. The CONTRACTOR shall identify an individual who will communicate and coordinate with court services and/or law enforcement, as needed. The CONTRACTOR shall work with court partners to create and use a standardized form for court reporting. Court reporting should be completed in a timely fashion and be submitted to the court a minimum of 48 hours in advance of the next scheduled court hearing.

The CONTRACTOR will need to be able to provide court attendance assistance to participants by hosting them in their office for Virtual Court sessions or helping the individual arrange transportation to hearings as necessary.

The CONTRACTOR shall designate staff to attend specialty treatment court hearings, including but not limited to Mental Health Diversion (MHD) Court and Mental Health Incompetent to Stand Trial (MHIST) Court. Staff will attend hearings on a frequency to be determined by DBH.

7. Other Collaborative Relationships

The CONTRACTOR shall establish and maintain collaborative relationships with agencies and individuals who have frequent contact with hospitalized, homeless, or incarcerated adults. Examples of collaborative relationships include but are not limited to local law enforcement agencies, Veterans Administration, Marjorie Mason Center, Fresno County Human Services Departments, Faith Organization, acute psychiatric facilities, schools, community centers, etc. Letters of introduction, including a description of services and how to contact the FBH-COC program shall be distributed to potential community partners. There may be a need for a Memorandum of Understanding (MOU) or Data Use Agreement between the CONTRACTOR and one or more of the community partners if data is to be shared and collected. HIPAA regulations must always be considered and adhered to when discussing protected health information (PHI) with another agency.

At some point during the resulting contract, there may be an increased need for collaborative efforts initiated with other County Departments (such as the Public Defender ["PD"], District Attorney ["DA"], Sheriff-Coroner ["Sheriff"], Probation Department, Social Services, etc.) that will require full cooperation by the CONTRACTOR.

The CONTRACTOR shall be willing to provide information on the program services through trainings and infographics to our community and criminal justice partners (PD, DA, Sheriff, Probation, Jail, Social Services, etc.)

8. County Responsibilities

- A. Provide oversight and collaborate with CONTRACTOR 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 not limited to, coordination with the Department of Health Care Services (DHCS) in regard to program administration and outcomes.
- B. Assist CONTRACTOR in making linkages to the appropriate level of care within the behavioral health system of care to ensure continuity of care. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
- C. Participate in evaluating the progress of the overall program and the efficiency of collaboration with the CONTRACTOR staff and will be available to CONTRACTOR for ongoing consultation.
- D. Receive and analyze statistical outcome data from CONTRACTOR throughout the term of contract on a monthly basis. DBH will notify the CONTRACTOR when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, individual and staff interviews, chart reviews, and other methods of obtaining required information.
- E. 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 CONTRACTOR's efforts towards cultural and linguistic competency, County shall provide the following at no cost to CONTRACTOR:

- i. Mandatory cultural competency training including sexual orientation and sensitivity training for CONTRACTOR 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), if CONTRACTOR does not have a similar training in place. 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.
- ii. Assistance to CONTRACTOR in locating appropriate providers who can translate behavioral health and substance abuse services information into County's threshold languages (English, Spanish, and Hmong). Translation services and costs associated will be the responsibility of the CONTRACTOR.

VII. STAFFING

CONTRACTOR shall provide a staffing plan that is clear and concise and allows for full implementation of all services described in the program. Staff shall be qualified in education, experience, clinical, and cultural competencies according to DMC-ODS and MHP provider manual requirements. Staffing pattern shall include Addiction Specialists, Psychiatrists and Nurses, Housing Specialists, Employment Specialists, Personal Service Coordinators, Peer Support Specialists and Outreach and Engagement Coordinators.

CONTRACTOR shall maintain staffing levels adequate in relation to the number of open individual cases at any given point to ensure quality service that meets the requirements of the program.

CONTRACTOR shall provide robust, comprehensive and ongoing training and mentoring to staff in evidence-based practices (EBP) of the program to ensure fidelity and to build competency and expertise of their staff. In addition to EBPs, CONTRACTOR shall provide training to on co-occurring and trauma informed practice.

CONTRACTOR shall demonstrate staff proficiency (training and certification) in suicide and crisis intervention procedures and other training subjects that would benefits the individuals in their wellness goals.

CONTRACTOR shall ensure clinical supervisor(s) will oversee the work of the clinicians, including approving documentation and claiming in the electronic medical records as required. The clinical supervisor(s) shall be able to provide Board of Behavioral Sciences (BBS) supervision.

All staff, who provide direct care or perform coding/billing functions, must meet the requirements of the Fresno County Mental Health Plan (FCMHP) Compliance Program. This includes the screening for excluded persons and entities by accessing or querying the applicable licensing board(s), the National Provide Data Bank (NPDB), Office of Inspector General's List of Excluded Individuals/Entities (LEIE), Excluded Parties List System (EPLS) and Medi-Cal Suspended and Ineligible List prior to hire and monthly thereafter. In addition, all licensed/registered/waivered staff must complete a FCMHP Provider Application and be credentialed by the FCMHP's Credentialing Committee. All licensed staff shall have Department of Justice (DOJ), Federal Bureau of Investigation (FBI), and Sherriff fingerprinting (Live scan) executed.

VIII. PEER SUPPORT RESOURCES

The CONTRACTOR recognizes the value of the use of individual directed peer-to-peer support networks. As part of an individual's recovery, a variety of peer activities are made available for persons served. FBH-COC will employ peer support staff who have lived mental health /criminal justice involvement/substance use disorder experience and has a heart to give back as part of the FBH-COC treatment team. Individuals often struggle in social situations and having peer-run activities is a way to have persons served begin to interact in a social situation. Individuals are encouraged to participate in existing peer support programs in the community and FBH-COC will sponsor peer support activities facilitated by the Peer Support Specialist at the program site as well. Peer support services are promoted in a manner that encourages individual responsibility and participation in their own recovery and seeks to assist individuals in understanding and combating stigmatization including their own self-imposed stigma. Staff will continue to assist individuals to develop their own program-based formal and informal support groups.

This approach to treatment provides vital opportunities to engage in pro-social activities while establishing hope, dignity, and engagement. The Turning Point FBH-COC program will cultivate an active peer led leadership team that allows opportunity for persons served to build leadership skills in planning and promoting monthly program events for other persons served. The leadership team role will instill a sense of purpose for individuals as they volunteer to be greeters, introduce new individuals to the program, and hold peers accountable to engage in respectful behavior.

IX. AVERAGE CLIENT LENGTH OF STAY

Individuals will remain in the ACT program for as long as clinically necessary. ACT Teams will decrease the intensity of services to individuals who are experiencing progress, but should maintain enough contact so that if circumstances change – they can step in quickly to avoid symptoms from worsening and prevent minor problems from decompensating into crisis. Individuals are able to remain in the FBH-COC as long as services are clinically justified. When services for those individuals with a length of stay longer than the maximum 24-month period under AB 1810 pre-trial jail diversion, they will be allowed to continue receiving treatment until it is no longer clinically necessary. DBH may require treatment reauthorization every 60 days for individuals who have completed their pre-trial probation term or AB1810 diversion term if the program is at capacity and unable to accept new referrals from the Court or Probation.

X. REPORTING

CONTRACTOR shall comply with the following reporting requirements:

1. AB 109 Reporting:
 - A. Quarterly Program Statistics;
 - B. Fiscal Reporting, including monthly invoicing; and
 - C. CONTRACTOR shall complete all reports mandated by the CCP.
2. MHSA Reporting
 - A. Demographics to be collected must include the following data points:
 - i. Age
 - ii. Race
 - iii. Ethnicity
 - iv. Primary Language

- v. Gender Identification at Present
 - vi. Gender assigned at birth
 - vii. Sexual Orientation
 - viii. Veteran Status
 - ix. Any Disabilities
 - x. Note: Support services for each participant need to be documented in the participants chart and be related to their wellness plan.
 - xi. All expense for support services need to be documented, and included in the chart, and be justified by the wellness plan. All providers do need to provide a cost per individual served for support services.
3. FSP/ACT Reporting
- A. CONTRACTOR shall complete quarterly reports, as mandated by the State for FSPs and ACTs under CCR Title 9, sections 3620.10 and 3530.90. Reports shall be made directly into the Data Collection and Reporting (DCR) system.
4. CSI Reporting
- A. CONTRACTOR shall work with DBH to capture and enter all Client Service Information (CSI), admission data, and billing information into DBH's data system for the purposes of effective care coordination and State reporting. CONTRACTOR shall provide all necessary data to allow DBH to capture all CSI data for services provided and to meet all State and Federal reporting requirements. Methods of providing such information include, but are not limited to, the following:
 - i. Direct data entry in DBH's electronic information system; or
 - ii. Provide an electronic file compatible with DBH's electronic information system.
5. CONTRACTOR shall comply with all reporting requests made by DBH. Reporting requirements are subject to change as the program develops.

XI. 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 FBHP is in alignment with MHPA 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.

Assertive Community Treatment

1. Effectiveness-

a. Psychiatric Hospitalization

Hospitalization refers to any hospital admission captured in Fresno County's electronic health record, Avatar. Data may be entered by any hospital that utilizes Avatar including Exodus PHF, Community Behavioral Health Center (CBHC), and Kaweah Delta Psychiatric Hospital.

- i. Objective: To prevent and minimize the total number of individuals and days spent in a psychiatric hospital post incarceration.
- ii. Indicator: Percentage of individuals enrolled in FSP services that experienced no psychiatric hospitalizations post incarceration, and the total number of individuals and days hospitalized post incarceration.
- iii. Who Applied: ACT individuals served by the program for a minimum of one year.
- iv. Time of Measure: Fiscal Year
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of psychiatric hospitalization post enrollment.

b. Incarcerations

Incarceration refers to individuals confined in a jail or prison setting.

- i. Indicator: A reduction of the number of individuals experiencing arrests, the frequency of arrests, and the numbers of days spent incarcerated compared to pre-enrollment.
- ii. Who Applied: ACT individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: To reduce the total number of individuals arrested, the frequency of arrests, and the total number of days incarcerated.

c. Homelessness

Homelessness refers to individuals without a place to live, who are living in a place not meant for human habitation, or who are living in an emergency shelter.

- i. Indicator: Percentage of individuals that experienced no episodes of homelessness and the total number of days spent homeless compared to pre-enrollment.
- ii. Who Applied: ACT individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of homelessness. The total number of days spent

homeless will be reduced when compared to 12 months prior to program enrollment.

d. Medical Hospitalizations

Medical hospitalization refers to individuals who frequently require hospitalization at a local hospital or emergency department as a result of chronic or untreated physical health related conditions.

- i. Indicator: Percentage of individuals that experienced no episodes of medical hospitalizations or ED admissions, and total number of days spent in a hospital or ED setting compared to pre-enrollment.
- ii. Who Applied: ACT individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of medical hospitalizations or ED admissions. The total number of days admitted in a medical hospital or ED will be reduced when compared to 12 months prior to program enrollment.

e. Participation in Educational Settings

Educational setting refers to any learning environment or institution that offers educational services and curriculum according to specific objectives. Examples may include adult schools, vocational schools, community colleges, universities, and high schools.

- i. Indicator: Annual percentage of program individuals enrolled in educational settings.
- ii. Who Applied: ACT individuals served by the program enrolled in educational settings.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: To have a minimum of 15% of ACT individuals enrolled in educational settings annually.

f. Participation in Employment or Volunteerism

Employment refers to work environments where individuals are paid competitive wages in exchange for job related activities performed. Volunteerism refers to environments where persons served are willingly provide services or complete tasks without any expectation of financial compensation, but may gain work experience and job related skills.

- i. Indicator: Annual percentage of individuals engaged in employment or volunteer activities.
- ii. Who Applied: ACT individuals served by the program and that participated in employment or volunteer activities.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: To have a minimum of 15% of ACT individuals participate in employment or volunteer activities annually.

g. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory

The First Street Center-FSP program implemented the use of Reaching Recovery tools in October of 2016. Reaching Recovery is a tool that was developed by the Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, ACT began to utilize several tools designed to measure

recovery for FSP level individuals: the Recovery Needs Level Marker, Consumer Recovery Measure, and the Recovery Marker Inventory.

Recovery Needs Level (RNL)

- i. Indicator: Recovery Needs Level (RNL) records the status of observed needs across 17 domains. RNL scores are compared at 6 month intervals to show trends of recovery through time. Reduced scores indicate positive recovery growth and movement towards reduced levels of service.
- ii. Who Applied: ACT individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar Electronic Health Record
- v. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services realize positive recovery growth and a minimum of 25% transition to lower levels of service.

Recovery Marker Inventory (RMI)

- i. Indicator: Recovery Marker Inventory (RMI) A practitioner's rating of the individual's recovery on 8 objective factors associated with recovery: employment, education, active growth, level of symptom management, participation in services, housing. RMI scores are compared at quarterly intervals to show trends of recovery through time. Increased scores indicate positive recovery growth.
- ii. Who Applied: ACT individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar Electronic Health Record
- v. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services realize positive RMI recovery growth trends.

Consumer Recovery Measure (CRM)

- i. Indicator: Consumer Recovery Measure (CRM) A quarterly rating of an individual's perception of recovery across 5 dimensions: hope, symptom management, personal sense of safety, active growth orientation, satisfaction with social networks. Increased scores indicate positive recovery growth from the individual's perspective.
- ii. Who Applied: ACT individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar Electronic Health Record
- v. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services perceive positive recovery growth trends.

2. Efficiency-

a. Cost per Individual Served

Costs include all staffing and overhead costs associated with operation of the program.

- i. Indicator: Total program costs compared to number of unique AB 109 individuals served.
- ii. Who Applied: ACT individuals served by the program in Fiscal Year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar and Financial Records
- v. Target Goal Expectancy: To keep within budgeted costs for the program.

3. Access-

a. Length of time from referral to first contact

- i. Indicator: Percentage of individuals that received first contact attempts within 7 business days of the referral date.
- ii. Who Applied: Individuals referred to the program.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar
- v. Target Goal Expectancy: 70% of individuals will attempt to be contacted within 7 business days of the referral date.
- vi. Outcome: The average wait time from referral to first contact was 1 day. 98% of individuals were contacted within 7 days of the referral date.

b. Length of time from first contact to first assessment appointment offered

- i. Indicator: Percentage of individuals offered their first assessment appointment within 10 business days of the first contact date.
- ii. Who Applied: Individuals referred to the program and offered an assessment appointment.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar Access Form
- v. Target Goal Expectancy: 70% of individuals will be offered their first assessment appointment within 10 business days of the first contact date.

C. Length of time from assessment to first psychiatry appointment offered

- i. Indicator: Percentage of individuals offered their first psychiatry appointment within 15 business days of their assessment date.
- ii. Who Applied: Individuals assessed and enrolled into program services
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar Referral Form
- v. Target Goal Expectancy: 70% of individuals will be offered their first psychiatry appointment date within 15 business days of their assessment date.

4. Satisfaction & Feedback of Persons Served & Stakeholders-

a. Consumer Perception Survey

Consumer Perception Surveys (CPS) are conducted every six months over a one week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys which are available to individuals served and family members at County and contracted provider organizations.

- i. Indicator: Average percent of individuals served who complete the survey and response was 'Agree' or 'Strongly Agree' for the following domains: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Treatment Participation, Perception of Outcomes of Services, Perception of Functioning, and Perception of Social Connectedness.
- ii. Who Applied: Persons served who completed the survey in November of 2019 for the program.
- iii. Time of Measure: The survey was conducted in November of 2019.
- iv. Data Source: Consumer Perception Survey data
- v. Target Goal Expectancy: More than 50% of individuals served will respond that they are satisfied with the services they received

Full Service Partnership

1. Effectiveness-

a. Psychiatric Hospitalization

Hospitalization refers to any hospital admission captured in Fresno County's electronic health record, Avatar. Data may be entered by any hospital that utilizes Avatar including Exodus PHF, Community Behavioral Health Center (CBHC), and Kaweah Delta Psychiatric Hospital.

- i. Indicator: Percentage of individuals enrolled in FSP services that experienced no psychiatric hospitalizations post incarceration, and the total number of individuals and days hospitalized post incarceration.
- ii. Who Applied: FSP individuals served by the program for a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of psychiatric hospitalization post enrollment.

b. Incarcerations

Incarceration refers to individuals confined in a jail or prison setting.

- i. Indicator: A reduction of the number of individuals experiencing arrests, the frequency of arrests, and the numbers of days spent incarcerated compared to pre-enrollment.
- ii. Who Applied: FSP individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: To reduce the total number of individuals arrested, the frequency of arrests, and the total number of days incarcerated.

c. Homelessness

Homelessness refers to individuals without a place to live, who are living in a place not meant for human habitation, or who are living in an emergency shelter.

- i. Indicator: Percentage of individuals that experienced no episodes of homelessness and the total number of days spent homeless compared to pre-enrollment.
- ii. Who Applied: FSP individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of homelessness. The total number of days spent homeless will be reduced when compared to 12 months prior to program enrollment.

d. Medical Hospitalizations

Medical hospitalization refers to individuals who frequently require hospitalization at a local hospital or emergency department as a result of chronic or untreated physical health related conditions.

- i. Indicator: Percentage of individuals that experienced no episodes of medical hospitalizations or ED admissions, and total number of days spent in a hospital or ED setting compared to pre-enrollment.
- ii. Who Applied: FSP individuals served by the program a minimum of one year.

- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of medical hospitalizations or ED admissions. The total number of days admitted in a medical hospital or ED will be reduced when compared to 12 months prior to program enrollment.

e. Participation in Educational Settings

Educational setting refers to any learning environment or institution that offers educational services and curriculum according to specific objectives. Examples may include adult schools, vocational schools, community colleges, universities, and high schools.

- i. Indicator: Annual percentage of program individuals enrolled in educational settings.
- ii. Who Applied: FSP individuals served by the program enrolled in educational settings.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: To have a minimum of 15% of FSP individuals enrolled in educational settings annually.

f. Participation in Employment or Volunteerism

Employment refers to work environments where individuals are paid competitive wages in exchange for job related activities performed. Volunteerism refers to environments where persons served are willingly provide services or complete tasks without any expectation of financial compensation, but may gain work experience and job related skills.

- i. Indicator: Annual percentage of individuals engaged in employment or volunteer activities.
- ii. Who Applied: FSP individuals served by the program and that participated in employment or volunteer activities.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: DCR/ITWS State database.
- v. Target Goal Expectancy: To have a minimum of 15% of FSP individuals participate in employment or volunteer activities annually.

g. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory

The First Street Center-FSP program implemented the use of Reaching Recovery tools in October of 2016. Reaching Recovery is a tool that was developed by the Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, FSP began to utilize several tools designed to measure recovery for FSP level individuals: the Recovery Needs Level Marker, Consumer Recovery Measure, and the Recovery Marker Inventory.

Recovery Needs Level (RNL)

- i. Indicator: Recovery Needs Level (RNL) records the status of observed needs across 17 domains. RNL scores are compared at 6 month intervals to show trends of recovery through time. Reduced scores indicate positive recovery growth and movement towards reduced levels of service.
- ii. Who Applied: FSP individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar Electronic Health Record

- v. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services realize positive recovery growth and a minimum of 25% transition to lower levels of service.

Recovery Marker Inventory (RMI)

- i. Indicator: Recovery Marker Inventory (RMI) A practitioner's rating of the individual's recovery on 8 objective factors associated with recovery: employment, education, active growth, level of symptom management, participation in services, housing. RMI scores are compared at quarterly intervals to show trends of recovery through time. Increased scores indicate positive recovery growth.
- ii. Who Applied: FSP individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar Electronic Health Record
- v. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services realize positive RMI recovery growth trends.

Consumer Recovery Measure (CRM)

- i. Indicator: Consumer Recovery Measure (CRM) A quarterly rating of an individual's perception of recovery across 5 dimensions: hope, symptom management, personal sense of safety, active growth orientation, satisfaction with social networks. Increased scores indicate positive recovery growth from the individual's perspective.
- ii. Who Applied: FSP individuals served by the program a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar Electronic Health Record
- v. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services perceive positive recovery growth trends.

2. Efficiency-

a. Cost per Individual Served

Costs include all staffing and overhead costs associated with operation of the program.

- i. Indicator: Total program costs compared to number of unique AB 109 individuals served.
- ii. Who Applied: FSP individuals served by the program in Fiscal Year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar and Financial Records
- v. Target Goal Expectancy: To keep within departmental budgeted costs for the program.

3. Access-

a. Length of time from referral to first contact

- vii. Indicator: Percentage of individuals that received first contact attempts within 7 business days of the referral date.
- viii. Who Applied: Individuals referred to the program.
- ix. Time of Measure: Fiscal Year
- x. Data Source: Avatar
- xi. Target Goal Expectancy: 70% of individuals will attempt to be contacted within 7 business days of the referral date.
- xii. Outcome: The average wait time from referral to first contact was 1 day. 98% of individuals were contacted within 7 days of the referral date.

b. Length of time from first contact to first assessment appointment offered

- vi. Indicator: Percentage of individuals offered their first assessment appointment within 10 business days of the first contact date.
- vii. Who Applied: Individuals referred to the program and offered an assessment appointment.
- viii. Time of Measure: Fiscal Year
- ix. Data Source: Avatar Access Form
- x. Target Goal Expectancy: 70% of individuals will be offered their first assessment appointment within 10 business days of the first contact date.

C. Length of time from assessment to first psychiatry appointment offered

- vi. Indicator: Percentage of individuals offered their first psychiatry appointment within 15 business days of their assessment date.
- vii. Who Applied: Individuals assessed and enrolled into program services
- viii. Time of Measure: Fiscal Year
- ix. Data Source: Avatar Referral Form
- x. Target Goal Expectancy: 70% of individuals will be offered their first psychiatry appointment date within 15 business days of their assessment date.

4. Satisfaction & Feedback of Persons Served & Stakeholders-

a. Consumer Perception Survey

Consumer Perception Surveys (CPS) are conducted every six months over a one week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys which are available to individuals served and family members at County and contracted provider organizations.

- i. Indicator: Average percent of individuals served who complete the survey and response was 'Agree' or 'Strongly Agree' for the following domains: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Treatment Participation, Perception of Outcomes of Services, Perception of Functioning, and Perception of Social Connectedness.
- ii. Who Applied: Persons served who completed the survey in November of 2019 for the program.
- iii. Time of Measure: The survey was conducted in November of 2019.
- iv. Data Source: Consumer Perception Survey data
- v. Target Goal Expectancy: The program would like to see a majority of persons served satisfied for each domain.

Outpatient

1. Effectiveness-

a. Treatment Objectives/Achievements

- i. Indicator: Percentage of individuals that completed treatment and completed 75% or more of their treatment plan goals.
- ii. Who Applied: A sample of OP individuals served by the program.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar/Accucare EHR
- v. Target Goal Expectancy: A minimum of 95% of individuals who complete treatment will complete at least 75% of treatment plan goals.

b. Successful Completion

- i. Indicator: Percentage of individuals that complete treatment or leave with satisfactory progress.
- ii. Who Applied: OP individuals that participated in outpatient substance use disorder services provided by the program.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Accucare EHR/Discharge Summaries and Post treatment surveys
- v. Target Goal Expectancy: A minimum of 70% of individuals served will successfully complete treatment or leave before completion with satisfactory progress.

c. Psychiatric Hospitalizations/Incarcerations

- i. Indicator: Percentage of individuals that experience zero psychiatric hospitalizations or incarcerations.
- ii. Who Applied: OP individuals that received mental health treatment services.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar EHR/Accucare EHR
- v. Target Goal Expectancy: 95% of individuals receiving mental health and co-occurring treatment will experience zero psychiatric hospitalizations or incarcerations.

d. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory

The program implemented the use of Reaching and Recovery tools in October of 2017. Reaching Recovery is a tool that was developed by the Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, the program began to utilize several tools designed to measure recovery individuals receiving mental health services: the Recovery Needs Level Marker, Consumer Recovery Measure, and Recovery Marker Inventory.

Recovery Needs Level (RNL)

- i. Indicator: Recovery Needs Level (RNL) records the status of observed needs across 17 domains. RNL scores are compared at 6 month intervals to show trends of recovery through time. Reduced scores indicate positive recovery growth and movement towards reduced levels of service.
- ii. Who Applied: A sample of OP individuals that received mental health services for a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar Electronic Health Record
- v. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services achieve positive recovery growth and a minimum of 25% transition to lower levels of service.

Recovery Marker Inventory (RMI)

- i. Indicator: Recovery Marker Inventory (RMI) A practitioner's rating of the individual's recovery on 8 objective factors associated with recovery: employment, education, active growth, level of symptom management, participation in services, housing. RMI scores are compared at quarterly intervals to show trends of recovery through time. Increased scores indicate positive recovery growth.
- ii. Who Applied: A sample of OP individuals that received mental health services for a minimum of one year.
- iii. Time of Measure: Fiscal Year

- iv. Data Source: Avatar Electronic Health Record
- v. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services achieve positive RMI recovery growth trends.

Consumer Recovery Measure (CRM)

- i. Indicator: Consumer Recovery Measure (CRM) A quarterly rating of an individual's perception of recovery across 5 dimensions: hope, symptom management, personal sense of safety, active growth orientation, satisfaction with social networks. Increased scores indicate positive recovery growth from the individual's perspective.
- ii. Who Applied: A sample of OP individuals that received mental health services for a minimum of one year.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar Electronic Health Record
- v. Target Goal Expectancy: To have a minimum of 50% of the individuals participating in services perceive positive recovery growth trends.

2. Efficiency-

a. Cost per Individual

Costs include all staffing and overhead costs associated with operation of the program.

- i. Indicator: Total program costs compared to the number of unique OP individuals served.
- ii. Who Applied: OP individuals served by the program.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar and Financial Records
- v. Target Goal Expectancy: To keep within departmental budgeted costs for the program.

3. Access-

b. Length of time from SUD Screening to First Assessment Appointment Offered

- i. Indicator: Percentage of individuals offered an SUD assessment appointment within 10 business days of their SUD screening.
- ii. Who Applied: A sample of individuals referred to the program.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar/Accucare EHR
- v. Target Goal Expectancy: 70% of referred individuals will be offered their first SUD assessment appointment within 10 business days of their SUD screening.

c. Length of time from mental health screening to the first offered mental health assessment appointment

- i. Indicator: Percentage of individuals offered their first mental health assessment appointment within 10 business days of initial screening.
- ii. Who Applied: A sample of individuals referred to the program.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar EHR
- v. Target Goal Expectancy: 70% of individuals will be offered an appointment for their first mental health assessment within 10 business days of initial screening.

d. Length of time from SUD Assessment to first treatment appointment offered

- i. Indicator: Percentage of individuals offered their first SUD treatment appointment within 10 business days of their assessment date.
- ii. Who Applied: A sample of individuals referred to the program.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Accucare EHR
- v. Target Goal Expectancy: A minimum of 70% of individuals will be offered their first SUD treatment appointment within 10 business days of their assessment date.

e. Length of time from mental health assessment to first treatment appointment offered

- i. Indicator: Percentage of individuals offered their first mental health treatment appointment within 10 business days of their assessment date.
- ii. Who Applied: A sample of individuals referred to the program.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar EHR
- v. Target Goal Expectancy: A minimum of 70% of individuals will be offered their first treatment appointment within 10 business days of their assessment.

f. Length of time from mental health assessment to the first psychiatry appointment date offered

- i. Indicator: Percentage of individuals offered their first psychiatry appointment within 15 business days of their assessment date.
- ii. Who Applied: A sample of individuals referred to the program.
- iii. Time of Measure: Fiscal Year
- iv. Data Source: Avatar EHR
- v. Target Goal Expectancy: A minimum of 70% of individuals will be offered their first psychiatry appointment within 15 business days of their assessment date.

4.Satisfaction: (1) Indicator; (2) Who Applied; (3) Time

4. Satisfaction & Feedback of Persons Served & Stakeholders-

Consumer Perception Surveys (CPS) are conducted every six months over a one week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys which are available to consumers and family members at County and contracted provider organizations.

- i. Objective: To gauge satisfaction of individuals and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of individuals who complete the survey and response was 'Agree' or 'Strongly Agree' for the following domains: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Treatment Participation, Perception of Outcomes of Services, Perception of Functioning, and Perception of Social Connectedness.
- iii. Who Applied: Individuals who completed the survey in June of 2021.
- iv. Time of Measure: Surveys were completed in June of 2021.
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The program would like to see a majority of individuals satisfied for each domain.

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

DRUG MEDI-CAL INTERGOVERNMENTAL AGREEMENT REQUIREMENTS

Fresno County, through the Department of Behavioral Health, makes substance use disorder treatment services available throughout the county to Medi-Cal eligible persons served through funds provided under an Intergovernmental Agreement with the California Department of Health Care Services. The County, and all contracted providers, must comply with the terms of the Intergovernmental Agreement, and any amendments thereto, including but not limited to the following:

1. STATE ALCOHOL AND DRUG REQUIREMENTS

A. INDEMNIFICATION

The CONTRACTOR agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, materialmen, laborers and any other person, firm or corporation furnishing or supplying work, services, materials or supplies in connection with the performance of this Agreement and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by the CONTRACTOR in the performance of this Agreement.

B. INDEPENDENT CONTRACTOR

The CONTRACTOR and the agents and employees of CONTRACTOR, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of State of California.

C. CONTROL REQUIREMENTS

This Agreement is subject to all applicable Federal and State laws, regulations and standards. CONTRACTOR(S) shall establish written procedures consistent with State-County Contract requirements. The provisions of this Agreement are not intended to abrogate any provisions of law or regulation existing or enacted during the term of this Agreement.

D. 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 Part 2, Title 42, Code of Federal Regulations; 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.

E. REVENUE COLLECTION POLICY

CONTRACTOR shall conform to all policies and procedures regarding revenue collection issued by the State under the provisions of the Health and Safety Code, Division 10.5.

F. EXPENDITURE OF STATE GENERAL AND FEDERAL FUNDS

CONTRACTOR agrees that all funds paid out by the State shall be used exclusively for providing alcohol and/or drug program services, administrative costs, and allowable

overhead.

G. ACCESS TO SERVICES

CONTRACTOR shall provide accessible and appropriate services in accordance with Federal and State statutes and regulations to all eligible persons.

H. REPORTS

CONTRACTOR agrees to participate in surveys related to the performance of this Agreement and expenditure of funds and agrees to provide any such information in a mutually agreed upon format.

I. AUDITS

All State and Federal funds furnished to the CONTRACTOR(S) pursuant to this Agreement along with related patient fees, third party payments, or other related revenues and funds commingled with the foregoing funds are subject to audit by the State. The State may audit all alcohol and drug program revenue and expenditures contained in this Agreement for the purpose of establishing the basis for the subsequent year's negotiation.

J. RECORDS MAINTENANCE

1) CONTRACTOR shall maintain books, records, documents, and other evidence necessary to monitor and audit this Agreement.

2) CONTRACTOR shall maintain adequate program and fiscal records relating to individuals served under the terms of this Agreement, as required, to meet the needs of the State in monitoring quality, quantity, fiscal accountability, and accessibility of services. Information on each individual shall include, but not be limited to, admission records, patient and participant interviews and progress notes, and records of service provided by various service locations, in sufficient detail to make possible an evaluation of services provided and compliance with this Agreement.

2. FEDERAL CERTIFICATIONS

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

A. DBH and CONTRACTOR recognize that Federal assistance funds will be used under the terms of this Agreement. For purposes of this section, DBH will be referred to as the "prospective recipient".

B. This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

1) The prospective recipient of Federal assistance funds certifies by entering this Agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2) The prospective recipient of funds agrees by entering into this

Agreement, that it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Federal department or agency with which this transaction originated.

3) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Agreement.

4) The CONTRACTOR shall provide immediate written notice to DBH if at any time CONTRACTOR learns that its certification in this clause of this Agreement was erroneous when submitted or has become erroneous by reason of changed circumstances.

5) The prospective recipient further agrees that by entering into this Agreement, it will include a clause identical to this clause of this Agreement, and titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions", in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

6) The certification in this clause of this Agreement is a material representation of fact upon which reliance was placed by COUNTY when this transaction was entered into.

3. SMOKING PROHIBITION REQUIREMENTS

CONTRACTOR shall comply with Public Law 103-227, also known as the Pro-Children Act of 1994 (20 USC Section 6081, et seq.), and with California Labor Code Section 6404.5, the California Smoke-Free Workplace Law.

4. TRAFFICKING IN PERSONS PROVISIONS – PRIVATE ENTITY

CONTRACTOR shall conform to all Federal statutes and regulations prohibiting trafficking in persons, as well as trafficking-related activities, including, but not limited to the trafficking of persons provisions in Section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA) as amended by Section 1702.

CONTRACTOR, CONTRACTOR's employees, subrecipients, and subrecipients' employees may not:

- A) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
- B) Procure a commercial sex act during the period of time that the award is in effect; or
- C) Use forced labor in the performance of the award or subawards under the award.

This agreement may be unilaterally terminated, without penalty, if CONTRACTOR or a subrecipient that is a private entity is determined to have violated a prohibition of the TVPA or has an employee who is determined by the DBH Director or her designee to have violated a prohibition of the TVPA through conduct that is either associated with performance under the award or imputed to the CONTRACTOR or their subrecipient using the standards and due

process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Government-wide Debarment and Suspension (Nonprocurement).

CONTRACTOR must inform the DBH Director or her designee immediately of any information received from any source alleging a violation of a prohibition of the TVPA.

CONTRACTOR must sign a certification annually acknowledging the Trafficking Victims Protection Act of 2000 requirements (TVPA Certification), attached hereto as Attachment A, incorporated herein by reference and made part of this Agreement and must require all employees to complete annual TVPA training.

5. UNLAWFUL USE OF DRUGS AND ALCOHOL OR UNLAWFUL USE MESSAGES

CONTRACTOR shall ensure that information produced with Federal funds pertaining to drug and alcohol related programs contains a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, CONTRACTOR shall ensure that no aspect of the program includes any message in materials, curricula, teachings, or promotion of the responsible use, if the use is unlawful, of drugs or alcohol pursuant to Health and Safety Code (HSC) 11999-11999.3.

CONTRACTOR must sign the Unlawful Use of Drugs and Alcohol Certification, attached hereto as Attachment B, incorporated herein by reference and made part of this Agreement agreeing to uphold the obligations of HSC 11999 – 11999.3.

This agreement may be unilaterally terminated, without penalty, if CONTRACTOR or a subcontractor that is a private entity is determined to have violated a prohibition of the Unlawful Use of Drugs and Alcohol message or has an employee who is determined by the DBH Director or her designee to have violated a prohibition of the Unlawful Use of Drugs and Alcohol message.

6. CONFIDENTIALITY OATH

CONTRACTOR shall ensure that all of its employees sign a written confidentiality oath, attached hereto as Attachment C, before they begin employment with CONTRACTOR and shall renew said document annually thereafter. CONTRACTOR shall retain each employee's written confidentiality oath for COUNTY and DHCS inspection for a period of six (6) years following the termination of this agreement.

7. CONTROL REQUIREMENTS

Performance under this Agreement is subject to all applicable Federal and State laws, regulations and standards. CONTRACTOR shall establish written accounting procedures consistent with applicable Federal and State laws, regulations and standards, and shall be held accountable for audit exceptions taken by the State or COUNTY for failure to comply with these requirements.

These requirements include, but may not be limited to, those set forth in this Agreement, and:

- A. HSC, Division 10.5, commencing with Section 11760;
- B. California Code of Regulations (CCR), Title 9, Division 4, Chapter 8, commencing with Section 13000;

- C. Government Code Section 16367.8
- D. 42, CFR, Sections 8.1 through 8.6.
- E. Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances.
- F. State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures).
- G. 31 U.S.C. sections 7501-7507 (Single Audit Act of 1984; Single Audit Act Amendments of 1996);
- H. 2CFR Part 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards); and

CONTRACTOR shall be familiar with the above requirements and must incorporate these requirements into written policies and procedures, as applicable.

8. CULTURALLY COMPETENT SERVICES

CONTRACTOR shall ensure equal access to quality care by diverse populations by adopting the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards and complying with 42 CFR 438.206(c)(2). CONTRACTOR's policies, procedures, and practices must be consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. CONTRACTOR shall promote the delivery of services in a culturally competent manner to all persons served, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.

9. ADA CONSIDERATIONS

CONTRACTOR shall ensure that physical access, reasonable accommodations, and accessible equipment are available for Medicaid persons served with physical or mental disabilities in accordance with CFR Title 45, Part 84 and the Americans with Disabilities Act.

10. ADDITIONAL INTERGOVERNMENTAL AGREEMENT RESTRICTIONS

This Agreement is subject to any additional restrictions, limitations, conditions, or statutes enacted or amended by the federal or state governments, which may affect the provisions, terms, or funding of this Agreement in any manner.

11. NULLIFICATION OF DMC-ODS SERVICES

The parties agree that failure of COUNTY, or CONTRACTOR, to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of the State-County Intergovernmental Agreement for cause. In the event of a breach, the DMC-ODS services shall terminate. The COUNTY shall immediately begin providing DMC services to the person served in accordance with the State Plan.

12. HATCH ACT

CONTRACTOR shall comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

13. LIMITATION ON USE OF FUNDS FOR PROMOTION OF LEGALIZATION OF CONTROLLED SUBSTANCES

CONTRACTOR is prohibited from using funds made available through this Agreement for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

14. NONDISCRIMINATION IN EMPLOYMENT AND SERVICES

CONTRACTOR certifies that under the laws of the United States and the State of California, incorporated into this Agreement by reference and made a part hereof as if set forth in full, CONTRACTOR shall not unlawfully discriminate against any person.

15. FEDERAL LAW REQUIREMENTS

CONTRACTOR shall comply with the following Federal law requirements:

- A. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
- B. Title IX of the Education Amendments of 1972 (regarding education and programs and activities), if applicable.
- C. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- D. Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- E. Age Discrimination in Employment Act (29 CFR Part 1625).
- F. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
- G. Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
- H. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- I. Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- J. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.

- K. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- L. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- M. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

16. STATE LAW REQUIREMENTS

CONTRACTOR shall comply with the following State law requirements:

- A. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).
- B. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- C. Title 9, Division 4, Chapter 8, commencing with Section 10800.
- D. No state or Federal funds shall be used by COUNTY, or CONTRACTOR, for sectarian worship, instruction, and/or proselytization. No state funds shall be used by CONTRACTOR, or CONTRACTOR, to provide direct, immediate, or substantial support to any religious activity.
- E. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Agreement or terminate all, or any type, of funding provided hereunder.

17. INVESTIGATIONS AND CONFIDENTIALITY OF ADMINISTRATIVE ACTIONS

COUNTY acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend CONTRACTOR from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about CONTRACTOR's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The COUNTY is to withhold payments from a DMC provider during the time a Payment Suspension is in effect. COUNTY has executed a Confidentiality Agreement that permits DHCS to communicate with COUNTY concerning CONTRACTOR(S) that are subject to administrative sanctions.

18. COUNSELOR CERTIFICATION

CONTRACTOR shall ensure that any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in CCR Title 9, Division 4, Chapter 8.

19. ADMISSION DISCRIMINATION

CONTRACTOR shall accept individuals eligible for admission in the order in which they apply without restriction, up to the limits set under the State-County Intergovernmental Agreement. CONTRACTOR shall not, based on health status or need for health care services, discriminate against individuals eligible for admission. CONTRACTOR shall follow all Federal and State civil rights laws. CONTRACTOR shall not unlawfully discriminate, exclude people, or treat them differently, on any ground protected under Federal or State law, including sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status,, gender, gender identity, or sexual orientation and will not use any policy or practice that has the effect of discriminating on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. CONTRACTOR shall ensure that persons served that meet medical necessity for Medication Assisted Treatment (MAT) receive the same access to care as non-MAT persons served.

CONTRACTOR shall provide information on how to file a Discrimination Grievance with COUNTY or DHCS if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. CONTRACTOR shall also provide information on how to file a Discrimination Grievance with the United States Department of Health and Human Services Office of Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability.

20. SUBCONTRACTUAL REQUIREMENTS

CONTRACTOR shall fulfill contractual requirements of delegated services or activities in accordance with 42 CFR §438.230 and shall perform the delegated activities and reporting responsibilities in compliance with COUNTYs State-County Intergovernmental Agreement obligations. CONTRACTOR shall comply with all applicable Medicaid laws and regulations, including applicable sub-regulatory guidance and contract provisions.

CONTRACTOR shall not bill persons served for covered services under this agreement in excess of the amount that would be owed by the individual if the COUNTY had directly provided the services (42 U.S.C. 1396u-2(b)(6)(C)).

21. INSPECTION AND AUDIT OF RECORDS AND ACCESS TO FACILITIES

CONTRACTOR agrees that COUNTY, DHCS, CMS, the HHS Inspector General, the Comptroller General, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of CONTRACTOR, or of the CONTRACTOR's sub-contractor, that pertain to any aspect of services and activities performed, or determination of amounts payable under COUNTY's contract with DHCS. CONTRACTOR shall make available, at any time, for purposes of an audit, evaluation, or inspection, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to its Medicaid enrollees. The right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

22. GRIEVANCE

CONTRACTOR shall comply with Grievance procedures set forth in the State-County Intergovernmental Agreement, the Provider Manual and the Member Handbook.

CONTRACTOR shall make the following grievance information available to all persons served:

- A. Perons Served's right to a State Fair Hearing and how to obtain a hearing as well as representation rules.
- B. Person Served's right to file grievances and appeals, including the requirements and timeframes for filing.
- C. Person Served's right to give written consent to allow CONTRACTOR or legal representative, acting on behalf of the person served, to file an appeal.
- D. Person Served may file a grievance orally or in writing to DHCS or COUNTY.
- E. The availability of assistance with filing grievances and appeals.
- F. The toll-free number to file oral grievances and appeals.
- G. Person Served's right to request continuation of benefits during an appeal or state fair hearing filing although the person served may be liable for the cost of any continued benefits if the action is upheld.
- H. Any state determined contractor's appeal rights to challenge the failure of the COUNTY to cover a service.

23. GREIVANCE AND APPEALS RECORDKEEPING REQUIREMENTS

CONTRACTOR shall retain person served grievance and appeal records as referenced in 42 CFR §438.416, for a period of no less than ten (10) years. Person served grievance and appeal data shall include a general description of the reason for the grievance or appeal, the date the grievance or appeal was received, the date of each review or, if applicable, review meeting, the resolution and date of resolution at each level of the grievance or appeal and the name of the covered person for whom the grievance or appeal was filed. The record must be accurately maintained in a manner accessible to DHCS and available upon request to CMS.

24. PERSON SERVED INFORMING AND TRANSLATION SERVICES

CONTRACTOR shall make written and verbal information available to persons served in their language of choice.

Written material: CONTRACTOR shall use COUNTY's written/translated materials that are critical to obtaining services, including the provider directory, member handbook, appeal and grievance notices, and denial and termination notices, available in the prevalent non-English languages. All other CONTRACTOR specific written materials must be made available in the prevalent non-English languages. CONTRACTOR shall ensure that written materials use easily understood language and format, use a font size no smaller than 12-point, and are made available in alternative formats upon request of the potential person served or person served at no cost. Written materials shall include taglines in the prevalent non-English languages in the state, as well as large print, explaining the availability of written translation or oral interpretation to understand the information provided and the toll-free and TTY/TDY telephone number of COUNTY's member/customer service unit. Written materials for potential and current persons served shall include language taglines in at least the top sixteen (16) non-English languages spoken by individuals with limited English proficiency of the State, as well as large print, explaining the

availability of written translation or oral interpretation to understand the information provided. Large print means in a font size no smaller than 18 point.

Auxiliary aids: CONTRACTOR shall ensure auxiliary aids and services in an appropriate manner that takes into consideration the special needs of persons served or potential persons served with disabilities or limited English proficiency shall be made available upon request of the potential person served or person served at no cost.

Interpretation services: CONTRACTOR shall make interpretation services available free of charge and in a timely manner to each person served. This includes oral interpretation and the use of auxiliary aids (such as TTY/TDY and American Sign Language) and services including qualified interpreters for individuals with disabilities. Oral interpretation requirements apply to all non-English languages, not just those that DHCS identifies as prevalent. Pursuant to WIC 14029.91(a)(1)(B), Oral interpretation services shall be provided by an interpreter that, at a minimum, meets all the following qualifications:

- A. Demonstrated proficiency in speaking and understanding both spoken English and the language spoken by the limited-English-proficient person served;
- B. The ability to interpret effectively, accurately, and impartially, both receptively and expressly, to and from the language spoken by the limited-English-proficient person served and English, using any necessary specialized vocabulary, terminology, and phraseology; and
- C. Adherence to generally accepted interpreter ethics principles, including client confidentiality.

CONTRACTOR shall notify its persons served and prospective persons served that oral interpretation is available for any language and written translation is available in prevalent languages to individuals whose primary language is not English free of cost and how to access those materials. This may include, but is not limited to qualified interpreters and information written in other languages. CONTRACTOR shall notify persons served that auxiliary aids and services are available upon request, at no cost and in a timely manner for non-English speaking/reading/writing persons served and persons served with disabilities. Free aides and services to people with disabilities to help them communicate better may include, but are not limited to, qualified sign language interpreters and written information in other formats (e.g. large print, audio, accessible electronic formats, and other formats). CONTRACTOR shall notify persons served how to access these services.

Pursuant to 14029.91(a)(1)(C), CONTRACTOR shall not require a person served with limited English proficiency to provide his or her own interpreter or rely on a staff member who does not meet the qualifications described above.

CONTRACTOR shall not rely on an adult or minor child accompanying the limited-English-proficient person served to interpret or facilitate communication except under the circumstances described in WIC Section 14029.91(a)(1)(D) for emergencies and upon request that the accompanying adult provide assistance.

Pursuant to 45 CFR 92.201, CONTRACTOR shall not require a person served with limited English proficiency to accept language assistance services.

CONTRACTOR shall post a DHCS-approved nondiscrimination notice and language taglines in at least the top sixteen (16) non-English languages in the State (as

determined by DHCS) as well as large print, explaining the availability of free language assistance services, including written translation and oral interpretation to understand the information provided, and the toll-free and TTY/TDY telephone number of CONTRACTOR's member/customer service unit, as follows:

- A. In all conspicuous physical locations where CONTRACTOR interacts with the public;
- B. In a conspicuous location on CONTRACTOR's website that is accessible on CONTRACTOR's home page, and in a manner that allows persons served and prospective persons served to easily locate the information; and
- C. In all significant communications and significant publications targeted to persons served, enrollees, applicants, and members of the public, except for significant publications and significant communications that are small-sized, such as postcards and tri-fold brochures.

CONTRACTOR shall post a DHCS-approved nondiscrimination statement and language taglines in a least the top two non-English languages in the State (as determined by DHCS), explaining the availability of free language assistance services, and the toll-free and TTY/TDY telephone number of CONTRACTOR's member/customer service unit, as follows:

- A. In all significant publications and significant communications that are small-sized, such as postcards and tri-fold brochures; and
- B. CONTRACTOR's nondiscrimination notice, nondiscrimination statement, and language taglines must be in a conspicuously visible font size no smaller than 12-point. Any large print tagline required must be in a font size no smaller than 18-point and must include information on how to request auxiliary aides and services, including the provision of the materials in alternative formats.

25. MEMBER HANDBOOK

CONTRACTOR shall utilize COUNTY developed member handbook and issue to persons served at intake. Member handbooks can also be made available by mailing a printed copy of the information to the person served's mailing address, emailing after obtaining the person served's agreement to receive information by email, providing direction in paper or electronic form to the COUNTY website or any other method that can reasonably be expected to result in the person served receiving that information.

26. TIMELY ACCESS REQUIREMENTS

CONTRACTOR shall meet DHCS and COUNTY standards for timely access to care and services, taking into account the urgency of the need for services. CONTRACTORs must offer hours of operation that are no less than the hours of operation offered to commercial persons served or comparable to Medicaid FFS, if CONTRACTOR services only Medicaid persons served. Timeliness standards include, but are not limited to:

- A. Initial contact to first face-to-face appointment – 10 business days
- B. Initial contact to first dose of NTP – 3 business days
- C. Timeliness of services for Urgent Conditions – 1 business day

CONTRACTOR shall ensure that medical attention for emergency and crisis medical conditions are provided immediately.

27. CARE COORDINATION

CONTRACTOR and COUNTY shall comply with the care and coordination requirements of the State-County Intergovernmental Agreement, Exhibit A, Attachment I, II.E.3. CONTRACTOR shall ensure that each person served has an ongoing source of care appropriate to his or her needs and shall ensure a person or entity within their organization is formally designated as primarily responsible for coordinating the services accessed by the person served. The person served shall be provided information on how to contact their case manager. CONTRACTOR shall coordinate services between levels of care, with services the person served receives from any other managed care organization and the services the person served receives from community and social support providers. Care coordination efforts shall be accurately documented in person served's chart to be verified during COUNTY chart audits conducted at least annually.

CONTRACTOR shall make a best effort to conduct an initial screening of each person served's ancillary needs, within thirty (30) calendar days of the effective date of admission for all new persons served, including subsequent attempts if the initial attempt to contact the person served is unsuccessful.

CONTRACTOR shall ensure that it maintains and shares, as appropriate, a person served health record in accordance with professional standards.

CONTRACTOR shall ensure that in the process of coordinating care, each person served's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E and 42 CFR Part 2, to the extent that they are applicable.

CONTRACTOR shall ensure that persons served are aware of and are referred to, when appropriate, recovery supports and services immediately after discharge or upon completion of an acute care stay.

28. AUTHORIZATION OF SERVICES

CONTRACTOR shall adhere to COUNTY's written policies and procedures, outlined in the Provider Manual, for authorization of services.

29. PERFORMANCE IMPROVEMENT PROJECTS

CONTRACTOR shall assist, when requested by COUNTY, in developing and reviewing annual Performance Improvement Projects including but not limited to identifying a clinical and a non-clinical problem, brainstorming causes and barriers, implementation of interventions for the identified problems, and analysis of interventions. CONTRACTOR shall assist in planning and initiation of activities for increasing or sustaining improvement.

30. CONTRACTOR DMC CERTIFICATION

DMC certified contractors must revalidate DMC certification with DHCS every five (5) years. Failure to revalidate DMC certification within 120 days following the expiration of every five (5) year period will result in contract termination. COUNTY shall terminate CONTRACTOR immediately upon notification from DHCS that the CONTRACTOR cannot be enrolled, or the expiration of one 120-day period without enrollment of CONTRACTOR and shall notify affected

person served. CONTRACTOR shall ensure enrollment with DHCS as a Medicaid provider consistent with the provider disclosure, screening and enrollment requirements.

DMC certified CONTRACTORS shall be subject to continuing certification requirements at least once every five years. DHCS may allow the CONTRACTOR to continue delivering covered services to person served at a site subject to on-site review by DHCS as part of the recertification process prior to the date of the on-site review, provided the site is operational, the certification remains valid, and has all required fire clearances. DHCS shall conduct unannounced certification and recertification site visits at clinics pursuant to W&I Code, Section 14043.7.

31. PROGRAM INTEGRITY REQUIREMENTS

CONTRACTOR shall implement and maintain arrangements or procedures that are designed to detect and prevent fraud, waste, and abuse. CONTRACTOR shall maintain written policies, procedures, and standards of conduct that articulate CONTRACTORS commitment to comply with all applicable requirements and standards under the State-County Intergovernmental Agreement, and all applicable Federal and State requirements. CONTRACTOR shall establish and implement procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance.

CONTRACTOR shall provide reports to COUNTY within 60 calendar days when it has identified an overpayment. COUNTY shall provide a mechanism for reporting and collecting overpayment.

CONTRACTOR shall retain information regarding data, information, and documentation for person served encounter data specified in 42 CFR §§438.604, 438.606, 438.608, and 438.610 for a period of no less than 10 years.

CONTRACTOR shall ensure sites keep a record of persons served being treated at that location.

CONTRACTOR shall not knowingly have a relationship with a director, officer or partner of CONTRACTOR, a subcontractor of CONTRACTOR, a person with beneficial ownership of five (5) percent or more of CONTRACTOR's equity or a network provider or person with an employment, consulting or other arrangement with the CONTRACTOR for the provision of items and services that are significant and material to the CONTRACTOR's obligations under this Agreement with the following:

A. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

B. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2, Section 101, of a person described above.

CONTRACTOR shall not have a relationship with an individual or entity that is excluded from participation in any Federal Health Care Program under section 1128 or 1128A of the Act.

32. CONTRACTOR SPECIFICATIONS

CONTRACTOR shall ensure that professional staff shall be licensed, registered, certified or recognized under California scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. CONTRACTOR shall ensure that professional staff (LPHAs) receive a minimum of five (5) hours of continuing education related to addiction medicine each year. Copies of these certifications and licenses shall be maintained in staff's personnel files and records shall be made available to COUNTY upon request.

CONTRACTOR shall ensure that non-professional staff receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files. Registered and certified SUD counselors shall adhere to all requirements in Title 9, Chapter 8.

33. CREDENTIALING/RE-CREDENTIALING

CONTRACTOR shall follow the COUNTY's established credentialing and re-credentialing process for all licensed and/or certified staff. Initial credentialing must be completed prior to providing treatment services. Re-credentialing must be completed every three (3) years.

34. MEDICAL DIRECTOR REQUIREMENTS

CONTRACTOR's Medical Director must, prior to the delivery of services under this Contract, be enrolled with DHCS under applicable state regulations, screened in accordance with 42 CFR 455.450(a) as a "limited" categorical risk within a year prior to serving as a Medical Director under this Agreement, and have a signed Medicaid provider agreement with DHCS as required by 42 CFR 431.107.

Medical Directors shall receive a minimum of five (5) hours of continuing medical education related to addiction medicine annually.

35. ASAM REQUIREMENTS

CONTRACTOR shall use COUNTY's American Society of Addiction Medicine (ASAM) criteria assessment and re-assessment tools to determine the person served's level of care. CONTRACTOR shall ensure that assessment of services for adolescents will follow the ASAM adolescent treatment criteria.

CONTRACTOR and CONTRACTOR's staff shall comply with obtaining ASAM Criteria training prior to providing services. CONTRACTOR shall ensure that, at minimum, staff conducting assessments complete the two e-Training modules entitled "ASAM Multidimensional Assessment", "From Assessment to Service Planning and Level of Care" and "Introduction to the ASAM Criteria". CONTRACTOR shall maintain records of ASAM trainings in personnel files and will make these records available to COUNTY upon request.

Residential care CONTRACTORS must meet the established ASAM criteria for each level of residential care provided and receive an ASAM Designation prior to providing DMC-ODS services.

36. MEDICAL NECESSITY

CONTRACTOR shall ensure that an initial medical necessity determination, for an individual to receive a DMC-ODS benefit, is performed through a face-to-face review or telehealth by a Medical Director or a LPHA. If a person served's assessment and intake information are completed by a counselor through a face-to-face review or telehealth, the Medical Director or LPHA shall evaluate each person served's assessment and intake information with the counselor to establish whether that person served meets medical necessity criteria. The ASAM Criteria shall be applied to determine placement into the level of assessed services.

CONTRACTOR shall ensure that all ADULT persons served receive at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) Fifth Edition for Substance-Related and Addictive Disorders. After establishing a diagnosis and documenting the basis for diagnosis, the American Society of Addiction Medicine (ASAM) Placement Criteria shall be applied by the diagnosing individual to for placement into the correct level of care.

CONTRACTOR shall periodically as directed by COUNTY, and at a minimum of every six (6) months, reassess for continued medical necessity of an ongoing treatment. The reassessment determination must be documented by the Medical Director, licensed physician or LPHA as clinically appropriate.

OTP/NTP CONTRACTOR shall periodically as directed by COUNTY, and at a minimum within two (2) years from admission and annually thereafter, reassess for continued medical necessity of an ongoing treatment and determine that those services are still clinically appropriate for that individual.

For Medical Necessity definition and Assessment and Reassessment timeframes CONTRACTOR shall refer to the Provider Manual.

Individuals under age 21 are eligible to receive Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, persons served under the age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) Medicaid authority. Nothing in the DMC-ODS shall override any EPSDT requirements. Medical necessity for an adolescent individual (an individual under the age of 21) is determined using the following criteria:

- A. The adolescent individual may be assessed to be at-risk for developing a SUD based on the following criteria:
 - 1) Substance use does NOT meet the minimum diagnosis criteria per the DSM 5; and
 - 2) Reports of experimental or early-phase substance use, associated biopsychosocial risk factors, and information gathered from the full ASAM assessment and the At-Risk Determination Tool indicate risk of developing an SUD.

- B. The adolescent individual must meet the ASAM adolescent treatment criteria.

37. MEDI-CAL ELIGIBILITY VERIFICATION

CONTRACTOR shall be responsible for verifying the Medi-Cal eligibility of each person served for each month of service prior to billing for DMC services for that month. Medi-Cal eligibility verification should be performed prior to rendering service, in accordance with and as described in the DHCS DMC Provider Billing Manual. Options for verifying the eligibility of a Medi-Cal person served are described in the DHCS DMC Provider Billing Manual at the following web address and by this reference incorporated herein.

https://www.dhcs.ca.gov/services/Documents/SUD%20-%20DMC%20Billing%20Manual/DMC_Billing_Manual_2019%20Final.pdf

38. OTHER HEALTH COVERAGE BILLING REQUIREMENTS

In the event that a person served has Other Health Coverage (OHC), CONTRACTOR shall bill the OHC prior to billing DMC to receive either payment from the OHC, or a notice of denial from the OHC indicating that either the recipient's OHC coverage has been exhausted or that the specific service is not a benefit of the OHC.

39. DMC REIMBURSEMENT RATE SETTING

CONTRACTOR shall submit financial and service data to COUNTY on an annual basis in a format provide by, and by a deadline set by, COUNTY for reimbursement rate setting purposes. COUNTY shall approve contractor-specific reimbursement rates for each modality except NTPs. CONTRACTORS that do not comply with the requirements of the rate setting process will be considered out of compliance with contractual requirements and will not receive annual reimbursement rates CONTRACTORS that are non-compliant are subject to contract termination.

Annual reimbursement rates for NTP services shall be set by DHCS pursuant to the process set forth in W&I Code, Section 14021.51. NTP CONTRACTOR shall submit cost reports to DHCS.

40. DMC CERTIFICATION AND ENROLLMENT

Prior to delivering SUD services CONTRACTOR shall obtain any licenses, registrations, DMC certifications or approval to operate a SUD program or provide a covered service in accordance with applicable laws and regulations. CONTRACTOR shall continuously maintain any licenses, registrations, DMC certifications or approval to operate a SUD program or provide a covered service in accordance with applicable laws and regulations for the duration of this Contract. CONTRACTOR and any subcontractors shall comply with the following regulations and guidelines:

- A. Title 21, CFR Part 1300, et seq., Title 42, CFR, Part 8;
- B. Title 22, Sections 51490.1(a);
- C. Exhibit A, Attachment I, Article III.PP – Requirements for Services;
- D. Title 9, Division 4, Chapter 4, Subchapter 1, Sections 10000, et seq.; and

E. Title 22, Division 3, Chapter 3, sections 51000 et. seq.

41. PERINATAL CERTIFICATION REQUIREMENTS

CONTRACTORS of perinatal DMC services shall be properly certified to provide these services and comply with the applicable requirements below:

- A. Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills.
- B. Perinatal services shall include:
 - 1) Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792);
 - 2) Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment);
 - 3) Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
 - 4) Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).
- C. Medical documentation that substantiates the person served's pregnancy and the last day of pregnancy shall be maintained in the person served file.

42. YOUTH TREATMENT GUIDELINES

CONTRACTOR shall follow the "Youth Treatment Guidelines," available at the DHCS web address at: <http://www.dhcs.ca.gov/individuals/Pages/youthSUDservices.aspx> and by this reference incorporated herein, in developing and implementing youth treatment programs funded under this Agreement until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this contract is required for new guidelines to apply.

43. CONTRACTOR CHANGE IN SERVICE OR LOCATION

CONTRACTOR shall ensure that any reduction of covered services or relocations are not implemented until approval is issued by DHCS. CONTRACTOR must submit a new DMC certification application to the DHCS Provider Enrollment Division (PED). The DMC certification application shall be submitted to PED 60 days prior to the desired effective date of the reduction of covered services or relocation.

CONTRACTOR shall notify COUNTY when its license, registration, certification, or approval to operate a SUD program or provide a covered service is revoked, suspended, modified, or not renewed by entities other than DHCS.

44. MEDICATION ASSISTED TREATMENT

CONTRACTORS that do not provide medication assisted treatment shall have procedures for linkage/integration for persons served requiring medication assisted treatment. CONTRACTOR staff will regularly communicate with physicians of person served who are prescribed these medications unless the person served refuses to consent to sign 42 CFR part 2 Compliant Releases of Information for this purpose.

45. EVIDENCE BASED PRACTICES (EBP)

CONTRACTOR shall implement Motivational Interviewing and at least two EBPs prescribed by DHCS based on the timeline established by COUNTY as outlined in the Provider Manual. The two additional required EBPs may be selected from the following: Cognitive-Behavioral Therapy, Relapse Prevention, Trauma-Informed Treatment and Psycho-Education. Three EBPs shall be utilized per service modality. COUNTY and DHCS will monitor the implementation and regular training of EBPs to staff during reviews. CONTRACTOR shall ensure that staff are internally monitored for training, quality of delivery and fidelity of Evidence Based Practices.

46. COORDINATION AND CONTINUITY OF CARE WITH MANAGED CARE PLANS

CONTRACTOR shall coordinate with the Managed Care Plans, Anthem and CalVIVA Health, when appropriate, for comprehensive physical and behavioral health screening and collaborative treatment planning. COUNTY shall maintain MOUs with the managed care plans to facilitate person served care coordination and will monitor CONTRACTORS with regard to the effectiveness of physical health care coordination.

47. POSTSERVICE POSTPAYMENT AND POSTSERVICE PREPAYMENT (PSPP)

DHCS shall conduct Postservice Postpayment and Postservice Prepayment (PSPP) Utilization Reviews of contracted DMC providers to determine whether the DMC services were provided. DHCS shall issue the PSPP report to the COUNTY with a copy to CONTRACTOR. CONTRACTOR shall ensure any deficiencies are remediated and COUNTY shall attest the deficiencies have been remediated.

All CONTRACTOR shall submit a COUNTY-approved corrective action plan (CAP) to DHCS within 60 days of the date of the PSPP report. CONTRACTOR(S) that do not comply with the CAP submittal requirements or fail to implement the approved CAP provisions within the designated timeline are subject to payment withholding until compliance is determined.

48. DRUG SCREENING

Where drug screening by urinalysis is deemed medically appropriate, CONTRACTOR shall establish procedures which protect against the falsification and/or contamination of any urine sample and document urinalysis results in the person served's file.

49. TREATMENT RECORDING REQUIREMENTS

CONTRACTOR shall comply with the requirements outlined in the Intergovernmental Agreement, Exhibit A, Attachment I, Section PP, regarding admission,

assessment, person served record, medical necessity and diagnosis, physical examination, treatment plan, sign-in sheets, progress notes, continuing services, and discharge.

50. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996

If any of the work performed under this Agreement is subject to the HIPAA, CONTRACTOR shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit F of the State County Intergovernmental Agreement, DHCS, COUNTY and CONTRACTOR shall cooperate to ensure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit F for additional information.

A. Trading Partner Requirements

1) No Changes: CONTRACTOR hereby agrees that for the personal health information (PHI), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal Health and Human Services Transaction Standard Regulation [45 CFR Part 162915(a)].

2) No Additions: CONTRACTOR hereby agrees that for PHI, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation [45CFR Part 162.915 (b)].

3) No Unauthorized Uses: CONTRACTOR hereby agrees that for PHI, it shall not use any code or data elements that are marked ‘not used’ in the in the HHS Transactions Implementation specification or are not in the HHS Transaction Standard’s implementation specification [45CFR Part 162.915 (c)].

4) No Changes to Meaning or Intent: CONTRACTOR hereby agrees that for PHI, it shall not change the meaning or intent of the HHS Transaction Standard’s implementation specification [45CFR Part 162.915 (d)].

B. Concurrence for Test Modifications to HHS Transaction Standards

CONTRACTOR agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, CONTRACTOR agrees that it shall participate in such test modifications.

C. Adequate Testing

CONTRACTOR is responsible to adequately test all business rules appropriate to their types and specialties. If the CONTRACTOR is acting as a clearinghouse for enrolled providers, CONTRACTOR has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

D. Deficiencies

The CONTRACTOR agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled CONTRACTOR if the COUNTY is acting as a clearinghouse for that CONTRACTOR. If the CONTRACTOR is a clearinghouse, the CONTRACTOR agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled CONTRACTORS for which they provide clearinghouse services.

E. Code Set Retention

Both COUNTY and CONTRACTOR understand and agree to keep open code sets being processed or used in this Agreement for a least the current billing period or any appeal period, whichever is longer.

F. Data Transmission Log

Both COUNTY and CONTRACTOR shall establish and maintain a Data Transmission Log, which shall record any and all data transmissions taking place between the Parties during the term of this Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

51. PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS

A. General Parity Requirement

CONTRACTOR shall not impose any financial requirements, Quantitative Treatment Limitations, or Non-Quantitative Treatment Limitations in any classification of benefit (inpatient, outpatient, emergency care, or prescription drugs) other than those limitations permitted and outlined in the State-County Contract.

CONTRACTOR shall not apply any financial requirement or treatment limitation to substance use disorder services in any classification of benefit that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification of benefit furnished to person served (whether or not the benefits are furnished by the CONTRACTOR). (42 CFR 438.910(b)(1))

CONTRACTOR shall provide substance use disorder services to person served in every classification in which medical/surgical benefits are provided. (42 CFR 438.910(b)(2))

B. Quantitative Limitations

CONTRACTOR shall not apply any cumulative financial requirement for substance use disorder services in a classification that accumulates separately from any established for medical/surgical services in the same classification. (42 CFR 438.910(c)(3))

C. Non-Quantitative Limitations

CONTRACTOR shall not impose a non-quantitative treatment limitation for substance use disorder benefits in any classification unless, under the policies and procedures of CONTRACTOR as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the non-quantitative treatment limitation to substance use disorder benefits in the classification are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation for medical/surgical benefits in the classification. (42 CFR §438.910(d))

52. CONTRACTOR shall use processes, strategies, evidentiary standards, or other factors in determining access to out-of-network providers for substance use disorder services that are comparable to, and applied no more stringently than, the processes, strategies, evidentiary standards, or other factors in determining access to out-of-network providers for medical/surgical benefits. (42 CFR §438.910(d)(3)).

53. ACCESSIBILITY CONSIDERATIONS

CONTRACTOR shall ensure that their health programs or activities provided through electronic and information technology are accessible to person served with disabilities, unless doing so would result in undue financial and administrative burdens or a fundamental alteration in the nature of the health programs or activities. When undue financial and administrative burdens or a fundamental alteration exist, CONTRACTOR shall provide information in a format other than an electronic format that would not result in such undue financial and administrative burdens or a fundamental alteration but would ensure, to the maximum extent possible, that person served with disabilities receive the benefits or services of the health program or activity that are provided through electronic and information technology.

CONTRACTOR shall make reasonable modifications to policies, practices, or procedures when such modifications are necessary to avoid discrimination on the basis of disability, unless CONTRACTOR can demonstrate that making the modifications would fundamentally alter the nature of the health program or activity. For the purposes of this section, the term “reasonable modifications” shall be interpreted in a manner consistent with the term as set forth in the ADA Title II regulation at 28 CFR 35.130(b)(7).

54. STATE PLAN COUNTIES OTP/NTP PERSONS SERVED

OTP CONTRACTORs shall ensure that a person served that resides in a county that does not participate in DMC-ODS does not experience a disruption of OTP/NTP services. OTP CONTRACTORs shall provide any medically necessary NTP services covered by the California Medi-Cal State Plan to persons served that reside in a county that does not participate in DMC-ODS. OTP CONTRACTORs who provide services to an out-of-county person served shall submit claims for those services to the county in which the person served resides (according to MEDS).

PERSON SERVED RIGHTS

CONTRACTOR shall comply with any applicable Federal and state laws that pertain to person served rights and shall ensure that its employees observe and protect those rights. CONTRACTOR shall have written policies guaranteeing the person served’s rights specified in 42 CFR 438.100.

RECORD RETENTION

CONTRACTORS shall maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to WIC 14124.1 and 42 CFR 438.3(h) and 438.3(u).

**Forensic Behavioral Health - Continuum of Care OP MH SUD
Turning Point of Central California
Fiscal Year (FY) 2022-23**

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|--------------------------------|--------------|------------------|-------------------|---------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Records Technician | 0.45 | \$ 19,948 | | \$ 19,948 |
| 1102 | Program Bookkeeper | 0.45 | 19,948 | | 19,948 |
| 1103 | Secretary | 1.00 | 43,304 | | 43,304 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.90 | \$ 83,200 | | \$ 83,200 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Program Director | 1.00 | | \$ 75,265 | \$ 75,265 |
| 1117 | Mental Health Professional | 3.00 | | 237,932 | 237,932 |
| 1118 | Supervising PSC | 1.00 | | 62,804 | 62,804 |
| 1119 | Substance Abuse Counselor | 6.00 | | 323,407 | 323,407 |
| 1120 | Case Manager | 2.00 | | 95,834 | 95,834 |
| 1121 | Intake Assistant | 2.00 | | 97,579 | 97,579 |
| 1122 | Nurse | 0.50 | | 35,509 | 35,509 |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 15.50 | | \$ 928,330 | \$ 928,330 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 17.40 | \$ 83,200 | \$ 928,330 | \$ 1,011,530 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 1,977 | \$ 31,622 | \$ 33,599 |
| 1202 | Worker's Compensation | | 705 | 11,279 | 11,984 |
| 1203 | Health Insurance | | 7,954 | 127,249 | 135,203 |
| 1204 | Other Dental Insurance | | 624 | 9,989 | 10,613 |
| 1205 | OtherAccrued Paid Leave | | 6,380 | 102,067 | 108,447 |

| | | | | |
|---|--------------------|-------------------|---------------------|---------------------|
| 1206 | Other ACI | 20 | 316 | 336 |
| Direct Employee Benefits Subtotal: | | \$ 17,659 | \$ 282,523 | \$ 300,182 |
| Direct Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Program | Total |
| 1301 | OASDI | \$ 928 | \$ 14,854 | \$ 15,782 |
| 1302 | FICA/MEDICARE | 4,145 | 66,311 | 70,456 |
| 1303 | SUI | 962 | 15,390 | 16,352 |
| 1304 | Other (specify) | - | - | - |
| 1305 | Other (specify) | - | - | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 6,035 | \$ 96,555 | \$ 102,590 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
| | | \$ 106,894 | \$ 1,307,408 | \$ 1,414,302 |

| | | |
|--|--------------|----------------|
| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
| | 8% | 92% |

| | | |
|------------------------------------|---------------------------------|------------------|
| 2000: DIRECT CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 60,056 |
| 2003 | Client Transportation & Support | 6,000 |
| 2004 | Clothing, Food, & Hygiene | 1,500 |
| 2005 | Education Support | 6,000 |
| 2006 | Employment Support | 2,500 |
| 2007 | Household Items for Clients | 2,000 |
| 2008 | Medication Supports | 3,000 |
| 2009 | Program Supplies - Medical | 1,000 |
| 2010 | Utility Vouchers | 4,000 |
| 2011 | Other Client Activities | 2,600 |
| 2012 | Other Personal Needs | 400 |
| 2013 | Other Client Testing Material | 10,000 |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 99,056 |

| | | |
|---|---|------------------|
| 3000: DIRECT OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 8,000 |
| 3002 | Printing/Postage | 3,400 |
| 3003 | Office, Household & Program Supplies | 12,000 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 20,000 |
| 3006 | Staff Mileage | 1,000 |
| 3007 | Subscriptions & Memberships | 500 |
| 3008 | Vehicle Maintenance | 1,000 |
| 3009 | Other Vehicle Insurance/Fuel | 6,000 |
| 3010 | Other Staff Meetings/Employee Relations | 1,350 |
| 3011 | Other Recruitment | 5,000 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 58,250 |

| |
|--|
| 4000: DIRECT FACILITIES & EQUIPMENT |
|--|

| Acct # | Line Item Description | Amount |
|---|---------------------------------------|-------------------|
| 4001 | Building Maintenance | \$ 8,000 |
| 4002 | Rent/Lease Building | 90,000 |
| 4003 | Rent/Lease Equipment | 2,200 |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | 1,200 |
| 4006 | Utilities | 20,000 |
| 4007 | Other Equipment Maintenance | 2,000 |
| 4008 | Other Insurance | 5,000 |
| 4009 | Other Depreciation Expense for Office | 7,152 |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 135,552 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 35,500 |
| 5003 | Contractual/Consulting Services (Specify) | 18,457 |
| 5004 | Translation Services | 5,000 |
| 5005 | Other Psychiatrist | 75,000 |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 133,957 |

| 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 | 1,500 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 5,000 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 275,519 |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 282,019 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 15.00% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|----------------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 20,450 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 18,000 |
| 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 | \$ 38,450 |
|------------------------------------|------------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 2,161,586 |
|-------------------------------|---------------------|

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

| 8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) | | | | |
|---|------------------------|----------------|------|-------------------|
| Acct # | Line Item Description | Service Units | Rate | Amount |
| 8001 | Mental Health Services | 59,260 | 4.70 | \$ 278,522 |
| 8002 | Case Management | 0 | | - |
| 8003 | Crisis Services | 123 | 3.40 | 419 |
| 8004 | Medication Support | 14,900 | 8.46 | 126,054 |
| 8005 | Collateral | 59 | 4.70 | 277 |
| 8006 | Plan Development | 5,065 | 4.70 | 23,806 |
| 8007 | Assessment | 23,200 | 4.70 | 109,040 |
| 8008 | Rehabilitation | 0 | - | - |
| 8009 | Other (Specify) | 0 | - | - |
| 8010 | Other (Specify) | 0 | - | - |
| Estimated Specialty Mental Health Services Billing Totals: | | 102,607 | | \$ 538,117 |
| Estimated % of Clients who are Medi-Cal Beneficiaries | | | | 100% |
| Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries | | | | 538,117 |
| Federal Financial Participation (FFP) % | | | 79% | 425,113 |
| MEDI-CAL FFP TOTAL | | | | \$ 425,113 |

| 8100 - SUBSTANCE USE DISORDER FUNDS | | |
|--|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8101 | Drug Medi-Cal | \$ 578,993 |
| 8102 | SABG | \$ - |
| SUBSTANCE USE DISORDER FUNDS TOTAL | | \$ 578,993 |

| 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 | | \$ 300,000 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 300,000 |

| 8400 - OTHER REVENUE | | |
|-----------------------------|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ - |
| 8402 | Client Insurance | - |
| 8403 | CCP AB109 | 857,481 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 857,481 |

| | |
|---------------------------------------|---------------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 2,161,587 |
|---------------------------------------|---------------------|

| | |
|--------------------------|---------------|
| NET PROGRAM COST: | \$ (0) |
|--------------------------|---------------|

Forensic Behavioral Health - Continuum of Care
Provider Name
Fiscal Year (FY) 2022-23

PARTIAL FTE DETAIL

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

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Records Technician | FSC-FSP/Fresno | 55% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.55 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Program Bookkeeper | FSC-FSP/Fresno | 55% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.55 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Nurse | FSC-FSP/Fresno | 50% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.50 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

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

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

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

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

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

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

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

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

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

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

**Forensic Behavioral Health - Continuum of Care OP MH SUD
Turning Point of Central California
Fiscal Year (FY) 2022-23 Budget Narrative**

| PROGRAM EXPENSE | | | | |
|---|--------|----------------------------|------------------|---|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | | 1,414,302 | |
| Administrative Positions | | | 83,200 | |
| 0.45 | 1101 | Records Technician | 19,948 | The Records Technician will keep track of the Medical Records and will do the billing for the program |
| 0.45 | 1102 | Program Bookkeeper | 19,948 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1.00 | 1103 | Secretary | 43,304 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| | 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 | | | 928,330 | |
| 1.00 | 1116 | Program Director | 75,265 | The Program Director oversees the program and the hiring, training and supervising of staff. There is an 8% reduction in salaries for accrued paid leave. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. This program requires a Bachelor Degree and SUD certification. |
| 3.00 | 1117 | Mental Health Professional | 237,932 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. One of the Mental Health Professionals will also be BBS |
| 1.00 | 1118 | Supervising PSC | 62,804 | Provides supervision to all Substance Abuse Counselors, Case Managers and Intake Assistant to ensure client care, maintain compliance with Turning Point policies and procedures. Supervisor also assisting in training new staff and reporting to the Program Director. |
| 6.00 | 1119 | Substance Abuse Counselor | 323,407 | The Substance Abuse Counselor is responsible for the Substance Abuse Treatment services in accordance with program requirements and ADP licensing. |
| 2.00 | 1120 | Case Manager | 95,834 | The Case Managers provide services which will assist individuals in gaining access to needed medical, social, housing, economic, educational and other services as directed by the Program Director and Supervising PSC. |
| 2.00 | 1121 | Intake Assistant | 97,579 | The Intake Assistant processes all referrals related to this program. These services include completing all new admissions in a timely manner with the goal of opening the client. |
| 0.50 | 1122 | Nurse | 35,509 | Nurses work with the doctors for Client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| | 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 | | | 300,182 | |
| | 1201 | Retirement | 33,599 | Cost of Agency contribution to employee retirement plans. This is based on 3% of the whole salary. |
| | 1202 | Worker's Compensation | 11,984 | Cost of workers compensation insurance |
| | 1203 | Health Insurance | 135,203 | Agency cost for health insurance, our health plans vary on what the employee chooses. This is the range per employer cost from \$399.15 per month to \$1299.24 per month. We used an average of \$8000 per year. |
| | 1204 | Other Dental Insurance | 10,613 | Agency cost for dental Insurance |
| | 1205 | OtherAccrued Paid Leave | 108,447 | The monetary value of staff Paid Leave hours as the accrue on a monthly basis |
| | 1206 | Other ACI | 336 | Employee assistance program |

| PROGRAM EXPENSE | | | | |
|---|-----------------|----------------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| Direct Payroll Taxes & Expenses: | | 102,590 | | |
| 1301 | OASDI | 15,782 | Disability Insurance | |
| 1302 | FICA/MEDICARE | 70,456 | Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and "Hospital Insurance" (Medicare). | |
| 1303 | SUI | 16,352 | Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |

| 2000: DIRECT CLIENT SUPPORT | | 99,056 | | |
|------------------------------------|---------------------------------|---------------|---|--|
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 60,056 | Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 6,000 | Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 1,500 | Cost of Client hygiene supplies and non-work related clothing. (examples: clothes, shoes, soap, toothpaste, deodorant, grooming supplies, diapers, etc.) | |
| 2005 | Education Support | 6,000 | Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational classes. | |
| 2006 | Employment Support | 2,500 | Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) | |
| 2007 | Household Items for Clients | 2,000 | Cost of purchasing items for clients home. (Examples: pots, pans, dishes, silverware, telephone, radio, etc.) | |
| 2008 | Medication Supports | 3,000 | Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays, prescriptions, lab work not covered by insurance, over the counter medications, first aid kits/supplies for clients use at home. | |
| 2009 | Program Supplies - Medical | 1,000 | Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, over-the-counter medication*, etc. *if allowable per contract. | |
| 2010 | Utility Vouchers | 4,000 | Cost of utility vouchers for a specific client. | |
| 2011 | Other Client Activities | 2,600 | Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, admission fees to events, etc.) | |
| 2012 | Other Personal Needs | 400 | Cost of supplying clients with necessary personal items (Examples: birth certificate, DMV Fee for ID or license, clients household cleaning products/house supplies, etc.) | |
| 2013 | Other Client Testing Material | 10,000 | Testing materials as needed and required | |
| 2014 | Other (specify) | - | | |
| 2015 | Other (specify) | - | | |
| 2016 | Other (specify) | - | | |

| 3000: DIRECT OPERATING EXPENSES | | 58,250 | | |
|--|--------------------------------------|---------------|--|--|
| 3001 | Telecommunications | 8,000 | Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) | |
| 3002 | Printing/Postage | 3,400 | Cost of custom copying/printing charges (Examples: letterhead, business forms, business cards, flyers, brochures, signs, etc.) and Postage and delivery, including delivery by the USPS, UPS, FEDEX and other courier services | |
| 3003 | Office, Household & Program Supplies | 12,000 | Cost of items normally used in an office setting. (Examples: pens, pencils, paper tablets, paper clips, notepads, staples, non-electric staplers/hole punchers/calculators, and other items normally used in an office setting.) House Supplies, Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. (Examples: pots, pans, pot holders, kitchen towels, curtains, detergent, Clorox for clothes, can opener, dishes, furnace filter, decorations, linens, etc.), Program Supplies, Cost of any items normally used by clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. Such items include, but are not limited to video tapes, printed handouts, desk reference books, research material, curriculum, puzzles, board games, therapeutic/meditative supplies and other items that are specifically designed and used to accomplish program goals. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 20,000 | Cost of employee training courses and materials. | |
| 3006 | Staff Mileage | 1,000 | Cost of employee mileage reimbursement paid in accordance with FPM section 1005. | |
| 3007 | Subscriptions & Memberships | 500 | Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) | |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|---|-------|--|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 3008 | Vehicle Maintenance | 1,000 | Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. |
| | 3009 | Other Vehicle Insurance/Fuel | 6,000 | Cost of gas in vehicles and insurance. |
| | 3010 | Other Staff Meetings/Employee Relations | 1,350 | Staff Meetings: Cost of room and supplies necessary for staff meetings. Employee Relations: Cost relating to improvement of working conditions (Examples: Company picnic items, etc.) \$10 per FTE per year budgeted for Employee Relations, all other expenses are related to Staff Meetings. |
| | 3011 | Other Recruitment | 5,000 | Costs of Live Scans, DMV printouts, ads for recruiting staff and other tests that might happen for the purposes of employment |
| | 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | | 135,552 | |
|-------------------------------------|------|---------------------------------------|---------|--|
| | 4001 | Building Maintenance | 8,000 | Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project. |
| | 4002 | Rent/Lease Building | 90,000 | Cost of rent/lease payments made for building leases from outside sources. |
| | 4003 | Rent/Lease Equipment | 2,200 | Cost of rent/lease payments made for furniture and equipment leases. |
| | 4004 | Rent/Lease Vehicles | - | Rental cost of vehicles and lease of agency vehicles. |
| | 4005 | Security | 1,200 | Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, etc.) |
| | 4006 | Utilities | 20,000 | Cost of service for power, gas, water, sewer, garbage, etc. |
| | 4007 | Other Equipment Maintenance | 2,000 | Cost of equipment and furniture repair and maintenance. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, laptop battery, monitor/printer/phone cord, drum, power strip, surge protector, video card, etc.) |
| | 4008 | Other Insurance | 5,000 | Cost of liability and property insurance |
| | 4009 | Other Depreciation Expense for Office | 7,152 | Cost of items depreciated at the progra, no pre owned by the agency. |
| | 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | | 133,957 | |
|-------------------------------|------|---|---------|--|
| | 5001 | Consultant (Network & Data Management) | - | |
| | 5002 | HMIS (Health Management Information System) | 35,500 | Avatar costs |
| | 5003 | Contractual/Consulting Services (Specify) | 18,457 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. Built in YOY escalator. Professional services include vendors such as Credible Wireless Data Access and Valley Expetec IT related expenses as well as clinical supervision. |
| | 5004 | Translation Services | 5,000 | Paid to outside vendors for translation / interpreter services |
| | 5005 | Other Psychiatrist | 75,000 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. |
| | 5006 | Other (specify) | - | |
| | 5007 | Other (specify) | - | |
| | 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | | 282,019 | |
|-------------------------|------|---|---------|--|
| | 6001 | Administrative Overhead | - | |
| | 6002 | Professional Liability Insurance | - | |
| | 6003 | Accounting/Bookkeeping | - | |
| | 6004 | External Audit | 1,500 | Cost of outside audit fees |
| | 6005 | Insurance (Specify): | - | |
| | 6006 | Payroll Services | 5,000 | This is our UKG timekeeping / HR system |
| | 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| | 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| | 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 275,519 | Support of corporate and regional offices such as processing invoices, payroll, cost reports, etc. |
| | 6010 | Other (specify) | - | |
| | 6011 | Other (specify) | - | |
| | 6012 | Other (specify) | - | |
| | 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | | 38,450 | |
|---------------------------|------|---|--------|--|
| | 7001 | Computer Equipment & Software | 20,450 | Computer and software as needed for the program. Obsolete Equip replacement as well as initial purchase of equipment for newly budgeted/additional staff. |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | |
| | 7003 | Furniture & Fixtures | 18,000 | Chairs or other furniture as needed for the program, replacement of damaged/worn furniture as well as initial purchase of furniture for newly budgeted/additional staff. |
| | 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 | Based on Trends in our current contracts and the cost per unit currently | |
| 8002 | Case Management | Based on Trends in our current contracts and the cost per unit currently | |
| 8003 | Crisis Services | Based on Trends in our current contracts and the cost per unit currently | |
| 8004 | Medication Support | Based on Trends in our current contracts and the cost per unit currently | |
| 8005 | Collateral | Based on Trends in our current contracts and the cost per unit currently | |
| 8006 | Plan Development | Based on Trends in our current contracts and the cost per unit currently | |
| 8007 | Assessment | Based on Trends in our current contracts and the cost per unit currently | |
| 8008 | Rehabilitation | | |
| 8009 | Other (Specify) | | |
| 8010 | Other (Specify) | | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 2,161,586 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 2,161,586 |
| BUDGET CHECK: | - |

**Forensic Behavioral Health - Continuum of Care OP MH SUD
Turning Point of Central California
Fiscal Year (FY) 2023-24**

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|----------------------------|--------------|------------------|-------------------|---------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Records Technician | 0.45 | \$ 20,347 | | \$ 20,347 |
| 1102 | Program Bookkeeper | 0.45 | 20,347 | | 20,347 |
| 1103 | Secretary | 1.00 | 44,170 | | 44,170 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.90 | \$ 84,865 | | \$ 84,865 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Program Director | 1.00 | | \$ 76,771 | \$ 76,771 |
| 1117 | Mental Health Professional | 3.00 | | 242,690 | 242,690 |
| 1118 | Supervising PSC | 1.00 | | 64,060 | 64,060 |
| 1119 | Substance Abuse Counselor | 6.00 | | 329,876 | 329,876 |
| 1120 | Case Manager | 2.00 | | 97,750 | 97,750 |
| 1121 | Intake Assistant | 2.00 | | 99,531 | 99,531 |
| 1122 | Nurse | 0.50 | | 36,220 | 36,220 |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | | - |
| 1127 | | | | | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 15.50 | | \$ 946,897 | \$ 946,897 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 17.40 | \$ 84,865 | \$ 946,897 | \$ 1,031,761 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 2,017 | \$ 32,254 | \$ 34,271 |
| 1202 | Worker's Compensation | | 719 | 11,504 | 12,223 |
| 1203 | Health Insurance | | 8,116 | 129,791 | 137,907 |
| 1204 | Other Dental Insurance | | 637 | 10,188 | 10,825 |
| 1205 | Other Accrued Paid Leave | | 6,510 | 104,106 | 110,616 |

| | | | | |
|---|--------------------|-------------------|---------------------|---------------------|
| 1206 | Other ACI | 20 | 323 | 343 |
| Direct Employee Benefits Subtotal: | | \$ 18,019 | \$ 288,166 | \$ 306,185 |
| Direct Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Program | Total |
| 1301 | OASDI | \$ 947 | \$ 15,150 | \$ 16,098 |
| 1302 | FICA/MEDICARE | 4,229 | 67,636 | 71,865 |
| 1303 | SUI | 982 | 15,697 | 16,679 |
| 1304 | Other (specify) | - | - | - |
| 1305 | Other (specify) | - | - | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 6,158 | \$ 98,483 | \$ 104,642 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
| | | \$ 109,042 | \$ 1,333,546 | \$ 1,442,589 |

| | | |
|--|--------------|----------------|
| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
| | 8% | 92% |

| | | |
|------------------------------------|---------------------------------|------------------|
| 2000: DIRECT CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 59,200 |
| 2003 | Client Transportation & Support | 6,120 |
| 2004 | Clothing, Food, & Hygiene | 1,530 |
| 2005 | Education Support | 6,120 |
| 2006 | Employment Support | 2,550 |
| 2007 | Household Items for Clients | 2,040 |
| 2008 | Medication Supports | 3,060 |
| 2009 | Program Supplies - Medical | 1,020 |
| 2010 | Utility Vouchers | 4,080 |
| 2011 | Other Client Activities | 2,652 |
| 2012 | Other Personal Needs | 408 |
| 2013 | Other Client Testing Material | 10,200 |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 98,980 |

| | | |
|---|---|------------------|
| 3000: DIRECT OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 8,160 |
| 3002 | Printing/Postage | 3,468 |
| 3003 | Office, Household & Program Supplies | 12,240 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 10,000 |
| 3006 | Staff Mileage | 1,020 |
| 3007 | Subscriptions & Memberships | 510 |
| 3008 | Vehicle Maintenance | 1,020 |
| 3009 | Other Vehicle Insurance / Fuel | 6,120 |
| 3010 | Other Staff Meetings / Employee, Employer Relations | 1,377 |
| 3011 | Other Recruitment | 5,100 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 49,015 |

| |
|--|
| 4000: DIRECT FACILITIES & EQUIPMENT |
|--|

| Acct # | Line Item Description | Amount |
|---|---------------------------------------|-------------------|
| 4001 | Building Maintenance | \$ 8,160 |
| 4002 | Rent/Lease Building | 91,800 |
| 4003 | Rent/Lease Equipment | 2,244 |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | 1,224 |
| 4006 | Utilities | 20,400 |
| 4007 | Other Equipment Maintenance | 2,040 |
| 4008 | Other Insurance | 5,100 |
| 4009 | Other Depreciation Expense for Office | 7,295 |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 138,263 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 36,210 |
| 5003 | Contractual/Consulting Services (Specify) | 18,826 |
| 5004 | Translation Services | 5,100 |
| 5005 | Other Psychiatrist | 76,500 |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 136,636 |

| 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 | 1,530 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 5,100 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 274,174 |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 280,804 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 15.00% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|----------------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 3,000 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 3,000 |
| 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 | \$ 6,000 |
|------------------------------------|-----------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 2,152,287 |
|-------------------------------|---------------------|

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

| 8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) | | | | |
|---|------------------------|----------------|------|-------------------|
| Acct # | Line Item Description | Service Units | Rate | Amount |
| 8001 | Mental Health Services | 59,260 | 4.70 | \$ 278,522 |
| 8002 | Case Management | 0 | | - |
| 8003 | Crisis Services | 123 | 3.40 | 419 |
| 8004 | Medication Support | 14,900 | 8.46 | 126,054 |
| 8005 | Collateral | 59 | 4.70 | 277 |
| 8006 | Plan Development | 5,065 | 4.70 | 23,806 |
| 8007 | Assessment | 23,200 | 4.70 | 109,040 |
| 8008 | Rehabilitation | 0 | - | - |
| 8009 | Other (Specify) | 0 | - | - |
| 8010 | Other (Specify) | 0 | - | - |
| Estimated Specialty Mental Health Services Billing Totals: | | 102,607 | | \$ 538,117 |
| Estimated % of Clients who are Medi-Cal Beneficiaries | | | | 100% |
| Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries | | | | 538,117 |
| Federal Financial Participation (FFP) % | | | 79% | 425,113 |
| MEDI-CAL FFP TOTAL | | | | \$ 425,113 |

| 8100 - SUBSTANCE USE DISORDER FUNDS | | |
|--|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8101 | Drug Medi-Cal | \$ 569,693 |
| 8102 | SABG | \$ - |
| SUBSTANCE USE DISORDER FUNDS TOTAL | | \$ 569,693 |

| 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 | | \$ 300,000 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 300,000 |

| 8400 - OTHER REVENUE | | |
|-----------------------------|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ - |
| 8402 | Client Insurance | - |
| 8403 | CCP AB109 | 857,481 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 857,481 |

| | |
|---------------------------------------|---------------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 2,152,287 |
|---------------------------------------|---------------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ 0 |
|--------------------------|-------------|

**Forensic Behavioral Health - Continuum of Care
Turning Point of Central California
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 % |
|--------------------|-----------------------------------|--------------------|
| Records Technician | FSC-FSP/Fresno | 55% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.55</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|--------------------|
| Program Bookkeeper | FSC-FSP/Fresno | 55% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.55</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| Nurse | FSC-FSP/Fresno | 50% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.50</u> |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

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

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

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

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

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

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

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

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

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

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

**Forensic Behavioral Health - Continuum of Care OP MH SUD
Turning Point of Central California
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 | | 1,442,589 | |
| Administrative Positions | | 84,865 | |
| 1101 | Records Technician | 20,347 | The Records Technician will keep track of the Medical Records and will do the billing for the program |
| 1102 | Program Bookkeeper | 20,347 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1103 | Secretary | 44,170 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| 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 | | 946,897 | |
| 1116 | Program Director | 76,771 | The Program Director oversees the program and the hiring, training and supervising of staff. There is an 8% reduction in salaries for accrued paid leave. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. This program requires a Bachelor Degree and SUD certification. There is a slight increase in salaries from previous year for COLA. |
| 1117 | Mental Health Professional | 242,690 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. |
| 1118 | Supervising PSC | 64,060 | Provides supervision to all Substance Abuse Counselors, Case Managers and Intake Assistant to ensure client care, maintain compliance with Turning Point policies and procedures. Supervisor also assisting in training new staff and reporting to the Program Director. |
| 1119 | Substance Abuse Counselor | 329,876 | The Substance Abuse Counselor is responsible for the Substance Abuse Treatment services in accordance with program requirements and ADP licensing. |
| 1120 | Case Manager | 97,750 | The Case Managers provide services which will assist individuals in gaining access to needed medical, social, housing, economic, educational and other services as directed by the Program Director and Supervising PSC. |
| 1121 | Intake Assistant | 99,531 | The Intake Assistant processes all referrals related to this program. These services include completing all new admissions in a timely manner with the goal of opening the client. |
| 1122 | Nurse | 36,220 | Nurses work with the doctors for Client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| 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 | | 306,185 | |
| 1201 | Retirement | 34,271 | Cost of Agency contribution to employee retirement plans. This is based on 3% of the whole salary. |
| 1202 | Worker's Compensation | 12,223 | Cost of workers compensation insurance. |

| PROGRAM EXPENSE | | | |
|---|---------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1203 | Health Insurance | 137,907 | Agency cost for health insurance, our health plans vary on what the employee chooses. This is the range per employer cost from \$399.15 per month to \$1299.24 per month. We used an average of \$8000 per year. |
| 1204 | Other Dental Insurance | 10,825 | Agency cost for dental insurance |
| 1205 | Other Accrued Paid Leave | 110,616 | The monetary value of staff Paid Leave hours as the accrue on a monthly basis |
| 1206 | Other ACI | 343 | Employee assistance program |
| Direct Payroll Taxes & Expenses: | | 104,642 | |
| 1301 | OASDI | 16,098 | Disability Insurance |
| 1302 | FICA/MEDICARE | 71,865 | Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and "Hospital Insurance" (Medicare). |
| 1303 | SUI | 16,679 | Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | 98,980 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | 59,200 | Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) |
| 2003 | Client Transportation & Support | 6,120 | Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) |
| 2004 | Clothing, Food, & Hygiene | 1,530 | Cost of Client hygiene supplies and non-work related clothing. (examples: clothes, shoes, soap, toothpaste, deodorant, grooming supplies, diapers, etc.) |
| 2005 | Education Support | 6,120 | Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational classes. |
| 2006 | Employment Support | 2,550 | Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) |
| 2007 | Household Items for Clients | 2,040 | Cost of purchasing items for clients home. (Examples: pots, pans, dishes, silverware, telephone, radio, etc.) |
| 2008 | Medication Supports | 3,060 | Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays, prescriptions, lab work not covered by insurance, over the counter medications, first aid kits/supplies for clients use at home. |
| 2009 | Program Supplies - Medical | 1,020 | Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, over-the-counter medication*, etc. *if allowable per contract. |
| 2010 | Utility Vouchers | 4,080 | Cost of utility vouchers for a specific client. |
| 2011 | Other Client Activities | 2,652 | Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, admission fees to events, etc.) |
| 2012 | Other Personal Needs | 408 | Cost of supplying clients with necessary personal items (Examples: birth certificate, DMV Fee for ID or license, clients household cleaning products/house supplies, etc.) |
| 2013 | Other Client Testing Material | 10,200 | Testing materials as needed and required |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |
| 3000: DIRECT OPERATING EXPENSES | | 49,015 | |
| 3001 | Telecommunications | 8,160 | Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) |
| 3002 | Printing/Postage | 3,468 | Cost of custom copying/printing charges (Examples: letterhead, business forms, business cards, flyers, brochures, signs, etc.) and Postage and elivery, including delivery by the USPS, UPS, FEDEX and other courier services |

| PROGRAM EXPENSE | | | |
|-----------------|---|--------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 3003 | Office, Household & Program Supplies | 12,240 | Cost of items normally used in an office setting. (Examples: pens, pencils, paper tablets, paper clips, notepads, staples, non-electric staplers/hole punchers/calculators, and other items normally used in an office setting.) House Supplies, Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. (Examples: pots, pans, pot holders, kitchen towels, curtains, detergent, Clorox for clothes, can opener, dishes, furnace filter, decorations, linens, etc.), Program Supplies, Cost of any items normally used by clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. Such items include, but are not limited to video tapes, printed handouts, desk reference books, research material, curriculum, puzzles, board games, therapeutic/meditative supplies and other items that are specifically designed and used to accomplish program goals. |
| 3004 | Advertising | - | |
| 3005 | Staff Development & Training | 10,000 | Cost of employee training courses and materials. |
| 3006 | Staff Mileage | 1,020 | Cost of employee mileage reimbursement paid in accordance with FPM section 1005. |
| 3007 | Subscriptions & Memberships | 510 | Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) |
| 3008 | Vehicle Maintenance | 1,020 | Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. |
| 3009 | Other Vehicle Insurance / Fuel | 6,120 | Cost of gas in vehicles and insurance. |
| 3010 | Other Staff Meetings / Employee, Employer Relations | 1,377 | Staff Meetings: Cost of room and supplies necessary for staff meetings. Employee Relations: Cost relating to improvement of working conditions (Examples: Company picnic items, etc.) \$10 per FTE per year budgeted for Employee Relations, all other expenses are related to Staff Meetings. |
| 3011 | Other Recruitment | 5,100 | Costs of Live Scans, DMV printouts, ads for recruiting staff and other tests that might happen for the purposes of employment |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 138,263 | |
|-------------------------------------|---------------------------------------|---------|--|
| 4001 | Building Maintenance | 8,160 | Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project. |
| 4002 | Rent/Lease Building | 91,800 | Cost of rent/lease payments made for building leases from outside sources. |
| 4003 | Rent/Lease Equipment | 2,244 | Cost of rent/lease payments made for furniture and equipment leases. |
| 4004 | Rent/Lease Vehicles | - | Rental cost of vehicles and lease of agency vehicles. |
| 4005 | Security | 1,224 | Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, etc.) |
| 4006 | Utilities | 20,400 | Cost of service for power, gas, water, sewer, garbage, etc. |
| 4007 | Other Equipment Maintenance | 2,040 | Cost of equipment and furniture repair and maintenance. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, laptop battery, monitor/printer/phone cord, drum, power strip, surge protector, video card, etc.) |
| 4008 | Other Insurance | 5,100 | Cost of liability and property insurance |
| 4009 | Other Depreciation Expense for Office | 7,295 | Cost of items depreciated at the progra, no pre owned by the agency. |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 136,636 | |
|-------------------------------|---|---------|--|
| 5001 | Consultant (Network & Data Management) | - | |
| 5002 | HMIS (Health Management Information System) | 36,210 | Avatar costs |
| 5003 | Contractual/Consulting Services (Specify) | 18,826 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. Built in YOY escalator. Professional services include vendors such as Credible Wireless Data Access and Valley Expetec IT related expenses as well as clinical supervision. |
| 5004 | Translation Services | 5,100 | Paid to outside vendors for translation / interpreter services |
| 5005 | Other Psychiatrist | 76,500 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. |
| 5006 | Other (specify) | - | |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 280,804 | |
|-------------------------|-------------------------|---------|--|
| 6001 | Administrative Overhead | - | |

| PROGRAM EXPENSE | | | |
|-----------------|---|---------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | 1,530 | Cost of outside audit fees |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | 5,100 | This is our UKG timekeeping / HR system |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 274,174 | Support of corporate and regional offices such as processing invoices, payroll, cost reports, etc. |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 6,000 | |
|---------------------------|--|-------|---|
| 7001 | Computer Equipment & Software | 3,000 | Computer and software as needed for the program |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain | - | |
| 7003 | Furniture & Fixtures | 3,000 | Chairs or other furniture as needed for the program |
| 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 | Based on Trends in our current contracts and the cost per unit currently | |
| 8002 | Case Management | Based on Trends in our current contracts and the cost per unit currently | |
| 8003 | Crisis Services | Based on Trends in our current contracts and the cost per unit currently | |
| 8004 | Medication Support | Based on Trends in our current contracts and the cost per unit currently | |
| 8005 | Collateral | Based on Trends in our current contracts and the cost per unit currently | |
| 8006 | Plan Development | Based on Trends in our current contracts and the cost per unit currently | |
| 8007 | Assessment | Based on Trends in our current contracts and the cost per unit currently | |
| 8008 | Rehabilitation | | |
| 8009 | Other (Specify) | | |
| 8010 | Other (Specify) | | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 2,152,287

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 2,152,287

BUDGET CHECK: -

**Forensic Behavioral Health - Continuum of Care OP MH SUD
Turning Point of Central California
Fiscal Year (FY) 2024-25**

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|--------------------------------|--------------|------------------|-------------------|---------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Records Technician | 0.45 | \$ 20,754 | | \$ 20,754 |
| 1102 | Program Bookkeeper | 0.45 | 20,754 | | 20,754 |
| 1103 | Secretary | 1.00 | 45,053 | | 45,053 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.90 | \$ 86,562 | | \$ 86,562 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Program Director | 1.00 | | \$ 78,306 | \$ 78,306 |
| 1117 | Mental Health Professional | 3.00 | | 247,544 | 247,544 |
| 1118 | Supervising PSC | 1.00 | | 65,341 | 65,341 |
| 1119 | Substance Abuse Counselor | 6.00 | | 336,473 | 336,473 |
| 1120 | Case Manager | 2.00 | | 99,705 | 99,705 |
| 1121 | Intake Assistant | 2.00 | | 101,521 | 101,521 |
| 1122 | Nurse | 0.50 | | 36,944 | 36,944 |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 15.50 | | \$ 965,835 | \$ 965,835 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 17.40 | \$ 86,562 | \$ 965,835 | \$ 1,052,397 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 2,057 | \$ 32,900 | \$ 34,957 |
| 1202 | Worker's Compensation | | 734 | 11,734 | 12,468 |
| 1203 | Health Insurance | | 8,278 | 132,387 | 140,665 |
| 1204 | Other Dental Insurance | | 650 | 10,392 | 11,042 |
| 1205 | Other Accrued Paid Leave | | 6,640 | 106,188 | 112,828 |

| | | | | |
|---|--------------------|-------------------|---------------------|---------------------|
| 1206 | Other ACI | 21 | 329 | 350 |
| Direct Employee Benefits Subtotal: | | \$ 18,380 | \$ 293,929 | \$ 312,309 |
| Direct Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Program | Total |
| 1301 | OASDI | \$ 966 | \$ 15,453 | \$ 16,420 |
| 1302 | FICA/MEDICARE | 4,314 | 68,989 | 73,303 |
| 1303 | SUI | 1,001 | 16,011 | 17,012 |
| 1304 | Other (specify) | - | - | - |
| 1305 | Other (specify) | - | - | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 6,281 | \$ 100,453 | \$ 106,735 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
| | | \$ 111,223 | \$ 1,360,217 | \$ 1,471,440 |

| | | |
|--|--------------|----------------|
| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
| | 8% | 92% |

| | | |
|------------------------------------|---------------------------------|-------------------|
| 2000: DIRECT CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 60,384 |
| 2003 | Client Transportation & Support | 6,242 |
| 2004 | Clothing, Food, & Hygiene | 1,561 |
| 2005 | Education Support | 6,242 |
| 2006 | Employment Support | 2,601 |
| 2007 | Household Items for Clients | 2,081 |
| 2008 | Medication Supports | 3,121 |
| 2009 | Program Supplies - Medical | 1,040 |
| 2010 | Utility Vouchers | 4,162 |
| 2011 | Other Client Activities | 2,705 |
| 2012 | Other Personal Needs | 416 |
| 2013 | Other Client Testing Material | 10,404 |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 100,960 |

| | | |
|---|---|------------------|
| 3000: DIRECT OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 8,323 |
| 3002 | Printing/Postage | 3,537 |
| 3003 | Office, Household & Program Supplies | 12,485 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 10,200 |
| 3006 | Staff Mileage | 1,040 |
| 3007 | Subscriptions & Memberships | 520 |
| 3008 | Vehicle Maintenance | 1,040 |
| 3009 | Other Vehicle Insurance / Fuel | 6,242 |
| 3010 | Other Staff Meetings / Employee, Employer Relations | 1,405 |
| 3011 | Other Recruitment | 5,202 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 49,995 |

| |
|--|
| 4000: DIRECT FACILITIES & EQUIPMENT |
|--|

| Acct # | Line Item Description | Amount |
|---|---------------------------------------|-------------------|
| 4001 | Building Maintenance | \$ 8,323 |
| 4002 | Rent/Lease Building | 93,636 |
| 4003 | Rent/Lease Equipment | 2,289 |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | 1,248 |
| 4006 | Utilities | 20,808 |
| 4007 | Other Equipment Maintenance | 2,081 |
| 4008 | Other Insurance | 5,202 |
| 4009 | Other Depreciation Expense for Office | 7,441 |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 141,028 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 36,934 |
| 5003 | Contractual/Consulting Services (Specify) | 19,203 |
| 5004 | Translation Services | 5,202 |
| 5005 | Other Psychiatrist | 78,030 |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 139,369 |

| 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 | 1,561 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 5,202 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 279,651 |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 286,414 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 15.00% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|----------------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 3,000 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 3,000 |
| 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 | \$ 6,000 |
|------------------------------------|-----------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 2,195,207 |
|-------------------------------|---------------------|

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

| 8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) | | | | |
|---|------------------------|----------------|------|-------------------|
| Acct # | Line Item Description | Service Units | Rate | Amount |
| 8001 | Mental Health Services | 61,589 | 4.70 | \$ 289,468 |
| 8002 | Case Management | 0 | | - |
| 8003 | Crisis Services | 128 | 3.40 | 435 |
| 8004 | Medication Support | 15,486 | 8.46 | 131,008 |
| 8005 | Collateral | 61 | 4.70 | 288 |
| 8006 | Plan Development | 5,264 | 4.70 | 24,741 |
| 8007 | Assessment | 24,112 | 4.70 | 113,325 |
| 8008 | Rehabilitation | 0 | - | - |
| 8009 | Other (Specify) | 0 | - | - |
| 8010 | Other (Specify) | 0 | - | - |
| Estimated Specialty Mental Health Services Billing Totals: | | 106,639 | | \$ 559,265 |
| Estimated % of Clients who are Medi-Cal Beneficiaries | | | | 100% |
| Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries | | | | 559,265 |
| Federal Financial Participation (FFP) % | | | 79% | 441,820 |
| MEDI-CAL FFP TOTAL | | | | \$ 441,820 |

| 8100 - SUBSTANCE USE DISORDER FUNDS | | |
|--|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8101 | Drug Medi-Cal | \$ 595,906 |
| 8102 | SABG | \$ - |
| SUBSTANCE USE DISORDER FUNDS TOTAL | | \$ 595,906 |

| 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 | | \$ 300,000 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 300,000 |

| 8400 - OTHER REVENUE | | |
|-----------------------------|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ - |
| 8402 | Client Insurance | - |
| 8403 | CCP AB109 | 857,481 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 857,481 |

| | |
|---------------------------------------|---------------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 2,195,207 |
|---------------------------------------|---------------------|

| | |
|--------------------------|---------------|
| NET PROGRAM COST: | \$ (0) |
|--------------------------|---------------|

**Forensic Behavioral Health - Continuum of Care
Turning Point of Central California
Fiscal Year (FY) 2024-25**

PARTIAL FTE DETAIL

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

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Records Technician | FSC-FSP/Fresno | 55% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.55 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Program Bookkeeper | FSC-FSP/Fresno | 55% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.55 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Nurse | FSC-FSP/Fresno | 50% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.50 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

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

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

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

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

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

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

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

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

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

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

**Forensic Behavioral Health - Continuum of Care OP MH SUD
Turning Point of Central California
Fiscal Year (FY) 2024-25 Budget Narrative**

| PROGRAM EXPENSE | | | |
|---|----------------------------|------------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 1,471,440 | |
| Administrative Positions | | 86,562 | |
| 1101 | Records Technician | 20,754 | The Records Technician will keep track of the Medical Records and will do the billing for the program |
| 1102 | Program Bookkeeper | 20,754 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1103 | Secretary | 45,053 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| 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 | | 965,835 | |
| 1116 | Program Director | 78,306 | The Program Director oversees the program and the hiring, training and supervising of staff. There is an 8% reduction in salaries for accrued paid leave. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. This program requires a Bachelor Degree and SUD certification. There is a slight increase in salaries from previous year for COLA. |
| 1117 | Mental Health Professional | 247,544 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. One of the Mental Health Professionals will also be BBS |
| 1118 | Supervising PSC | 65,341 | Provides supervision to all Substance Abuse Counselors, Case Managers and Intake Assistant to ensure client care, maintain compliance with Turning Point policies and procedures. Supervisor also assisting in training new staff and reporting to the Program Director. |
| 1119 | Substance Abuse Counselor | 336,473 | The Substance Abuse Counselor is responsible for the Substance Abuse Treatment services in accordance with program requirements and ADP licensing. |
| 1120 | Case Manager | 99,705 | The Case Managers provide services which will assist individuals in gaining access to needed medical, social, housing, economic, educational and other services as directed by the Program Director and Supervising PSC. |
| 1121 | Intake Assistant | 101,521 | The Intake Assistant processes all referrals related to this program. These services include completing all new admissions in a timely manner with the goal of opening the client. |
| 1122 | Nurse | 36,944 | Nurses work with the doctors for Client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| 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 | | 312,309 | |
| 1201 | Retirement | 34,957 | Cost of Agency contribution to employee retirement plans. This is based on 3% of the whole salary. |
| 1202 | Worker's Compensation | 12,468 | Cost of workers compensation insurance. |
| 1203 | Health Insurance | 140,665 | Agency cost for health insurance, our health plans vary on what the employee chooses. This is the range per employer cost from \$399.15 per month to \$1299.24 per month. We used an average of \$8000 per year. |
| 1204 | Other Dental Insurance | 11,042 | Agency cost for dental Insurance |

| PROGRAM EXPENSE | | | | |
|---|--------------------------|----------------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1205 | Other Accrued Paid Leave | 112,828 | The monetary value of staff Paid Leave hours as the accrue on a monthly basis | |
| 1206 | Other ACI | 350 | Employee assistance program | |
| Direct Payroll Taxes & Expenses: | | 106,735 | | |
| 1301 | OASDI | 16,420 | Disability Insurance | |
| 1302 | FICA/MEDICARE | 73,303 | Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and "Hospital Insurance" (Medicare). | |
| 1303 | SUI | 17,012 | Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |

| 2000: DIRECT CLIENT SUPPORT | | 100,960 | | |
|------------------------------------|---------------------------------|----------------|---|--|
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 60,384 | Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 6,242 | Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 1,561 | Cost of Client hygiene supplies and non-work related clothing. (examples: clothes, shoes, soap, toothpaste, deodorant, grooming supplies, diapers, etc.) | |
| 2005 | Education Support | 6,242 | Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational classes. | |
| 2006 | Employment Support | 2,601 | Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) | |
| 2007 | Household Items for Clients | 2,081 | Cost of purchasing items for clients home. (Examples: pots, pans, dishes, silverware, telephone, radio, etc.) | |
| 2008 | Medication Supports | 3,121 | Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays, prescriptions, lab work not covered by insurance, over the counter medications, first aid kits/supplies for clients use at home. | |
| 2009 | Program Supplies - Medical | 1,040 | Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, over-the-counter medication*, etc. *if allowable per contract. | |
| 2010 | Utility Vouchers | 4,162 | Cost of utility vouchers for a specific client. | |
| 2011 | Other Client Activities | 2,705 | Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, admission fees to events, etc.) | |
| 2012 | Other Personal Needs | 416 | Cost of supplying clients with necessary personal items (Examples: birth certificate, DMV Fee for ID or license, clients household cleaning products/house supplies, etc.) | |
| 2013 | Other Client Testing Material | 10,404 | Testing materials as needed and required | |
| 2014 | Other (specify) | - | | |
| 2015 | Other (specify) | - | | |
| 2016 | Other (specify) | - | | |

| 3000: DIRECT OPERATING EXPENSES | | 49,995 | | |
|--|--------------------------------------|---------------|--|--|
| 3001 | Telecommunications | 8,323 | Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) | |
| 3002 | Printing/Postage | 3,537 | Cost of custom copying/printing charges (Examples: letterhead, business forms, business cards, flyers, brochures, signs, etc.) and Postage and delivery, including delivery by the USPS, UPS, FEDEX and other courier services | |
| 3003 | Office, Household & Program Supplies | 12,485 | Cost of items normally used in an office setting. (Examples: pens, pencils, paper tablets, paper clips, notepads, staples, non-electric staplers/hole punchers/calculators, and other items normally used in an office setting.) House Supplies, Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. (Examples: pots, pans, pot holders, kitchen towels, curtains, detergent, Clorox for clothes, can opener, dishes, furnace filter, decorations, linens, etc.), Program Supplies, Cost of any items normally used by clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. Such items include, but are not limited to video tapes, printed handouts, desk reference books, research material, curriculum, puzzles, board games, therapeutic/meditative supplies and other items that are specifically designed and used to accomplish program goals. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 10,200 | Cost of employee training courses and materials. | |

| PROGRAM EXPENSE | | | | |
|-----------------|---|-------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3006 | Staff Mileage | 1,040 | Cost of employee mileage reimbursement paid in accordance with FPM section 1005. | |
| 3007 | Subscriptions & Memberships | 520 | Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) | |
| 3008 | Vehicle Maintenance | 1,040 | Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. | |
| 3009 | Other Vehicle Insurance / Fuel | 6,242 | Cost of gas in vehicles and insurance. | |
| 3010 | Other Staff Meetings / Employee, Employer Relations | 1,405 | Staff Meetings: Cost of room and supplies necessary for staff meetings. Employee Relations: Cost relating to improvement of working conditions (Examples: Company picnic items, etc.) \$10 per FTE per year budgeted for Employee Relations, all other expenses are related to Staff Meetings. | |
| 3011 | Other Recruitment | 5,202 | Costs of Live Scans, DMV printouts, ads for recruiting staff and other tests that might happen for the purposes of employment | |
| 3012 | Other (specify) | - | | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 141,028 | | |
|-------------------------------------|---------------------------------------|---------|--|--|
| 4001 | Building Maintenance | 8,323 | Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project. | |
| 4002 | Rent/Lease Building | 93,636 | Cost of rent/lease payments made for building leases from outside sources. | |
| 4003 | Rent/Lease Equipment | 2,289 | Cost of rent/lease payments made for furniture and equipment leases. | |
| 4004 | Rent/Lease Vehicles | - | Rental cost of vehicles and lease of agency vehicles. | |
| 4005 | Security | 1,248 | Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, etc.) | |
| 4006 | Utilities | 20,808 | Cost of service for power, gas, water, sewer, garbage, etc. | |
| 4007 | Other Equipment Maintenance | 2,081 | Cost of equipment and furniture repair and maintenance. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, laptop battery, monitor/printer/phone cord, drum, power strip, surge protector, video card, etc.) | |
| 4008 | Other Insurance | 5,202 | Cost of liability and property insurance | |
| 4009 | Other Depreciation Expense for Office | 7,441 | Cost of items depreciated at the progra, no pre owned by the agency. | |
| 4010 | Other (specify) | - | | |

| 5000: DIRECT SPECIAL EXPENSES | | 139,369 | | |
|-------------------------------|---|---------|--|--|
| 5001 | Consultant (Network & Data Management) | - | | |
| 5002 | HMIS (Health Management Information System) | 36,934 | Avatar costs | |
| 5003 | Contractual/Consulting Services (Specify) | 19,203 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. Built in YOY escalator. Professional services include vendors such as Credible Wireless Data Access and Valley Expetec IT related expenses as well as clinical supervision. | |
| 5004 | Translation Services | 5,202 | Paid to outside vendors for translation / interpreter services | |
| 5005 | Other Psychiatrist | 78,030 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. | |
| 5006 | Other (specify) | - | | |
| 5007 | Other (specify) | - | | |
| 5008 | Other (specify) | - | | |

| 6000: INDIRECT EXPENSES | | 286,414 | | |
|-------------------------|---|---------|--|--|
| 6001 | Administrative Overhead | - | | |
| 6002 | Professional Liability Insurance | - | | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | 1,561 | Cost of outside audit fees | |
| 6005 | Insurance (Specify): | - | | |
| 6006 | Payroll Services | 5,202 | This is our UKG timekeeping / HR system | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | | |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 279,651 | Support of corporate and regional offices such as processing invoices, payroll, cost reports, etc. | |
| 6010 | Other (specify) | - | | |
| 6011 | Other (specify) | - | | |
| 6012 | Other (specify) | - | | |
| 6013 | Other (specify) | - | | |

| 7000: DIRECT FIXED ASSETS | | 6,000 | | |
|---------------------------|---|-------|---|--|
| 7001 | Computer Equipment & Software | 3,000 | Computer and software as needed for the program | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | | |
| 7003 | Furniture & Fixtures | 3,000 | Chairs or other furniture as needed for the program | |
| 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) | - | | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | Based on Trends in our current contracts and the cost per unit currently | |
| 8002 | Case Management | Based on Trends in our current contracts and the cost per unit currently | |
| 8003 | Crisis Services | Based on Trends in our current contracts and the cost per unit currently | |
| 8004 | Medication Support | Based on Trends in our current contracts and the cost per unit currently | |
| 8005 | Collateral | Based on Trends in our current contracts and the cost per unit currently | |
| 8006 | Plan Development | Based on Trends in our current contracts and the cost per unit currently | |
| 8007 | Assessment | Based on Trends in our current contracts and the cost per unit currently | |
| 8008 | Rehabilitation | | |
| 8009 | Other (Specify) | | |
| 8010 | Other (Specify) | | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 2,195,206 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 2,195,207 |
| BUDGET CHECK: | 1 |

**Forensic Behavioral Health - Continuum of Care OP MH SUD
Turning Point of Central California
Fiscal Year (FY) 2025-26**

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|----------------------------|--------------|------------------|-------------------|---------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Records Technician | 0.45 | \$ 21,169 | | \$ 21,169 |
| 1102 | Program Bookkeeper | 0.45 | 21,169 | | 21,169 |
| 1103 | Secretary | 1.00 | 45,954 | | 45,954 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.90 | \$ 88,292 | | \$ 88,292 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Program Director | 1.00 | | \$ 79,872 | \$ 79,872 |
| 1117 | Mental Health Professional | 3.00 | | 252,495 | 252,495 |
| 1118 | Supervising PSC | 1.00 | | 66,648 | 66,648 |
| 1119 | Substance Abuse Counselor | 6.00 | | 343,203 | 343,203 |
| 1120 | Case Manager | 2.00 | | 101,699 | 101,699 |
| 1121 | Intake Assistant | 2.00 | | 103,552 | 103,552 |
| 1122 | Nurse | 0.45 | | 37,683 | 37,683 |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 15.45 | | \$ 985,151 | \$ 985,151 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 17.35 | \$ 88,292 | \$ 985,151 | \$ 1,073,444 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 2,098 | \$ 33,557 | \$ 35,656 |
| 1202 | Worker's Compensation | | 748 | 11,969 | 12,717 |
| 1203 | Health Insurance | | 8,444 | 135,034 | 143,478 |
| 1204 | Other Dental Insurance | | 663 | 10,600 | 11,263 |
| 1205 | Other Accrued Paid Leave | | 6,773 | 108,312 | 115,085 |

| | | | | |
|---|--------------------|-------------------|---------------------|---------------------|
| 1206 | Other ACI | 21 | 336 | 357 |
| Direct Employee Benefits Subtotal: | | \$ 18,747 | \$ 299,808 | \$ 318,555 |
| Direct Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Program | Total |
| 1301 | OASDI | \$ 986 | \$ 15,763 | \$ 16,748 |
| 1302 | FICA/MEDICARE | 4,400 | 70,368 | 74,769 |
| 1303 | SUI | 1,021 | 16,331 | 17,353 |
| 1304 | Other (specify) | - | - | - |
| 1305 | Other (specify) | - | - | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 6,407 | \$ 102,462 | \$ 108,869 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
| | | \$ 113,447 | \$ 1,387,422 | \$ 1,500,868 |

| | | |
|--|--------------|----------------|
| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
| | 8% | 92% |

| | | |
|------------------------------------|---------------------------------|-------------------|
| 2000: DIRECT CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 60,384 |
| 2003 | Client Transportation & Support | 6,242 |
| 2004 | Clothing, Food, & Hygiene | 1,561 |
| 2005 | Education Support | 6,242 |
| 2006 | Employment Support | 2,601 |
| 2007 | Household Items for Clients | 2,081 |
| 2008 | Medication Supports | 3,121 |
| 2009 | Program Supplies - Medical | 1,040 |
| 2010 | Utility Vouchers | 4,162 |
| 2011 | Other Client Activities | 2,705 |
| 2012 | Other Personal Needs | 416 |
| 2013 | Other Client Testing Material | 10,404 |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 100,960 |

| | | |
|---|---|------------------|
| 3000: DIRECT OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 8,323 |
| 3002 | Printing/Postage | 3,537 |
| 3003 | Office, Household & Program Supplies | 12,485 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 10,200 |
| 3006 | Staff Mileage | 1,040 |
| 3007 | Subscriptions & Memberships | 520 |
| 3008 | Vehicle Maintenance | 1,040 |
| 3009 | Other Vehicle Insurance / Fuel | 6,242 |
| 3010 | Other Staff Meetings / Employee, Employer Relations | 1,405 |
| 3011 | Other Recruitment | 5,202 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 49,995 |

| |
|--|
| 4000: DIRECT FACILITIES & EQUIPMENT |
|--|

| Acct # | Line Item Description | Amount |
|---|---------------------------------------|-------------------|
| 4001 | Building Maintenance | \$ 8,323 |
| 4002 | Rent/Lease Building | 93,636 |
| 4003 | Rent/Lease Equipment | 2,289 |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | 1,248 |
| 4006 | Utilities | 20,808 |
| 4007 | Other Equipment Maintenance | 2,081 |
| 4008 | Other Insurance | 5,202 |
| 4009 | Other Depreciation Expense for Office | 7,441 |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 141,028 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 36,934 |
| 5003 | Contractual/Consulting Services (Specify) | 19,203 |
| 5004 | Translation Services | 5,202 |
| 5005 | Other Psychiatrist | 78,030 |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 139,369 |

| 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 | 1,561 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 5,202 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 284,003 |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 290,766 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 15.00% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|----------------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 3,000 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 3,000 |
| 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 | \$ 6,000 |
|------------------------------------|-----------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 2,228,986 |
|-------------------------------|---------------------|

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

| 8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) | | | | |
|---|------------------------|----------------|------|-------------------|
| Acct # | Line Item Description | Service Units | Rate | Amount |
| 8001 | Mental Health Services | 64,770 | 4.70 | \$ 304,419 |
| 8002 | Case Management | 0 | | - |
| 8003 | Crisis Services | 134 | 3.40 | 457 |
| 8004 | Medication Support | 16,285 | 8.46 | 137,774 |
| 8005 | Collateral | 64 | 4.70 | 303 |
| 8006 | Plan Development | 5,536 | 4.70 | 26,019 |
| 8007 | Assessment | 25,357 | 4.70 | 119,179 |
| 8008 | Rehabilitation | 0 | - | - |
| 8009 | Other (Specify) | 0 | - | - |
| 8010 | Other (Specify) | 0 | - | - |
| Estimated Specialty Mental Health Services Billing Totals: | | 112,147 | | \$ 588,151 |
| Estimated % of Clients who are Medi-Cal Beneficiaries | | | | 100% |
| Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries | | | | 588,151 |
| Federal Financial Participation (FFP) % | | | 79% | 464,640 |
| MEDI-CAL FFP TOTAL | | | | \$ 464,640 |

| 8100 - SUBSTANCE USE DISORDER FUNDS | | |
|--|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8101 | Drug Medi-Cal | \$ 606,865 |
| 8102 | SABG | \$ - |
| SUBSTANCE USE DISORDER FUNDS TOTAL | | \$ 606,865 |

| 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 | | \$ 300,000 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 300,000 |

| 8400 - OTHER REVENUE | | |
|-----------------------------|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ - |
| 8402 | Client Insurance | - |
| 8403 | CCP AB109 | 857,481 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 857,481 |

| | |
|---------------------------------------|---------------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 2,228,986 |
|---------------------------------------|---------------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ 0 |
|--------------------------|-------------|

**Forensic Behavioral Health - Continuum of Care
Turning Point of Central California
Fiscal Year (FY) 2025-26**

PARTIAL FTE DETAIL

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

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|--------------------|
| Records Technician | FSC-FSP/Fresno | 55% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.55</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|--------------------|
| Program Bookkeeper | FSC-FSP/Fresno | 55% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.55</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| Nurse | FSC-FSP/Fresno | 50% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.50</u> |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

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

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

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

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

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

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

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

**Forensic Behavioral Health - Continuum of Care OP MH SUD
Turning Point of Central California
Fiscal Year (FY) 2025-26 Budget Narrative**

| PROGRAM EXPENSE | | | |
|---|----------------------------|------------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 1,500,868 | |
| Administrative Positions | | 88,292 | |
| 1101 | Records Technician | 21,169 | The Records Technician will keep track of the Medical Records and will do the billing for the program |
| 1102 | Program Bookkeeper | 21,169 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1103 | Secretary | 45,954 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| 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 | | 985,151 | |
| 1116 | Program Director | 79,872 | The Program Director oversees the program and the hiring, training and supervising of staff. There is an 8% reduction in salaries for accrued paid leave. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. This program requires a Bachelor Degree and SUD certification. There is a slight increase in salaries from previous year for COLA. |
| 1117 | Mental Health Professional | 252,495 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. One of the Mental Health Professionals will also be BBS |
| 1118 | Supervising PSC | 66,648 | Provides supervision to all Substance Abuse Counselors, Case Managers and Intake Assistant to ensure client care, maintain compliance with Turning Point policies and procedures. Supervisor also assisting in training new staff and reporting to the Program Director. |
| 1119 | Substance Abuse Counselor | 343,203 | The Substance Abuse Counselor is responsible for the Substance Abuse Treatment services in accordance with program requirements and ADP licensing. |
| 1120 | Case Manager | 101,699 | The Case Managers provide services which will assist individuals in gaining access to needed medical, social, housing, economic, educational and other services as directed by the Program Director and Supervising PSC. |
| 1121 | Intake Assistant | 103,552 | The Intake Assistant processes all referrals related to this program. These services include completing all new admissions in a timely manner with the goal of opening the client. |
| 1122 | Nurse | 37,683 | Nurses work with the doctors for Client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| 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 | | 318,555 | |
| 1201 | Retirement | 35,656 | Cost of Agency contribution to employee retirement plans. This is based on 3% of the whole salary. |
| 1202 | Worker's Compensation | 12,717 | Cost of workers compensation insurance. |
| 1203 | Health Insurance | 143,478 | Agency cost for health insurance, our health plans vary on what the employee chooses. This is the range per employer cost from \$399.15 per month to \$1299.24 per month. We used an average of \$8000 per year. |
| 1204 | Other Dental Insurance | 11,263 | Agency cost for dental insurance |

| PROGRAM EXPENSE | | | | |
|---|--------------------------|----------------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1205 | Other Accrued Paid Leave | 115,085 | The monetary value of staff Paid Leave hours as the accrue on a monthly basis | |
| 1206 | Other ACI | 357 | Employee assistance program | |
| Direct Payroll Taxes & Expenses: | | 108,869 | | |
| 1301 | OASDI | 16,748 | Disability Insurance | |
| 1302 | FICA/MEDICARE | 74,769 | Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and "Hospital Insurance" (Medicare). | |
| 1303 | SUI | 17,353 | Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |

| 2000: DIRECT CLIENT SUPPORT | | 100,960 | | |
|------------------------------------|---------------------------------|----------------|---|--|
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 60,384 | Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 6,242 | Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 1,561 | Cost of Client hygiene supplies and non-work related clothing. (examples: clothes, shoes, soap, toothpaste, deodorant, grooming supplies, diapers, etc.) | |
| 2005 | Education Support | 6,242 | Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational classes. | |
| 2006 | Employment Support | 2,601 | Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) | |
| 2007 | Household Items for Clients | 2,081 | Cost of purchasing items for clients home. (Examples: pots, pans, dishes, silverware, telephone, radio, etc.) | |
| 2008 | Medication Supports | 3,121 | Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays, prescriptions, lab work not covered by insurance, over the counter medications, first aid kits/supplies for clients use at home. | |
| 2009 | Program Supplies - Medical | 1,040 | Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, over-the-counter medication*, etc. *if allowable per contract. | |
| 2010 | Utility Vouchers | 4,162 | Cost of utility vouchers for a specific client. | |
| 2011 | Other Client Activities | 2,705 | Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, admission fees to events, etc.) | |
| 2012 | Other Personal Needs | 416 | Cost of supplying clients with necessary personal items (Examples: birth certificate, DMV Fee for ID or license, clients household cleaning products/house supplies, etc.) | |
| 2013 | Other Client Testing Material | 10,404 | Testing materials as needed and required | |
| 2014 | Other (specify) | - | | |
| 2015 | Other (specify) | - | | |
| 2016 | Other (specify) | - | | |

| 3000: DIRECT OPERATING EXPENSES | | 49,995 | | |
|--|--------------------------------------|---------------|--|--|
| 3001 | Telecommunications | 8,323 | Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) | |
| 3002 | Printing/Postage | 3,537 | Cost of custom copying/printing charges (Examples: letterhead, business forms, business cards, flyers, brochures, signs, etc.) and Postage and delivery, including delivery by the USPS, UPS, FEDEX and other courier services | |
| 3003 | Office, Household & Program Supplies | 12,485 | Cost of items normally used in an office setting. (Examples: pens, pencils, paper tablets, paper clips, notepads, staples, non-electric staplers/hole punchers/calculators, and other items normally used in an office setting.) House Supplies, Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. (Examples: pots, pans, pot holders, kitchen towels, curtains, detergent, Clorox for clothes, can opener, dishes, furnace filter, decorations, linens, etc.), Program Supplies, Cost of any items normally used by clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. Such items include, but are not limited to video tapes, printed handouts, desk reference books, research material, curriculum, puzzles, board games, therapeutic/meditative supplies and other items that are specifically designed and used to accomplish program goals. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 10,200 | Cost of employee training courses and materials. | |

| PROGRAM EXPENSE | | | | |
|-----------------|---|-------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3006 | Staff Mileage | 1,040 | Cost of employee mileage reimbursement paid in accordance with FPM section 1005. | |
| 3007 | Subscriptions & Memberships | 520 | Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) | |
| 3008 | Vehicle Maintenance | 1,040 | Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. | |
| 3009 | Other Vehicle Insurance / Fuel | 6,242 | Cost of gas in vehicles and insurance. | |
| 3010 | Other Staff Meetings / Employee, Employer Relations | 1,405 | Staff Meetings: Cost of room and supplies necessary for staff meetings. Employee Relations: Cost relating to improvement of working conditions (Examples: Company picnic items, etc.) \$10 per FTE per year budgeted for Employee Relations, all other expenses are related to Staff Meetings. | |
| 3011 | Other Recruitment | 5,202 | Costs of Live Scans, DMV printouts, ads for recruiting staff and other tests that might happen for the purposes of employment | |
| 3012 | Other (specify) | - | | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 141,028 | | |
|-------------------------------------|---------------------------------------|---------|--|--|
| 4001 | Building Maintenance | 8,323 | Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project. | |
| 4002 | Rent/Lease Building | 93,636 | Cost of rent/lease payments made for building leases from outside sources. | |
| 4003 | Rent/Lease Equipment | 2,289 | Cost of rent/lease payments made for furniture and equipment leases. | |
| 4004 | Rent/Lease Vehicles | - | Rental cost of vehicles and lease of agency vehicles. | |
| 4005 | Security | 1,248 | Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, etc.) | |
| 4006 | Utilities | 20,808 | Cost of service for power, gas, water, sewer, garbage, etc. | |
| 4007 | Other Equipment Maintenance | 2,081 | Cost of equipment and furniture repair and maintenance. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, laptop battery, monitor/printer/phone cord, drum, power strip, surge protector, video card, etc.) | |
| 4008 | Other Insurance | 5,202 | Cost of liability and property insurance | |
| 4009 | Other Depreciation Expense for Office | 7,441 | Cost of items depreciated at the progra, no pre owned by the agency. | |
| 4010 | Other (specify) | - | | |

| 5000: DIRECT SPECIAL EXPENSES | | 139,369 | | |
|-------------------------------|---|---------|--|--|
| 5001 | Consultant (Network & Data Management) | - | | |
| 5002 | HMIS (Health Management Information System) | 36,934 | Avatar costs | |
| 5003 | Contractual/Consulting Services (Specify) | 19,203 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. Built in YOY escalator. Professional services include vendors such as Credible Wireless Data Access and Valley Expetec IT related expenses as well as clinical supervision. | |
| 5004 | Translation Services | 5,202 | Paid to outside vendors for translation / interpreter services | |
| 5005 | Other Psychiatrist | 78,030 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. | |
| 5006 | Other (specify) | - | | |
| 5007 | Other (specify) | - | | |
| 5008 | Other (specify) | - | | |

| 6000: INDIRECT EXPENSES | | 290,766 | | |
|-------------------------|---|---------|--|--|
| 6001 | Administrative Overhead | - | | |
| 6002 | Professional Liability Insurance | - | | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | 1,561 | Cost of outside audit fees | |
| 6005 | Insurance (Specify): | - | | |
| 6006 | Payroll Services | 5,202 | This is our UKG timekeeping / HR system | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | | |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 284,003 | Support of corporate and regional offices such as processing invoices, payroll, cost reports, etc. | |
| 6010 | Other (specify) | - | | |
| 6011 | Other (specify) | - | | |
| 6012 | Other (specify) | - | | |
| 6013 | Other (specify) | - | | |

| 7000: DIRECT FIXED ASSETS | | 6,000 | | |
|---------------------------|---|-------|---|--|
| 7001 | Computer Equipment & Software | 3,000 | Computer and software as needed for the program | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | | |
| 7003 | Furniture & Fixtures | 3,000 | Chairs or other furniture as needed for the program | |
| 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) | - | | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | Based on Trends in our current contracts and the cost per unit currently | |
| 8002 | Case Management | Based on Trends in our current contracts and the cost per unit currently | |
| 8003 | Crisis Services | Based on Trends in our current contracts and the cost per unit currently | |
| 8004 | Medication Support | Based on Trends in our current contracts and the cost per unit currently | |
| 8005 | Collateral | Based on Trends in our current contracts and the cost per unit currently | |
| 8006 | Plan Development | Based on Trends in our current contracts and the cost per unit currently | |
| 8007 | Assessment | Based on Trends in our current contracts and the cost per unit currently | |
| 8008 | Rehabilitation | | |
| 8009 | Other (Specify) | | |
| 8010 | Other (Specify) | | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 2,228,986 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 2,228,986 |
| BUDGET CHECK: | - |

**Forensic Behavioral Health - Continuum of Care OP MH SUD
Turning Point of Central California
Fiscal Year (FY) 2026-27**

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|--------------------------------|--------------|------------------|---------------------|---------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Records Technician | 0.45 | \$ 21,593 | | \$ 21,593 |
| 1102 | Program Bookkeeper | 0.45 | 21,593 | | 21,593 |
| 1103 | Secretary | 1.00 | 46,873 | | 46,873 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.90 | \$ 90,059 | | \$ 90,059 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Program Director | 1.00 | | \$ 81,470 | \$ 81,470 |
| 1117 | Mental Health Professional | 3.00 | | 257,545 | 257,545 |
| 1118 | Supervising PSC | 1.00 | | 67,981 | 67,981 |
| 1119 | Substance Abuse Counselor | 6.00 | | 350,067 | 350,067 |
| 1120 | Case Manager | 2.00 | | 103,733 | 103,733 |
| 1121 | Intake Assistant | 2.00 | | 105,623 | 105,623 |
| 1122 | Nurse | 0.45 | | 38,436 | 38,436 |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 15.45 | | \$ 1,004,854 | \$ 1,004,854 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 17.35 | \$ 90,059 | \$ 1,004,854 | \$ 1,094,913 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 2,140 | \$ 34,229 | \$ 36,369 |
| 1202 | Worker's Compensation | | 763 | 12,208 | 12,972 |
| 1203 | Health Insurance | | 8,613 | 137,735 | 146,348 |
| 1204 | Other Dental Insurance | | 676 | 10,812 | 11,488 |
| 1205 | Other Accrued Paid Leave | | 6,908 | 110,478 | 117,386 |

| | | | | |
|---|--------------------|-------------------|---------------------|---------------------|
| 1206 | Other ACI | 21 | 342 | 364 |
| Direct Employee Benefits Subtotal: | | \$ 19,122 | \$ 305,804 | \$ 324,926 |
| Direct Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Program | Total |
| 1301 | OASDI | \$ 1,005 | \$ 16,078 | \$ 17,083 |
| 1302 | FICA/MEDICARE | 4,488 | 71,776 | 76,264 |
| 1303 | SUI | 1,042 | 16,658 | 17,700 |
| 1304 | Other (specify) | - | - | - |
| 1305 | Other (specify) | - | - | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 6,535 | \$ 104,511 | \$ 111,047 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
| | | \$ 115,716 | \$ 1,415,170 | \$ 1,530,886 |

| | | |
|--|--------------|----------------|
| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
| | 8% | 92% |

| | | |
|------------------------------------|---------------------------------|-------------------|
| 2000: DIRECT CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 60,384 |
| 2003 | Client Transportation & Support | 6,242 |
| 2004 | Clothing, Food, & Hygiene | 1,561 |
| 2005 | Education Support | 6,242 |
| 2006 | Employment Support | 2,601 |
| 2007 | Household Items for Clients | 2,081 |
| 2008 | Medication Supports | 3,121 |
| 2009 | Program Supplies - Medical | 1,040 |
| 2010 | Utility Vouchers | 4,162 |
| 2011 | Other Client Activities | 2,705 |
| 2012 | Other Personal Needs | 416 |
| 2013 | Other Client Testing Material | 10,404 |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 100,960 |

| | | |
|---|---|------------------|
| 3000: DIRECT OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 8,323 |
| 3002 | Printing/Postage | 3,537 |
| 3003 | Office, Household & Program Supplies | 12,485 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 10,200 |
| 3006 | Staff Mileage | 1,040 |
| 3007 | Subscriptions & Memberships | 520 |
| 3008 | Vehicle Maintenance | 1,040 |
| 3009 | Other Vehicle Insurance / Fuel | 6,242 |
| 3010 | Other Staff Meetings / Employee, Employer Relations | 1,405 |
| 3011 | Other Recruitment | 5,202 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 49,995 |

| |
|--|
| 4000: DIRECT FACILITIES & EQUIPMENT |
|--|

| Acct # | Line Item Description | Amount |
|---|---------------------------------------|-------------------|
| 4001 | Building Maintenance | \$ 8,323 |
| 4002 | Rent/Lease Building | 93,636 |
| 4003 | Rent/Lease Equipment | 2,289 |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | 1,248 |
| 4006 | Utilities | 20,808 |
| 4007 | Other Equipment Maintenance | 2,081 |
| 4008 | Other Insurance | 5,202 |
| 4009 | Other Depreciation Expense for Office | 7,441 |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 141,028 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 36,934 |
| 5003 | Contractual/Consulting Services (Specify) | 19,203 |
| 5004 | Translation Services | 5,202 |
| 5005 | Other Psychiatrist | 78,030 |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 139,369 |

| 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 | 1,561 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 5,202 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 288,492 |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 295,255 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 15.00% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|----------------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 3,000 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 3,000 |
| 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 | \$ 6,000 |
|------------------------------------|-----------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 2,263,493 |
|-------------------------------|---------------------|

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

| 8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) | | | | |
|---|------------------------|----------------|------|-------------------|
| Acct # | Line Item Description | Service Units | Rate | Amount |
| 8001 | Mental Health Services | 67,100 | 4.70 | \$ 315,370 |
| 8002 | Case Management | 0 | | - |
| 8003 | Crisis Services | 139 | 3.40 | 474 |
| 8004 | Medication Support | 16,871 | 8.46 | 142,731 |
| 8005 | Collateral | 67 | 4.70 | 314 |
| 8006 | Plan Development | 5,735 | 4.70 | 26,955 |
| 8007 | Assessment | 26,269 | 4.70 | 123,466 |
| 8008 | Rehabilitation | 0 | - | - |
| 8009 | Other (Specify) | 0 | - | - |
| 8010 | Other (Specify) | 0 | - | - |
| Estimated Specialty Mental Health Services Billing Totals: | | 116,182 | | \$ 609,308 |
| Estimated % of Clients who are Medi-Cal Beneficiaries | | | | 100% |
| Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries | | | | 609,308 |
| Federal Financial Participation (FFP) % | | | 79% | 481,354 |
| MEDI-CAL FFP TOTAL | | | | \$ 481,354 |

| 8100 - SUBSTANCE USE DISORDER FUNDS | | |
|--|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8101 | Drug Medi-Cal | \$ 624,658 |
| 8102 | SABG | \$ - |
| SUBSTANCE USE DISORDER FUNDS TOTAL | | \$ 624,658 |

| 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 | | \$ 300,000 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 300,000 |

| 8400 - OTHER REVENUE | | |
|-----------------------------|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ - |
| 8402 | Client Insurance | - |
| 8403 | CCP AB109 | 857,481 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 857,481 |

| | |
|---------------------------------------|---------------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 2,263,493 |
|---------------------------------------|---------------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ 0 |
|--------------------------|-------------|

**Forensic Behavioral Health - Continuum of Care
Turning Point of Central California
Fiscal Year (FY) 2026-27**

PARTIAL FTE DETAIL

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

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Records Technician | FSC-FSP/Fresno | 55% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.55 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Program Bookkeeper | FSC-FSP/Fresno | 55% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.55 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Nurse | FSC-FSP/Fresno | 50% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.50 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

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

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

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

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

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

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

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

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

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

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

**Forensic Behavioral Health - Continuum of Care OP MH SUD
Turning Point of Central California
Fiscal Year (FY) 2026-27 Budget Narrative**

| PROGRAM EXPENSE | | | |
|---|----------------------------|------------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 1,530,886 | |
| Administrative Positions | | 90,059 | |
| 1101 | Records Technician | 21,593 | The Records Technician will keep track of the Medical Records and will do the billing for the program |
| 1102 | Program Bookkeeper | 21,593 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1103 | Secretary | 46,873 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| 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 | | 1,004,854 | |
| 1116 | Program Director | 81,470 | The Program Director oversees the program and the hiring, training and supervising of staff. There is an 8% reduction in salaries for accrued paid leave. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. This program requires a Bachelor Degree and SUD certification. There is a slight increase in salaries from previous year for COLA. |
| 1117 | Mental Health Professional | 257,545 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. One of the Mental Health Professionals will also be BBS |
| 1118 | Supervising PSC | 67,981 | Provides supervision to all Substance Abuse Counselors, Case Managers and Intake Assistant to ensure client care, maintain compliance with Turning Point policies and procedures. Supervisor also assisting in training new staff and reporting to the Program Director. |
| 1119 | Substance Abuse Counselor | 350,067 | The Substance Abuse Counselor is responsible for the Substance Abuse Treatment services in accordance with program requirements and ADP licensing. |
| 1120 | Case Manager | 103,733 | The Case Managers provide services which will assist individuals in gaining access to needed medical, social, housing, economic, educational and other services as directed by the Program Director and Supervising PSC. |
| 1121 | Intake Assistant | 105,623 | The Intake Assistant processes all referrals related to this program. These services include completing all new admissions in a timely manner with the goal of opening the client. |
| 1122 | Nurse | 38,436 | Nurses work with the doctors for Client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| 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 | | 324,926 | |
| 1201 | Retirement | 36,369 | Cost of Agency contribution to employee retirement plans. This is based on 3% of the whole salary. |
| 1202 | Worker's Compensation | 12,972 | Cost of workers compensation insurance. |
| 1203 | Health Insurance | 146,348 | Agency cost for health insurance, our health plans vary on what the employee chooses. This is the range per employer cost from \$399.15 per month to \$1299.24 per month. We used an average of \$8000 per year. |
| 1204 | Other Dental Insurance | 11,488 | Agency cost for dental Insurance |

| PROGRAM EXPENSE | | | | |
|---|--------------------------|----------------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1205 | Other Accrued Paid Leave | 117,386 | The monetary value of staff Paid Leave hours as the accrue on a monthly basis | |
| 1206 | Other ACI | 364 | Employee assistance program | |
| Direct Payroll Taxes & Expenses: | | 111,047 | | |
| 1301 | OASDI | 17,083 | Disability Insurance | |
| 1302 | FICA/MEDICARE | 76,264 | Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and "Hospital Insurance" (Medicare). | |
| 1303 | SUI | 17,700 | Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |

| 2000: DIRECT CLIENT SUPPORT | | 100,960 | | |
|------------------------------------|---------------------------------|----------------|---|--|
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 60,384 | Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 6,242 | Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 1,561 | Cost of Client hygiene supplies and non-work related clothing. (examples: clothes, shoes, soap, toothpaste, deodorant, grooming supplies, diapers, etc.) | |
| 2005 | Education Support | 6,242 | Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational classes. | |
| 2006 | Employment Support | 2,601 | Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) | |
| 2007 | Household Items for Clients | 2,081 | Cost of purchasing items for clients home. (Examples: pots, pans, dishes, silverware, telephone, radio, etc.) | |
| 2008 | Medication Supports | 3,121 | Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays, prescriptions, lab work not covered by insurance, over the counter medications, first aid kits/supplies for clients use at home. | |
| 2009 | Program Supplies - Medical | 1,040 | Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, over-the-counter medication*, etc. *if allowable per contract. | |
| 2010 | Utility Vouchers | 4,162 | Cost of utility vouchers for a specific client. | |
| 2011 | Other Client Activities | 2,705 | Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, admission fees to events, etc.) | |
| 2012 | Other Personal Needs | 416 | Cost of supplying clients with necessary personal items (Examples: birth certificate, DMV Fee for ID or license, clients household cleaning products/house supplies, etc.) | |
| 2013 | Other Client Testing Material | 10,404 | Testing materials as needed and required | |
| 2014 | Other (specify) | - | | |
| 2015 | Other (specify) | - | | |
| 2016 | Other (specify) | - | | |

| 3000: DIRECT OPERATING EXPENSES | | 49,995 | | |
|--|--------------------------------------|---------------|--|--|
| 3001 | Telecommunications | 8,323 | Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) | |
| 3002 | Printing/Postage | 3,537 | Cost of custom copying/printing charges (Examples: letterhead, business forms, business cards, flyers, brochures, signs, etc.) and Postage and delivery, including delivery by the USPS, UPS, FEDEX and other courier services | |
| 3003 | Office, Household & Program Supplies | 12,485 | Cost of items normally used in an office setting. (Examples: pens, pencils, paper tablets, paper clips, notepads, staples, non-electric staplers/hole punchers/calculators, and other items normally used in an office setting.) House Supplies, Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. (Examples: pots, pans, pot holders, kitchen towels, curtains, detergent, Clorox for clothes, can opener, dishes, furnace filter, decorations, linens, etc.), Program Supplies, Cost of any items normally used by clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. Such items include, but are not limited to video tapes, printed handouts, desk reference books, research material, curriculum, puzzles, board games, therapeutic/meditative supplies and other items that are specifically designed and used to accomplish program goals. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 10,200 | Cost of employee training courses and materials. | |

| PROGRAM EXPENSE | | | | |
|-----------------|---|-------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3006 | Staff Mileage | 1,040 | Cost of employee mileage reimbursement paid in accordance with FPM section 1005. | |
| 3007 | Subscriptions & Memberships | 520 | Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) | |
| 3008 | Vehicle Maintenance | 1,040 | Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. | |
| 3009 | Other Vehicle Insurance / Fuel | 6,242 | Cost of gas in vehicles and insurance. | |
| 3010 | Other Staff Meetings / Employee, Employer Relations | 1,405 | Staff Meetings: Cost of room and supplies necessary for staff meetings. Employee Relations: Cost relating to improvement of working conditions (Examples: Company picnic items, etc.) \$10 per FTE per year budgeted for Employee Relations, all other expenses are related to Staff Meetings. | |
| 3011 | Other Recruitment | 5,202 | Costs of Live Scans, DMV printouts, ads for recruiting staff and other tests that might happen for the purposes of employment | |
| 3012 | Other (specify) | - | | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 141,028 | | |
|-------------------------------------|---------------------------------------|---------|--|--|
| 4001 | Building Maintenance | 8,323 | Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project. | |
| 4002 | Rent/Lease Building | 93,636 | Cost of rent/lease payments made for building leases from outside sources. | |
| 4003 | Rent/Lease Equipment | 2,289 | Cost of rent/lease payments made for furniture and equipment leases. | |
| 4004 | Rent/Lease Vehicles | - | Rental cost of vehicles and lease of agency vehicles. | |
| 4005 | Security | 1,248 | Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, etc.) | |
| 4006 | Utilities | 20,808 | Cost of service for power, gas, water, sewer, garbage, etc. | |
| 4007 | Other Equipment Maintenance | 2,081 | Cost of equipment and furniture repair and maintenance. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, laptop battery, monitor/printer/phone cord, drum, power strip, surge protector, video card, etc.) | |
| 4008 | Other Insurance | 5,202 | Cost of liability and property insurance | |
| 4009 | Other Depreciation Expense for Office | 7,441 | Cost of items depreciated at the progra, no pre owned by the agency. | |
| 4010 | Other (specify) | - | | |

| 5000: DIRECT SPECIAL EXPENSES | | 139,369 | | |
|-------------------------------|---|---------|--|--|
| 5001 | Consultant (Network & Data Management) | - | | |
| 5002 | HMIS (Health Management Information System) | 36,934 | Avatar costs | |
| 5003 | Contractual/Consulting Services (Specify) | 19,203 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. Built in YOY escalator. Professional services include vendors such as Credible Wireless Data Access and Valley Expetec IT related expenses as well as clinical supervision. | |
| 5004 | Translation Services | 5,202 | Paid to outside vendors for translation / interpreter services | |
| 5005 | Other Psychiatrist | 78,030 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. | |
| 5006 | Other (specify) | - | | |
| 5007 | Other (specify) | - | | |
| 5008 | Other (specify) | - | | |

| 6000: INDIRECT EXPENSES | | 295,255 | | |
|-------------------------|---|---------|--|--|
| 6001 | Administrative Overhead | - | | |
| 6002 | Professional Liability Insurance | - | | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | 1,561 | Cost of outside audit fees | |
| 6005 | Insurance (Specify): | - | | |
| 6006 | Payroll Services | 5,202 | This is our UKG timekeeping / HR system | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | | |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 288,492 | Support of corporate and regional offices such as processing invoices, payroll, cost reports, etc. | |
| 6010 | Other (specify) | - | | |
| 6011 | Other (specify) | - | | |
| 6012 | Other (specify) | - | | |
| 6013 | Other (specify) | - | | |

| 7000: DIRECT FIXED ASSETS | | 6,000 | | |
|---------------------------|---|-------|---|--|
| 7001 | Computer Equipment & Software | 3,000 | Computer and software as needed for the program | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | | |
| 7003 | Furniture & Fixtures | 3,000 | Chairs or other furniture as needed for the program | |
| 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) | - | | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | Based on Trends in our current contracts and the cost per unit currently | |
| 8002 | Case Management | Based on Trends in our current contracts and the cost per unit currently | |
| 8003 | Crisis Services | Based on Trends in our current contracts and the cost per unit currently | |
| 8004 | Medication Support | Based on Trends in our current contracts and the cost per unit currently | |
| 8005 | Collateral | Based on Trends in our current contracts and the cost per unit currently | |
| 8006 | Plan Development | Based on Trends in our current contracts and the cost per unit currently | |
| 8007 | Assessment | Based on Trends in our current contracts and the cost per unit currently | |
| 8008 | Rehabilitation | | |
| 8009 | Other (Specify) | | |
| 8010 | Other (Specify) | | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 2,263,493 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 2,263,493 |
| BUDGET CHECK: | - |

**Forensic Behavioral Health - Continuum of Care FSC FSP
Turning Point of Central California
Fiscal Year (FY) 2022-23**

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|--------------------------------|--------------|-------------------|---------------------|---------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Administrative Assistant | 1.00 | \$ 43,080 | | \$ 43,080 |
| 1102 | Records Technician | 0.55 | 24,381 | | 24,381 |
| 1103 | Program Bookkeeper | 0.55 | 24,381 | | 24,381 |
| 1104 | Secretary | 1.00 | 36,769 | | 36,769 |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 3.10 | \$ 128,612 | | \$ 128,612 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Program Director | 0.70 | | \$ 68,798 | \$ 68,798 |
| 1117 | Assistant Program Director | 1.00 | | 93,501 | 93,501 |
| 1118 | Mental Health Professionals | 3.00 | | 238,610 | 238,610 |
| 1119 | Supervising PSC | 1.00 | | 65,766 | 65,766 |
| 1120 | Nurse | 1.50 | | 94,436 | 94,436 |
| 1121 | Mental Health Specialist | 9.00 | | 437,437 | 437,437 |
| 1122 | Peer Support | 2.00 | | 64,689 | 64,689 |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 18.20 | | \$ 1,063,238 | \$ 1,063,238 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 21.30 | \$ 128,612 | \$ 1,063,238 | \$ 1,191,849 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 4,287 | \$ 35,441 | \$ 39,728 |
| 1202 | Worker's Compensation | | 1,529 | 12,641 | 14,170 |
| 1203 | Health Insurance | | 24,800 | 145,603 | 170,403 |
| 1204 | Other Dental Insurance | | 1,947 | 11,430 | 13,376 |
| 1205 | OtherAccrued Paid Leave | | 14,290 | 118,138 | 132,428 |

| | | | | |
|---|--------------------|-------------------|---------------------|---------------------|
| 1206 | Other ACI | 43 | 354 | 397 |
| Direct Employee Benefits Subtotal: | | \$ 46,896 | \$ 323,606 | \$ 370,503 |
| Direct Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Program | Total |
| 1301 | OASDI | \$ 2,014 | \$ 16,647 | \$ 18,661 |
| 1302 | FICA/MEDICARE | 8,990 | 74,319 | 83,308 |
| 1303 | SUI | 2,086 | 17,248 | 19,334 |
| 1304 | Other (specify) | - | - | - |
| 1305 | Other (specify) | - | - | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 13,090 | \$ 108,214 | \$ 121,304 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
| | | \$ 188,598 | \$ 1,495,058 | \$ 1,683,656 |

| | | |
|--|--------------|----------------|
| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
| | 11% | 89% |

| | | |
|------------------------------------|-----------------------------------|-------------------|
| 2000: DIRECT CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 325,500 |
| 2003 | Client Transportation & Support | 8,000 |
| 2004 | Clothing, Food, & Hygiene | 8,000 |
| 2005 | Education Support | 6,000 |
| 2006 | Employment Support | 1,000 |
| 2007 | Household Items for Clients | 5,000 |
| 2008 | Medication Supports | 25,000 |
| 2009 | Program Supplies - Medical | 3,000 |
| 2010 | Utility Vouchers | 2,000 |
| 2011 | Other Client Activities | 8,000 |
| 2012 | Other Personal Needs | 2,000 |
| 2013 | Other Client Building Maintenance | 500 |
| 2014 | Other Client Testing Material | 850 |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 394,850 |

| | | |
|---|---|------------------|
| 3000: DIRECT OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 14,000 |
| 3002 | Printing/Postage | 1,500 |
| 3003 | Office, Household & Program Supplies | 11,400 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 20,000 |
| 3006 | Staff Mileage | 12,000 |
| 3007 | Subscriptions & Memberships | 900 |
| 3008 | Vehicle Maintenance | 3,500 |
| 3009 | Other Vehicle Insurance/Fuel | 13,000 |
| 3010 | Other Staff Meetings/Employee Relations | 3,300 |
| 3011 | Other Recruitment | 8,000 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 87,600 |

| |
|--|
| 4000: DIRECT FACILITIES & EQUIPMENT |
|--|

| Acct # | Line Item Description | Amount |
|---|---------------------------------------|-------------------|
| 4001 | Building Maintenance | \$ 11,627 |
| 4002 | Rent/Lease Building | 100,000 |
| 4003 | Rent/Lease Equipment | 2,000 |
| 4004 | Rent/Lease Vehicles | 20,000 |
| 4005 | Security | 1,000 |
| 4006 | Utilities | 18,000 |
| 4007 | Other Equipment Maintenance | 800 |
| 4008 | Other Insurance | 5,000 |
| 4009 | Other Depreciation Expense for Office | 6,504 |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 164,931 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 24,000 |
| 5003 | Contractual/Consulting Services (Specify) | 6,000 |
| 5004 | Translation Services | 4,000 |
| 5005 | Other Psychiatrist | \$196,800 |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 230,800 |

| 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 | 1,500 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 4,000 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 391,909 |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 397,409 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 15.00% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|---------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 48,800 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 37,966 |
| 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 | \$ 86,766 |
|------------------------------------|------------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 3,046,012 |
|-------------------------------|---------------------|

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

| 8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) | | | | |
|---|------------------------|----------------|------|---------------------|
| Acct # | Line Item Description | Service Units | Rate | Amount |
| 8001 | Mental Health Services | 28,888 | 3.79 | \$ 109,608 |
| 8002 | Case Management | 136,342 | 2.67 | 363,779 |
| 8003 | Crisis Services | 7,820 | 5.13 | 40,142 |
| 8004 | Medication Support | 45,032 | 6.59 | 296,726 |
| 8005 | Collateral | 2,918 | 3.79 | 11,073 |
| 8006 | Plan Development | 3,412 | 3.79 | 12,944 |
| 8007 | Assessment | 10,899 | 3.79 | 41,353 |
| 8008 | Rehabilitation | 317,936 | 3.79 | 1,206,323 |
| 8009 | Other (Specify) | 0 | - | - |
| 8010 | Other (Specify) | 0 | - | - |
| Estimated Specialty Mental Health Services Billing Totals: | | 553,248 | | \$ 2,081,950 |
| Estimated % of Clients who are Medi-Cal Beneficiaries | | | | 95% |
| Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries | | | | 1,977,853 |
| Federal Financial Participation (FFP) % | | | 79% | 1,562,504 |
| MEDI-CAL FFP TOTAL | | | | \$ 1,562,504 |

| 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 | | \$ 487,008 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 487,008 |

| 8400 - OTHER REVENUE | | |
|-----------------------------|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ 3,500 |
| 8402 | Client Insurance | - |
| 8403 | CCP AB109 Funds | 993,000 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 996,500 |

| | |
|---------------------------------------|---------------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 3,046,012 |
|---------------------------------------|---------------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ 0 |
|--------------------------|-------------|

Forensic Behavioral Health - Continuum of Care
Provider Name
Fiscal Year (FY) 2022-23

PARTIAL FTE DETAIL

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

| Position | Contract #/Name/Department/County | FTE % |
|------------------|-----------------------------------|--------------|
| Program Director | Jail Diversion | 30.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 30.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Records Technician | FSC-OP/Fresno | 45% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.45 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Program Bookkeeper | FSC-OP/Fresno | 45% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.45 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| Nurse | FSC-OP / Fresno | 50% |
| | | |
| | | |
| | | |
| | | |

| | | |
|--------------|--|--------------------|
| | | |
| | | |
| Total | | <u>0.50</u> |

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

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

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

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

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 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 % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

**Forensic Behavioral Health - Continuum of Care FSC FSP
Turning Point of Central California
Fiscal Year (FY) 2022-23 Budget Narrative**

| PROGRAM EXPENSE | | | | |
|---|-----------|------------------|---|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1000: DIRECT SALARIES & BENEFITS | | 1,683,656 | | |
| Administrative Positions | | 128,612 | | |
| 1.00 | 1101 | 43,080 | Administrative Assistant The administrative assistant will oversee the support staff and will help with all support staff duties. | |
| 0.55 | 1102 | 24,381 | Records Technician The Records Technician will keep track of the Medical Records and will do the billing for the program | |
| 0.55 | 1103 | 24,381 | Program Bookkeeper The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. | |
| 1.00 | 1104 | 36,769 | Secretary Provides direct services to the program by data entry, phone calls, checking in clients, etc. | |
| | 1105 | 0 | | |
| | 1106 | 0 | | |
| | 1107 | 0 | | |
| | 1108 | 0 | | |
| | 1109 | 0 | | |
| | 1110 | 0 | | |
| | 1111 | 0 | | |
| | 1112 | 0 | | |
| | 1113 | 0 | | |
| | 1114 | 0 | | |
| | 1115 | 0 | | |
| Program Positions | | 1,063,238 | | |
| 0.70 | 1116 | 68,798 | Program Director The Program Director oversees the program and the hiring, training and supervising of staff. First year budget is based on 28 hours a week since the PD will be allocated between FSC FSP & Jail Diversion in the first year. There is an 8% reduction in salaries for accrued paid leave. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. This program requires a Master Degree and BBS Licensure for appropriate clinical oversight. | |
| 1.00 | 1117 | 93,501 | Assistant Program Director The Assistant Program Director will supervise staff and assist the Program Director. | |
| 3.00 | 1118 | 238,610 | Mental Health Professionals Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. One of the Mental Health Professionals will also be BBS | |
| 1.00 | 1119 | 65,766 | Supervising PSC Provides supervision to all Mental Health Specialists to ensure client care, maintain compliance with Turning Point policies and procedures. Supervisor also assisting in training new staff and reporting to the Assistant Program Director. | |
| 1.50 | 1120 | 94,436 | Nurse Nurses work with the doctors for Client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. | |
| 9.00 | 1121 | 437,437 | Mental Health Specialist Mental Health Specialist will carry a caseload while also specializing in linking and providing services to those interested in engagement in employment and education services. | |
| 2.00 | 1122 | 64,689 | Peer Support Serves as a client advocate and provides information and peer support to clients | |
| | 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 | | 370,503 | | |
| | 1201 | 39,728 | Retirement Cost of Agency contribution to employee retirement plans. This is based on 3% of the whole salary. | |
| | 1202 | 14,170 | Worker's Compensation | |
| | 1203 | 170,403 | Health Insurance Agency cost for health insurance, our health plans vary on what the employee chooses. This is the range per employer cost from \$399.15 per month to 1299.24 per month. We used an average of \$8000.00 Per year. | |
| | 1204 | 13,376 | Other Dental Insurance Agency cost for dental insurance | |
| | 1205 | 132,428 | OtherAccrued Paid Leave The monetary value of staff Paid Leave hours as they accrue on a monthly basis | |
| | 1206 | 397 | Other ACI Employee assistance program | |

| PROGRAM EXPENSE | | | |
|---|-----------------|----------------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| Direct Payroll Taxes & Expenses: | | 121,304 | |
| 1301 | OASDI | 18,661 | Disability Insurance |
| 1302 | FICA/MEDICARE | 83,308 | Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and "Hospital Insurance" (Medicare). |
| 1303 | SUI | 19,334 | Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |

| 2000: DIRECT CLIENT SUPPORT | | 394,850 | |
|------------------------------------|-----------------------------------|----------------|---|
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | 325,500 | Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) |
| 2003 | Client Transportation & Support | 8,000 | Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) |
| 2004 | Clothing, Food, & Hygiene | 8,000 | Cost of Client hygiene supplies and non-work related clothing. (examples: clothes, shoes, soap, toothpaste, deodorant, grooming supplies, diapers, etc.) |
| 2005 | Education Support | 6,000 | Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational classes. |
| 2006 | Employment Support | 1,000 | Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) |
| 2007 | Household Items for Clients | 5,000 | Cost of purchasing items for clients home. (Examples: pots, pans, dishes, silverware, telephone, radio, etc.) |
| 2008 | Medication Supports | 25,000 | Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays, prescriptions, lab work not covered by insurance, over the counter medications, first aid kits/supplies for clients use at home. |
| 2009 | Program Supplies - Medical | 3,000 | Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, over-the-counter medication*, etc. *if allowable per contract. |
| 2010 | Utility Vouchers | 2,000 | Cost of utility vouchers for a specific client. |
| 2011 | Other Client Activities | 8,000 | Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, admission fees to events, etc.) |
| 2012 | Other Personal Needs | 2,000 | Cost of supplying clients with necessary personal items (Examples: birth certificate, DMV Fee for ID or license, clients household cleaning products/house supplies, etc.) |
| 2013 | Other Client Building Maintenance | 500 | |
| 2014 | Other Client Testing Material | 850 | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

| 3000: DIRECT OPERATING EXPENSES | | 87,600 | |
|--|--------------------------------------|---------------|--|
| 3001 | Telecommunications | 14,000 | Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) |
| 3002 | Printing/Postage | 1,500 | Cost of custom copying/printing charges (Examples: letterhead, business forms, business cards, flyers, brochures, signs, etc.) and Postage and delivery, including delivery by the USPS, UPS, FEDEX and other courier services |
| 3003 | Office, Household & Program Supplies | 11,400 | Cost of items normally used in an office setting. (Examples: pens, pencils, paper tablets, paper clips, notepads, staples, non-electric staplers/hole punchers/calculators, and other items normally used in an office setting.) House Supplies, Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. (Examples: pots, pans, pot holders, kitchen towels, curtains, detergent, Clorox for clothes, can opener, dishes, furnace filter, decorations, linens, etc.), Program Supplies, Cost of any items normally used by clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. Such items include, but are not limited to video tapes, printed handouts, desk reference books, research material, curriculum, puzzles, board games, therapeutic/meditative supplies and other items that are specifically designed and used to accomplish program goals. |
| 3004 | Advertising | - | |
| 3005 | Staff Development & Training | 20,000 | Cost of employee training courses and materials. |
| 3006 | Staff Mileage | 12,000 | Cost of employee mileage reimbursement paid in accordance with FPM section 1005. |
| 3007 | Subscriptions & Memberships | 900 | Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|---|--------|--|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 3008 | Vehicle Maintenance | 3,500 | Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. |
| | 3009 | Other Vehicle Insurance/Fuel | 13,000 | Cost of gas in vehicles and insurance. |
| | 3010 | Other Staff Meetings/Employee Relations | 3,300 | Staff Meetings: Cost of room and supplies necessary for staff meetings. Employee Relations: Cost relating to improvement of working conditions (Examples: Company picnic items, etc.) \$10 per FTE per year budgeted for Employee Relations, all other expenses are related to Staff Meetings. |
| | 3011 | Other Recruitment | 8,000 | Costs of Live Scans, DMV printouts, ads for recruiting staff and other tests that might happen for the purposes of employment |
| | 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | | 164,931 | |
|-------------------------------------|------|---------------------------------------|---------|--|
| | 4001 | Building Maintenance | 11,627 | Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project. |
| | 4002 | Rent/Lease Building | 100,000 | Cost of rent/lease payments made for building leases from outside sources. |
| | 4003 | Rent/Lease Equipment | 2,000 | Cost of rent/lease payments made for furniture and equipment leases. |
| | 4004 | Rent/Lease Vehicles | 20,000 | Rental cost of vehicles and lease of agency vehicles. |
| | 4005 | Security | 1,000 | Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, etc.) |
| | 4006 | Utilities | 18,000 | Cost of service for power, gas, water, sewer, garbage, etc. |
| | 4007 | Other Equipment Maintenance | 800 | Cost of equipment and furniture repair and maintenance. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, laptop battery, monitor/printer/phone cord, drum, power strip, surge protector, video card, etc.) |
| | 4008 | Other Insurance | 5,000 | Cost of liability and property insurance |
| | 4009 | Other Depreciation Expense for Office | 6,504 | Cost of items depreciated at the progra, no pre owned by the agency. |
| | 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | | 230,800 | |
|-------------------------------|------|---|---------|--|
| | 5001 | Consultant (Network & Data Management) | - | |
| | 5002 | HMIS (Health Management Information System) | 24,000 | Avatar costs |
| | 5003 | Contractual/Consulting Services (Specify) | 6,000 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. Built in YOY escalator. Professional services include vendors such as Credible Wireless Data Access and Valley Expetec IT related expenses as well as clinical supervision. |
| | 5004 | Translation Services | 4,000 | Paid to outside vendors for translation / interpreter services |
| | 5005 | Other Psychiatrist | 196,800 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. |
| | 5006 | Other (specify) | - | |
| | 5007 | Other (specify) | - | |
| | 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | | 397,409 | |
|-------------------------|------|---|---------|--|
| | 6001 | Administrative Overhead | - | |
| | 6002 | Professional Liability Insurance | - | |
| | 6003 | Accounting/Bookkeeping | - | |
| | 6004 | External Audit | 1,500 | Cost of outside audit fees |
| | 6005 | Insurance (Specify): | - | |
| | 6006 | Payroll Services | 4,000 | This is our UKG timekeeping / HR system |
| | 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| | 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| | 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 391,909 | Support of corporate and regional offices such as processing invoices, payroll, cost reports, etc. |
| | 6010 | Other (specify) | - | |
| | 6011 | Other (specify) | - | |
| | 6012 | Other (specify) | - | |
| | 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | | 86,766 | |
|---------------------------|------|---|--------|--|
| | 7001 | Computer Equipment & Software | 48,800 | Computer and software as needed for the program. Obsolete Equip replacement as well as initial purchase of equipment for newly budgeted/additional staff. |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | |
| | 7003 | Furniture & Fixtures | 37,966 | Chairs or other furniture as needed for the program, replacement of damaged/worn furniture as well as initial purchase of furniture for newly budgeted/additional staff. |
| | 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 | Based on Trends in our current contracts and the cost per unit currently | |
| 8002 | Case Management | Based on Trends in our current contracts and the cost per unit currently | |
| 8003 | Crisis Services | Based on Trends in our current contracts and the cost per unit currently | |
| 8004 | Medication Support | Based on Trends in our current contracts and the cost per unit currently | |
| 8005 | Collateral | Based on Trends in our current contracts and the cost per unit currently | |
| 8006 | Plan Development | Based on Trends in our current contracts and the cost per unit currently | |
| 8007 | Assessment | Based on Trends in our current contracts and the cost per unit currently | |
| 8008 | Rehabilitation | Based on Trends in our current contracts and the cost per unit currently | |
| 8009 | Other (Specify) | | |
| 8010 | Other (Specify) | | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 3,046,012 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 3,046,012 |
| BUDGET CHECK: | - |

**Forensic Behavioral Health - Continuum of Care FSC FSP
Turning Point of Central California
Fiscal Year (FY) 2023-24**

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|--------------------------------|--------------|-------------------|---------------------|---------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Administrative Assistant | 1.00 | \$ 43,941 | | \$ 43,941 |
| 1102 | Records Technician | 0.55 | 24,869 | | 24,869 |
| 1103 | Program Bookkeeper | 0.55 | 24,869 | | 24,869 |
| 1104 | Secretary | 1.00 | 37,505 | | 37,505 |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 3.10 | \$ 131,184 | | \$ 131,184 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Program Director | 1.00 | | \$ 100,249 | \$ 100,249 |
| 1117 | Assistant Program Director | 1.00 | | 95,371 | 95,371 |
| 1118 | Mental Health Professionals | 3.00 | | 243,383 | 243,383 |
| 1119 | Supervising PSC | 1.00 | | 67,081 | 67,081 |
| 1120 | Nurse | 1.50 | | 96,324 | 96,324 |
| 1121 | Mental Health Specialist | 9.00 | | 446,186 | 446,186 |
| 1122 | Peer Support | 2.00 | | 65,983 | 65,983 |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | | - |
| 1127 | | | | | - |
| 1128 | | | | | - |
| 1129 | | | | | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 18.50 | | \$ 1,114,577 | \$ 1,114,577 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 21.60 | \$ 131,184 | \$ 1,114,577 | \$ 1,245,761 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 4,373 | \$ 37,153 | \$ 41,525 |
| 1202 | Worker's Compensation | | 1,560 | 13,251 | 14,811 |
| 1203 | Health Insurance | | 25,297 | 150,963 | 176,260 |
| 1204 | Other Dental Insurance | | 1,986 | 11,850 | 13,836 |
| 1205 | OtherAccrued Paid Leave | | 14,576 | 123,842 | 138,418 |

| | | | | |
|---|--------------------|-------------------|---------------------|---------------------|
| 1206 | Other ACI | 44 | 372 | 415 |
| Direct Employee Benefits Subtotal: | | \$ 47,834 | \$ 337,430 | \$ 385,265 |
| Direct Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Program | Total |
| 1301 | OASDI | \$ 2,054 | \$ 17,451 | \$ 19,505 |
| 1302 | FICA/MEDICARE | 9,170 | 77,907 | 87,077 |
| 1303 | SUI | 2,128 | 18,081 | 20,209 |
| 1304 | Other (specify) | | | - |
| 1305 | Other (specify) | | | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 13,352 | \$ 113,439 | \$ 126,791 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
| | | \$ 192,370 | \$ 1,565,447 | \$ 1,757,817 |

| | | |
|--|--------------|----------------|
| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
| | 11% | 89% |

| | | |
|------------------------------------|-----------------------------------|-------------------|
| 2000: DIRECT CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 347,000 |
| 2003 | Client Transportation & Support | \$8,000 |
| 2004 | Clothing, Food, & Hygiene | \$8,255 |
| 2005 | Education Support | 6,000 |
| 2006 | Employment Support | 1,000 |
| 2007 | Household Items for Clients | 5,000 |
| 2008 | Medication Supports | 25,000 |
| 2009 | Program Supplies - Medical | 3,000 |
| 2010 | Utility Vouchers | 2,000 |
| 2011 | Other Client Activities | \$8,000 |
| 2012 | Other Personal Needs | \$2,000 |
| 2013 | Other Client Building Maintenance | 500 |
| 2014 | Other Client Testing Material | 867 |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 416,622 |

| | | |
|---|---|------------------|
| 3000: DIRECT OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 12,240 |
| 3002 | Printing/Postage | 918 |
| 3003 | Office, Household & Program Supplies | 11,400 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 13,498 |
| 3006 | Staff Mileage | 12,000 |
| 3007 | Subscriptions & Memberships | 900 |
| 3008 | Vehicle Maintenance | 3,570 |
| 3009 | Other Vehicle Insurance/Fuel | 13,260 |
| 3010 | Other Staff Meetings/Employee Relations | 3,300 |
| 3011 | Other Recruitment | 4,000 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 75,086 |

| |
|--|
| 4000: DIRECT FACILITIES & EQUIPMENT |
|--|

| Acct # | Line Item Description | Amount |
|---|---------------------------------------|-------------------|
| 4001 | Building Maintenance | \$ 9,180 |
| 4002 | Rent/Lease Building | 100,000 |
| 4003 | Rent/Lease Equipment | 2,000 |
| 4004 | Rent/Lease Vehicles | 20,000 |
| 4005 | Security | 1,000 |
| 4006 | Utilities | 18,000 |
| 4007 | Other Equipment Maintenance | 816 |
| 4008 | Other Insurance | 5,000 |
| 4009 | Other Depreciation Expense for Office | 6,504 |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 162,500 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 24,000 |
| 5003 | Contractual/Consulting Services (Specify) | \$4,062 |
| 5004 | Translation Services | \$4,000 |
| 5005 | Other O/S Psychiatrist | \$215,000 |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 247,062 |

| 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 | 1,500 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 6,000 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 392,910 |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 400,410 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 15.00% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|----------------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 5,000 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 5,000 |
| 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 | \$ 10,000 |
|------------------------------------|------------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 3,069,497 |
|-------------------------------|---------------------|

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

| 8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) | | | | |
|---|------------------------|----------------|------|---------------------|
| Acct # | Line Item Description | Service Units | Rate | Amount |
| 8001 | Mental Health Services | 28,888 | 3.91 | \$ 112,928 |
| 8002 | Case Management | 124,520 | 2.75 | 342,297 |
| 8003 | Crisis Services | 7,820 | 5.29 | 41,357 |
| 8004 | Medication Support | 45,032 | 6.79 | 305,712 |
| 8005 | Collateral | 2,918 | 3.91 | 11,408 |
| 8006 | Plan Development | 3,412 | 3.91 | 13,336 |
| 8007 | Assessment | 10,899 | 3.91 | 42,606 |
| 8008 | Rehabilitation | 317,936 | 3.91 | 1,243,598 |
| 8009 | Other (Specify) | 0 | - | - |
| 8010 | Other (Specify) | 0 | - | - |
| Estimated Specialty Mental Health Services Billing Totals: | | 541,426 | | \$ 2,113,242 |
| Estimated % of Clients who are Medi-Cal Beneficiaries | | | | 95% |
| Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries | | | | 2,007,580 |
| Federal Financial Participation (FFP) % | | | 79% | 1,585,988 |
| MEDI-CAL FFP TOTAL | | | | \$ 1,585,988 |

| 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 | | \$ 487,008 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 487,008 |

| 8400 - OTHER REVENUE | | |
|-----------------------------|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ 3,500 |
| 8402 | Client Insurance | - |
| 8403 | CCP AB109 Funds | 993,000 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 996,500 |

| | |
|---------------------------------------|---------------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 3,069,496 |
|---------------------------------------|---------------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ 0 |
|--------------------------|-------------|

**Forensic Behavioral Health - Continuum of Care
Turning Point of Central California
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 % |
|--------------------|-----------------------------------|--------------------|
| Records Technician | FSC-OP/Fresno | 45% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.45</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|--------------------|
| Program Bookkeeper | FSC-OP/Fresno | 45% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.45</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| Nurse | FSC-OP / Fresno | 50% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.50</u> |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

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

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

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

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

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

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

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

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

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

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

**Forensic Behavioral Health - Continuum of Care FSC FSP
Turning Point of Central California
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 | | | 1,757,817 | |
| Administrative Positions | | | 131,184 | |
| 1.00 | 1101 | Administrative Assistant | 43,941 | The administrative assistant will oversee the support staff and will help with all support staff duties. |
| 0.55 | 1102 | Records Technician | 24,869 | The Records Technician will keep track of the Medical Records and will do the billing for the program |
| 0.55 | 1103 | Program Bookkeeper | 24,869 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1.00 | 1104 | Secretary | 37,505 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| | 1105 | 0 | - | |
| | 1106 | 0 | - | |
| | 1107 | 0 | - | |
| | 1108 | 0 | - | |
| | 1109 | 0 | - | |
| | 1110 | 0 | - | |
| | 1111 | 0 | - | |
| | 1112 | 0 | - | |
| | 1113 | 0 | - | |
| | 1114 | 0 | - | |
| | 1115 | 0 | - | |
| Program Positions | | | 1,114,577 | |
| 1.00 | 1116 | Program Director | 100,249 | The Program Director oversees the program and the hiring, training and supervising of staff. FY 2-5 the PD is allocated 100% to FSC FSP, 40 hours a week. There is an 8% reduction in salaries for accrued paid leave. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. This program requires a Master Degree and BBS Licensure for appropriate clinical oversight. There is a slight increase in salaries from previous year for COLA. |
| 1.00 | 1117 | Assistant Program Director | 95,371 | The Assitant Program Director will supervise staff and assist the Program Director. |
| 3.00 | 1118 | Mental Health Professionals | 243,383 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. One of the Mental Health Professionals will also be BBS |
| 1.00 | 1119 | Supervising PSC | 67,081 | Provides supervision to all Mental Health Specialists to ensure client care, maintain compliance with Turning Point policies and procedures. Supervisor also assisting in training new staff and reporting to the Assistant Program Director. |
| 1.50 | 1120 | Nurse | 96,324 | Nurses work with the doctors for Client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| 9.00 | 1121 | Mental Health Specialist | 446,186 | Mental Health Specialist will carry a caseload while also specializing in linking and providing services to those interested in engagement in employment and education services. |
| 2.00 | 1122 | Peer Support | 65,983 | Serves as a client advocate and provides information and peer support to clients throughout their recovery process. |
| | 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 | | | 385,265 | |
| | 1201 | Retirement | 41,525 | Cost of Agency contribution to employee retirement plans. This is based on 3% of the whole salary. |
| | 1202 | Worker's Compensation | 14,811 | Cost of workers compensation insurance. |
| | 1203 | Health Insurance | 176,260 | Agency cost for health insurance, our health plans vary on what the employee chooses. This is the range per employer cost from \$399.15 per month to 1299.24 per month. We used an average of \$8000.00 Per year. |

| PROGRAM EXPENSE | | | | |
|-----------------|-------------------------|---------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1204 | Other Dental Insurance | 13,836 | Agency cost for dental insurance | |
| 1205 | OtherAccrued Paid Leave | 138,418 | The monetary value of staff Paid Leave hours as they accrue on a monthly basis | |
| 1206 | Other ACI | 415 | Employee assistance program | |

| Direct Payroll Taxes & Expenses: | | 126,791 | | |
|----------------------------------|-----------------|---------|---|--|
| 1301 | OASDI | 19,505 | Disability Insurance | |
| 1302 | FICA/MEDICARE | 87,077 | Employer portion of F.I.C.A. taxes charged to the Agency by the InternalRevenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and "Hospital Insurance" (Medicare). | |
| 1303 | SUI | 20,209 | Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |

| 2000: DIRECT CLIENT SUPPORT | | 416,622 | | |
|-----------------------------|-----------------------------------|---------|---|--|
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 347,000 | Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 8,000 | Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 8,255 | Cost of Client hygiene supplies and non-work related clothing. (examples: clothes, shoes, soap, toothpaste, deodorant, grooming supplies, diapers, etc.) | |
| 2005 | Education Support | 6,000 | Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational classes. | |
| 2006 | Employment Support | 1,000 | Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) | |
| 2007 | Household Items for Clients | 5,000 | Cost of purchasing items for clients home. (Examples: pots, pans, dishes, silverware, telephone, radio, etc.) | |
| 2008 | Medication Supports | 25,000 | Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays, prescriptions, lab work not covered by insurance, over the counter medications, first aid kits/supplies for clients use at home. | |
| 2009 | Program Supplies - Medical | 3,000 | Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, over-the-counter medication*, etc. *if allowable per contract. | |
| 2010 | Utility Vouchers | 2,000 | Cost of utility vouchers for a specific client. | |
| 2011 | Other Client Activities | 8,000 | Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, admission fees to events, etc.) | |
| 2012 | Other Personal Needs | 2,000 | Cost of supplying clients with necessary personal items (Examples: birth certificate, DMV Fee for ID or license, clients household cleaning products/house supplies, etc.) | |
| 2013 | Other Client Building Maintenance | 500 | | |
| 2014 | Other Client Testing Material | 867 | | |
| 2015 | Other (specify) | - | | |
| 2016 | Other (specify) | - | | |

| 3000: DIRECT OPERATING EXPENSES | | 75,086 | | |
|---------------------------------|--------------------------------------|--------|--|--|
| 3001 | Telecommunications | 12,240 | Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) | |
| 3002 | Printing/Postage | 918 | Cost of custom copying/printing charges (Examples: letterhead, business forms, business cards, flyers, brochures, signs, etc.) and Postage and elivery, including delivery by the USPS, UPS, FEDEX and other courier services | |
| 3003 | Office, Household & Program Supplies | 11,400 | Cost of items normally used in an office setting. (Examples: pens, pencils, paper tablets, paper clips, notepads, staples, non-electric staplers/hole punchers/calculators, and other items normally used in an office setting.) House Supplies, Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. (Examples: pots, pans, pot holders, kitchen towels, curtains, detergent, Clorox for clothes, can opener, dishes, furnace filter, decorations, linens, etc.), Program Supplies, Cost of any items normally used by clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. Such items include, but are not limited to video tapes, printed handouts, desk reference books, research material, curriculum, puzzles, board games, therapeutic/meditative supplies and other items that are specifically designed and used to accomplish program goals. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 13,498 | Cost of employee training courses and materials. | |

| PROGRAM EXPENSE | | | | |
|-----------------|---|--------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3006 | Staff Mileage | 12,000 | Cost of employee mileage reimbursement paid in accordance with FPM section 1005. | |
| 3007 | Subscriptions & Memberships | 900 | Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) | |
| 3008 | Vehicle Maintenance | 3,570 | Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. | |
| 3009 | Other Vehicle Insurance/Fuel | 13,260 | Cost of gas in vehicles and insurance. | |
| 3010 | Other Staff Meetings/Employee Relations | 3,300 | Staff Meetings: Cost of room and supplies necessary for staff meetings. Employee Relations: Cost relating to improvement of working conditions (Examples: Company picnic items, etc.) \$10 per FTE per year budgeted for Employee Relations, all other expenses are related to Staff Meetings. | |
| 3011 | Other Recruitment | 4,000 | Costs of Live Scans, DMV printouts, ads for recruiting staff and other tests that might happen for the purposes of employment | |
| 3012 | Other (specify) | - | | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 162,500 | | |
|-------------------------------------|---------------------------------------|---------|--|--|
| 4001 | Building Maintenance | 9,180 | Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project. | |
| 4002 | Rent/Lease Building | 100,000 | Cost of rent/lease payments made for building leases from outside sources. | |
| 4003 | Rent/Lease Equipment | 2,000 | Cost of rent/lease payments made for furniture and equipment leases. | |
| 4004 | Rent/Lease Vehicles | 20,000 | Rental cost of vehicles and lease of agency vehicles. | |
| 4005 | Security | 1,000 | Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, etc.) | |
| 4006 | Utilities | 18,000 | Cost of service for power, gas, water, sewer, garbage, etc. | |
| 4007 | Other Equipment Maintenance | 816 | Cost of equipment and furniture repair and maintenance. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, laptop battery, monitor/printer/phone cord, drum, power strip, surge protector, video card, etc.) | |
| 4008 | Other Insurance | 5,000 | Cost of liability and property insurance | |
| 4009 | Other Depreciation Expense for Office | 6,504 | Cost of items depreciated at the progra, no pre owned by the agency. | |
| 4010 | Other (specify) | - | | |

| 5000: DIRECT SPECIAL EXPENSES | | 247,062 | | |
|-------------------------------|---|---------|--|--|
| 5001 | Consultant (Network & Data Management) | - | | |
| 5002 | HMIS (Health Management Information System) | 24,000 | Avatar costs | |
| 5003 | Contractual/Consulting Services (Specify) | 4,062 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. Built in YOY escalator. Professional services include vendors such as Credible Wireless Data Access and Valley Expetec IT related expenses as well as clinical supervision. | |
| 5004 | Translation Services | 4,000 | Paid to outside vendors for translation / interpreter services | |
| 5005 | Other O/S Psychiatrist | 215,000 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. | |
| 5006 | Other (specify) | - | | |
| 5007 | Other (specify) | - | | |
| 5008 | Other (specify) | - | | |

| 6000: INDIRECT EXPENSES | | 400,410 | | |
|-------------------------|---|---------|--|--|
| 6001 | Administrative Overhead | - | | |
| 6002 | Professional Liability Insurance | - | | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | 1,500 | Cost of outside audit fees | |
| 6005 | Insurance (Specify): | - | | |
| 6006 | Payroll Services | 6,000 | This is our UKG timekeeping / HR system | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | | |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 392,910 | Support of corporate and regional offices such as processing invoices, payroll, cost reports, etc. | |
| 6010 | Other (specify) | - | | |
| 6011 | Other (specify) | - | | |
| 6012 | Other (specify) | - | | |
| 6013 | Other (specify) | - | | |

| 7000: DIRECT FIXED ASSETS | | 10,000 | | |
|---------------------------|---|--------|---|--|
| 7001 | Computer Equipment & Software | 5,000 | Computer and software as needed for the program | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | | |
| 7003 | Furniture & Fixtures | 5,000 | Chairs or other furniture as needed for the program | |
| 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) | - | | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | Based on Trends in our current contracts and the cost per unit currently | |
| 8002 | Case Management | Based on Trends in our current contracts and the cost per unit currently | |
| 8003 | Crisis Services | Based on Trends in our current contracts and the cost per unit currently | |
| 8004 | Medication Support | Based on Trends in our current contracts and the cost per unit currently | |
| 8005 | Collateral | Based on Trends in our current contracts and the cost per unit currently | |
| 8006 | Plan Development | Based on Trends in our current contracts and the cost per unit currently | |
| 8007 | Assessment | Based on Trends in our current contracts and the cost per unit currently | |
| 8008 | Rehabilitation | Based on Trends in our current contracts and the cost per unit currently | |
| 8009 | Other (Specify) | | |
| 8010 | Other (Specify) | | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 3,069,497 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 3,069,497 |
| BUDGET CHECK: | - |

**Forensic Behavioral Health - Continuum of Care FSC FSP
Turning Point of Central California
Fiscal Year (FY) 2024-25**

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|--------------------------------|--------------|-------------------|---------------------|---------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Administrative Assistant | 1.00 | \$ 44,820 | | \$ 44,820 |
| 1102 | Records Technician | 0.55 | 25,366 | | 25,366 |
| 1103 | Program Bookkeeper | 0.55 | 25,366 | | 25,366 |
| 1104 | Secretary | 1.00 | 38,255 | | 38,255 |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 3.10 | \$ 133,808 | | \$ 133,808 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Program Director | 1.00 | | \$ 102,254 | \$ 102,254 |
| 1117 | Assistant Program Director | 1.00 | | 97,279 | 97,279 |
| 1118 | Mental Health Professionals | 3.00 | | 248,250 | 248,250 |
| 1119 | Supervising PSC | 1.00 | | 68,423 | 68,423 |
| 1120 | Nurse | 1.50 | | 98,251 | 98,251 |
| 1121 | Mental Health Specialist | 9.00 | | 455,109 | 455,109 |
| 1122 | Peer Support | 2.00 | | 67,302 | 67,302 |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | | - |
| 1127 | | | | | - |
| 1128 | | | | | - |
| 1129 | | | | | - |
| 1130 | | | | | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 18.50 | | \$ 1,136,869 | \$ 1,136,869 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 21.60 | \$ 133,808 | \$ 1,136,869 | \$ 1,270,676 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 4,460 | \$ 37,896 | \$ 42,356 |
| 1202 | Worker's Compensation | | 1,591 | 13,516 | 15,107 |
| 1203 | Health Insurance | | 25,802 | 153,982 | 179,785 |
| 1204 | Other Dental Insurance | | 2,025 | 12,087 | 14,113 |
| 1205 | Other Accrued Paid Leave | | 14,868 | 126,319 | 141,186 |

| | | | | |
|---|--------------------|-------------------|---------------------|---------------------|
| 1206 | Other ACI | 45 | 379 | 424 |
| Direct Employee Benefits Subtotal: | | \$ 48,791 | \$ 344,179 | \$ 392,970 |
| Direct Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Program | Total |
| 1301 | OASDI | \$ 2,095 | \$ 17,800 | \$ 19,895 |
| 1302 | FICA/MEDICARE | 9,353 | 79,465 | 88,818 |
| 1303 | SUI | 2,171 | 18,443 | 20,613 |
| 1304 | Other (specify) | - | - | - |
| 1305 | Other (specify) | - | - | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 13,619 | \$ 115,708 | \$ 129,327 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
| | | \$ 196,217 | \$ 1,596,756 | \$ 1,792,973 |

| | | |
|--|--------------|----------------|
| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
| | 11% | 89% |

| | | |
|------------------------------------|-----------------------------------|-------------------|
| 2000: DIRECT CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 353,940 |
| 2003 | Client Transportation & Support | \$8,160 |
| 2004 | Clothing, Food, & Hygiene | \$8,420 |
| 2005 | Education Support | 6,120 |
| 2006 | Employment Support | 1,020 |
| 2007 | Household Items for Clients | 5,100 |
| 2008 | Medication Supports | 25,500 |
| 2009 | Program Supplies - Medical | 3,060 |
| 2010 | Utility Vouchers | 2,040 |
| 2011 | Other Client Activities | \$8,160 |
| 2012 | Other Personal Needs | \$2,040 |
| 2013 | Other Client Building Maintenance | 510 |
| 2014 | Other Client Testing Material | 884 |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 424,954 |

| | | |
|---|---|------------------|
| 3000: DIRECT OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 12,485 |
| 3002 | Printing/Postage | 936 |
| 3003 | Office, Household & Program Supplies | 11,628 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 13,768 |
| 3006 | Staff Mileage | 12,240 |
| 3007 | Subscriptions & Memberships | 918 |
| 3008 | Vehicle Maintenance | 3,641 |
| 3009 | Other Vehicle Insurance/Fuel | 13,525 |
| 3010 | Other Staff Meetings/Employee Relations | 3,366 |
| 3011 | Other Recruitment | 4,080 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 76,588 |

| |
|--|
| 4000: DIRECT FACILITIES & EQUIPMENT |
|--|

| Acct # | Line Item Description | Amount |
|---|---------------------------------------|-------------------|
| 4001 | Building Maintenance | \$ 9,364 |
| 4002 | Rent/Lease Building | 102,000 |
| 4003 | Rent/Lease Equipment | 2,040 |
| 4004 | Rent/Lease Vehicles | 20,400 |
| 4005 | Security | 1,020 |
| 4006 | Utilities | 18,360 |
| 4007 | Other Equipment Maintenance | 832 |
| 4008 | Other Insurance | 5,100 |
| 4009 | Other Depreciation Expense for Office | 6,634 |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 165,750 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 24,480 |
| 5003 | Contractual/Consulting Services (Specify) | \$4,143 |
| 5004 | Translation Services | \$4,080 |
| 5005 | Other O/S Psychiatrist | \$219,300 |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 252,003 |

| 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 | 1,530 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 6,120 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 400,760 |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 408,410 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 15.00% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|----------------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 5,100 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 5,100 |
| 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 | \$ 10,200 |
|------------------------------------|------------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 3,130,878 |
|-------------------------------|---------------------|

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

| 8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) | | | | |
|---|------------------------|----------------|------|---------------------|
| Acct # | Line Item Description | Service Units | Rate | Amount |
| 8001 | Mental Health Services | 28,888 | 4.06 | \$ 117,340 |
| 8002 | Case Management | 124,520 | 2.86 | 355,671 |
| 8003 | Crisis Services | 7,820 | 5.50 | 42,973 |
| 8004 | Medication Support | 45,032 | 7.05 | 317,656 |
| 8005 | Collateral | 2,918 | 4.06 | 11,854 |
| 8006 | Plan Development | 3,412 | 4.06 | 13,857 |
| 8007 | Assessment | 10,899 | 4.06 | 44,270 |
| 8008 | Rehabilitation | 317,936 | 4.06 | 1,291,410 |
| 8009 | Other (Specify) | 0 | - | - |
| 8010 | Other (Specify) | 0 | - | - |
| Estimated Specialty Mental Health Services Billing Totals: | | 541,426 | | \$ 2,195,031 |
| Estimated % of Clients who are Medi-Cal Beneficiaries | | | | 95% |
| Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries | | | | 2,085,279 |
| Federal Financial Participation (FFP) % | | | 79% | 1,647,370 |
| MEDI-CAL FFP TOTAL | | | | \$ 1,647,370 |

| 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 | | \$ 487,008 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 487,008 |

| 8400 - OTHER REVENUE | | |
|-----------------------------|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ 3,500 |
| 8402 | Client Insurance | - |
| 8403 | CCP AB109 Funds | 993,000 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 996,500 |

| | |
|---------------------------------------|---------------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 3,130,878 |
|---------------------------------------|---------------------|

| | |
|--------------------------|---------------|
| NET PROGRAM COST: | \$ (0) |
|--------------------------|---------------|

**Forensic Behavioral Health - Continuum of Care
Turning Point of Central California
Fiscal Year (FY) 2024-25**

PARTIAL FTE DETAIL

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

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Records Technician | FSC-OP/Fresno | 45% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.45 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Program Bookkeeper | FSC-OP/Fresno | 45% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.45 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Nurse | FSC-OP/Fresno | 50% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.50 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

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

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

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

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

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

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

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

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

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

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

**Forensic Behavioral Health - Continuum of Care FSC FSP
Turning Point of Central California
Fiscal Year (FY) 2024-25 Budget Narrative**

| PROGRAM EXPENSE | | | |
|---|-----------------------------|------------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 1,792,973 | |
| Administrative Positions | | 133,808 | |
| 1101 | Administrative Assistant | 44,820 | The administrative assistant will oversee the support staff and will help with all support staff duties. |
| 1102 | Records Technician | 25,366 | The Records Technician will keep track of the Medical Records and will do the billing for the program |
| 1103 | Program Bookkeeper | 25,366 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1104 | Secretary | 38,255 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 1,136,869 | |
| 1116 | Program Director | 102,254 | The Program Director oversees the program and the hiring, training and supervising of staff. FY 2-5 the PD is allocated 100% to FSC FSP, 40 hours a week. There is an 8% reduction in salaries for accrued paid leave. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. This program requires a Master Degree and BBS Licensure for appropriate clinical oversight. There is a slight increase in salaries from previous year for COLA. |
| 1117 | Assistant Program Director | 97,279 | The Assitant Program Director will supervise staff and assist the Program Director. |
| 1118 | Mental Health Professionals | 248,250 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. One of the Mental Health Professionals will also be BBS |
| 1119 | Supervising PSC | 68,423 | Provides supervision to all Mental Health Specialists to ensure client care, maintain compliance with Turning Point policies and procedures. Supervisor also assisting in training new staff and reporting to the Assistant Program Director. |
| 1120 | Nurse | 98,251 | Nurses work with the doctors for Client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| 1121 | Mental Health Specialist | 455,109 | Mental Health Specialist will carry a caseload while also specializing in linking and providing services to those interested in engagement in employment and education services. |
| 1122 | Peer Support | 67,302 | Serves as a client advocate and provides information and peer support to clients throughout their recovery process. |
| 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 | | 392,970 | |
| 1201 | Retirement | 42,356 | Cost of Agency contribution to employee retirement plans. This is based on 3% of the whole salary. |
| 1202 | Worker's Compensation | 15,107 | Cost of workers compensation insurance. |
| 1203 | Health Insurance | 179,785 | Agency cost for health insurance, our health plans vary on what the employee chooses. This is the range per employer cost from \$399.15 per month to 1299.24 per month. We used an average of \$8000.00 Per year. |

| PROGRAM EXPENSE | | | | |
|-----------------|--------------------------|---------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1204 | Other Dental Insurance | 14,113 | Agency cost for dental insurance | |
| 1205 | Other Accrued Paid Leave | 141,186 | The monetary value of staff Paid Leave hours as they accrue on a monthly basis | |
| 1206 | Other ACI | 424 | Employee assistance program | |

| Direct Payroll Taxes & Expenses: 129,327 | | | | |
|--|-----------------|--------|--|--|
| 1301 | OASDI | 19,895 | Disability Insurance | |
| 1302 | FICA/MEDICARE | 88,818 | Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and "Hospital Insurance" (Medicare). | |
| 1303 | SUI | 20,613 | Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |

| 2000: DIRECT CLIENT SUPPORT 424,954 | | | | |
|-------------------------------------|-----------------------------------|---------|---|--|
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 353,940 | Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 8,160 | Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 8,420 | Cost of Client hygiene supplies and non-work related clothing. (examples: clothes, shoes, soap, toothpaste, deodorant, grooming supplies, diapers, etc.) | |
| 2005 | Education Support | 6,120 | Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational classes. | |
| 2006 | Employment Support | 1,020 | Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) | |
| 2007 | Household Items for Clients | 5,100 | Cost of purchasing items for clients home. (Examples: pots, pans, dishes, silverware, telephone, radio, etc.) | |
| 2008 | Medication Supports | 25,500 | Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays, prescriptions, lab work not covered by insurance, over the counter medications, first aid kits/supplies for clients use at home. | |
| 2009 | Program Supplies - Medical | 3,060 | Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, over-the-counter medication*, etc. *if allowable per contract. | |
| 2010 | Utility Vouchers | 2,040 | Cost of utility vouchers for a specific client. | |
| 2011 | Other Client Activities | 8,160 | Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, admission fees to events, etc.) | |
| 2012 | Other Personal Needs | 2,040 | Cost of supplying clients with necessary personal items (Examples: birth certificate, DMV Fee for ID or license, clients household cleaning products/house supplies, etc.) | |
| 2013 | Other Client Building Maintenance | 510 | | |
| 2014 | Other Client Testing Material | 884 | | |
| 2015 | Other (specify) | - | | |
| 2016 | Other (specify) | - | | |

| 3000: DIRECT OPERATING EXPENSES 76,588 | | | | |
|--|--------------------------------------|--------|--|--|
| 3001 | Telecommunications | 12,485 | Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) | |
| 3002 | Printing/Postage | 936 | Cost of custom copying/printing charges (Examples: letterhead, business forms, business cards, flyers, brochures, signs, etc.) and Postage and delivery, including delivery by the USPS, UPS, FEDEX and other courier services | |
| 3003 | Office, Household & Program Supplies | 11,628 | Cost of items normally used in an office setting. (Examples: pens, pencils, paper tablets, paper clips, notepads, staples, non-electric staplers/hole punchers/calculators, and other items normally used in an office setting.) House Supplies, Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. (Examples: pots, pans, pot holders, kitchen towels, curtains, detergent, Clorox for clothes, can opener, dishes, furnace filter, decorations, linens, etc.). Program Supplies, Cost of any items normally used by clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. Such items include, but are not limited to video tapes, printed handouts, desk reference books, research material, curriculum, puzzles, board games, therapeutic/meditative supplies and other items that are specifically designed and used to accomplish program goals. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 13,768 | Cost of employee training courses and materials. | |

| PROGRAM EXPENSE | | | | |
|-----------------|---|--------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3006 | Staff Mileage | 12,240 | Cost of employee mileage reimbursement paid in accordance with FPM section 1005. | |
| 3007 | Subscriptions & Memberships | 918 | Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) | |
| 3008 | Vehicle Maintenance | 3,641 | Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. | |
| 3009 | Other Vehicle Insurance/Fuel | 13,525 | Cost of gas in vehicles and insurance. | |
| 3010 | Other Staff Meetings/Employee Relations | 3,366 | Staff Meetings: Cost of room and supplies necessary for staff meetings. Employee Relations: Cost relating to improvement of working conditions (Examples: Company picnic items, etc.) \$10 per FTE per year budgeted for Employee Relations, all other expenses are related to Staff Meetings. | |
| 3011 | Other Recruitment | 4,080 | Costs of Live Scans, DMV printouts, ads for recruiting staff and other tests that might happen for the purposes of employment | |
| 3012 | Other (specify) | - | | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 165,750 | | |
|-------------------------------------|---------------------------------------|---------|--|--|
| 4001 | Building Maintenance | 9,364 | Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project. | |
| 4002 | Rent/Lease Building | 102,000 | Cost of rent/lease payments made for building leases from outside sources. | |
| 4003 | Rent/Lease Equipment | 2,040 | Cost of rent/lease payments made for furniture and equipment leases. | |
| 4004 | Rent/Lease Vehicles | 20,400 | Rental cost of vehicles and lease of agency vehicles. | |
| 4005 | Security | 1,020 | Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, etc.) | |
| 4006 | Utilities | 18,360 | Cost of service for power, gas, water, sewer, garbage, etc. | |
| 4007 | Other Equipment Maintenance | 832 | Cost of equipment and furniture repair and maintenance. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, laptop battery, monitor/printer/phone cord, drum, power strip, surge protector, video card, etc.) | |
| 4008 | Other Insurance | 5,100 | Cost of liability and property insurance | |
| 4009 | Other Depreciation Expense for Office | 6,634 | Cost of items depreciated at the progra, no pre owned by the agency. | |
| 4010 | Other (specify) | - | | |

| 5000: DIRECT SPECIAL EXPENSES | | 252,003 | | |
|-------------------------------|---|---------|--|--|
| 5001 | Consultant (Network & Data Management) | - | | |
| 5002 | HMIS (Health Management Information System) | 24,480 | Avatar costs | |
| 5003 | Contractual/Consulting Services (Specify) | 4,143 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. Built in YOY escalator. Professional services include vendors such as Credible Wireless Data Access and Valley Expetec IT related expenses as well as clinical supervision. | |
| 5004 | Translation Services | 4,080 | Paid to outside vendors for translation / interpreter services | |
| 5005 | Other O/S Psychiatrist | 219,300 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. | |
| 5006 | Other (specify) | - | | |
| 5007 | Other (specify) | - | | |
| 5008 | Other (specify) | - | | |

| 6000: INDIRECT EXPENSES | | 408,410 | | |
|-------------------------|---|---------|--|--|
| 6001 | Administrative Overhead | - | | |
| 6002 | Professional Liability Insurance | - | | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | 1,530 | Cost of outside audit fees | |
| 6005 | Insurance (Specify): | - | | |
| 6006 | Payroll Services | 6,120 | This is our Ultipro timekeeping / HR system | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | | |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 400,760 | Support of corporate and regional offices such as processing invoices, payroll, cost reports, etc. | |
| 6010 | Other (specify) | - | | |
| 6011 | Other (specify) | - | | |
| 6012 | Other (specify) | - | | |
| 6013 | Other (specify) | - | | |

| 7000: DIRECT FIXED ASSETS | | 10,200 | | |
|---------------------------|---|--------|---|--|
| 7001 | Computer Equipment & Software | 5,100 | Computer and software as needed for the program | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | | |
| 7003 | Furniture & Fixtures | 5,100 | Chairs or other furniture as needed for the program | |
| 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) | - | | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | Based on Trends in our current contracts and the cost per unit currently | |
| 8002 | Case Management | Based on Trends in our current contracts and the cost per unit currently | |
| 8003 | Crisis Services | Based on Trends in our current contracts and the cost per unit currently | |
| 8004 | Medication Support | Based on Trends in our current contracts and the cost per unit currently | |
| 8005 | Collateral | Based on Trends in our current contracts and the cost per unit currently | |
| 8006 | Plan Development | Based on Trends in our current contracts and the cost per unit currently | |
| 8007 | Assessment | Based on Trends in our current contracts and the cost per unit currently | |
| 8008 | Rehabilitation | Based on Trends in our current contracts and the cost per unit currently | |
| 8009 | Other (Specify) | | |
| 8010 | Other (Specify) | | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 3,130,878 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 3,130,878 |
| BUDGET CHECK: | - |

**Forensic Behavioral Health - Continuum of Care FSC FSP
Turning Point of Central California
Fiscal Year (FY) 2025-26**

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|--------------------------------|--------------|-------------------|---------------------|---------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Administrative Assistant | 1.00 | \$ 45,716 | | \$ 45,716 |
| 1102 | Records Technician | 0.55 | 25,874 | | 25,874 |
| 1103 | Program Bookkeeper | 0.55 | 25,874 | | 25,874 |
| 1104 | Secretary | 1.00 | 39,020 | | 39,020 |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 3.10 | \$ 136,484 | | \$ 136,484 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Program Director | 1.00 | | \$ 104,299 | \$ 104,299 |
| 1117 | Assistant Program Director | 1.00 | | 99,224 | 99,224 |
| 1118 | Mental Health Professionals | 3.00 | | 253,215 | 253,215 |
| 1119 | Supervising PSC | 1.00 | | 69,792 | 69,792 |
| 1120 | Nurse | 1.50 | | 100,216 | 100,216 |
| 1121 | Mental Health Specialist | 9.00 | | 464,212 | 464,212 |
| 1122 | Peer Support | 2.00 | | 68,648 | 68,648 |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | | - |
| 1127 | | | | | - |
| 1128 | | | | | - |
| 1129 | | | | | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 18.50 | | \$ 1,159,606 | \$ 1,159,606 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 21.60 | \$ 136,484 | \$ 1,159,606 | \$ 1,296,090 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 4,549 | \$ 38,654 | \$ 43,203 |
| 1202 | Worker's Compensation | | 1,623 | 13,786 | 15,409 |
| 1203 | Health Insurance | | 26,318 | 157,062 | 183,380 |
| 1204 | Other Dental Insurance | | 2,066 | 12,329 | 14,395 |
| 1205 | Other Accrued Paid Leave | | 15,165 | 128,845 | 144,010 |

| | | | | |
|---|--------------------|-------------------|---------------------|---------------------|
| 1206 | Other ACI | 45 | 387 | 432 |
| Direct Employee Benefits Subtotal: | | \$ 49,767 | \$ 351,063 | \$ 400,830 |
| Direct Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Program | Total |
| 1301 | OASDI | \$ 2,137 | \$ 18,156 | \$ 20,293 |
| 1302 | FICA/MEDICARE | 9,540 | 81,055 | 90,595 |
| 1303 | SUI | 2,214 | 18,811 | 21,025 |
| 1304 | Other (specify) | | | - |
| 1305 | Other (specify) | | | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 13,891 | \$ 118,022 | \$ 131,913 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
| | | \$ 200,142 | \$ 1,628,691 | \$ 1,828,832 |

| | | |
|--|--------------|----------------|
| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
| | 11% | 89% |

| | | |
|------------------------------------|-----------------------------------|-------------------|
| 2000: DIRECT CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 361,019 |
| 2003 | Client Transportation & Support | \$8,323 |
| 2004 | Clothing, Food, & Hygiene | \$8,589 |
| 2005 | Education Support | 6,242 |
| 2006 | Employment Support | 1,040 |
| 2007 | Household Items for Clients | 5,202 |
| 2008 | Medication Supports | 26,010 |
| 2009 | Program Supplies - Medical | 3,121 |
| 2010 | Utility Vouchers | 2,081 |
| 2011 | Other Client Activities | \$8,323 |
| 2012 | Other Personal Needs | \$2,081 |
| 2013 | Other Client Building Maintenance | 520 |
| 2014 | Other Client Testing Material | 902 |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 433,454 |

| | | |
|---|---|------------------|
| 3000: DIRECT OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 12,734 |
| 3002 | Printing/Postage | 955 |
| 3003 | Office, Household & Program Supplies | 11,861 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 14,043 |
| 3006 | Staff Mileage | 12,485 |
| 3007 | Subscriptions & Memberships | 936 |
| 3008 | Vehicle Maintenance | 3,714 |
| 3009 | Other Vehicle Insurance/Fuel | 13,796 |
| 3010 | Other Staff Meetings/Employee Relations | 3,433 |
| 3011 | Other Recruitment | 4,162 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 78,119 |

| |
|--|
| 4000: DIRECT FACILITIES & EQUIPMENT |
|--|

| Acct # | Line Item Description | Amount |
|---|---------------------------------------|-------------------|
| 4001 | Building Maintenance | \$ 9,551 |
| 4002 | Rent/Lease Building | 104,040 |
| 4003 | Rent/Lease Equipment | 2,081 |
| 4004 | Rent/Lease Vehicles | 20,808 |
| 4005 | Security | 1,040 |
| 4006 | Utilities | 18,727 |
| 4007 | Other Equipment Maintenance | 849 |
| 4008 | Other Insurance | 5,202 |
| 4009 | Other Depreciation Expense for Office | |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 162,298 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 24,970 |
| 5003 | Contractual/Consulting Services (Specify) | \$4,226 |
| 5004 | Translation Services | \$4,162 |
| 5005 | Other O/S Psychiatrist | \$223,686 |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 257,043 |

| 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 | 1,561 |
| 6005 | Insurance (Specify): | |
| 6006 | Payroll Services | 6,242 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 407,742 |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 415,545 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 15.00% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|----------------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 5,202 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | |
| 7003 | Furniture & Fixtures | 5,202 |
| 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 | \$ 10,404 |
|------------------------------------|------------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 3,185,696 |
|-------------------------------|---------------------|

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

| 8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) | | | | |
|---|------------------------|----------------|------|---------------------|
| Acct # | Line Item Description | Service Units | Rate | Amount |
| 8001 | Mental Health Services | 28,888 | 4.20 | \$ 121,244 |
| 8002 | Case Management | 124,520 | 2.95 | 367,506 |
| 8003 | Crisis Services | 7,820 | 5.68 | 44,403 |
| 8004 | Medication Support | 45,032 | 7.29 | 328,226 |
| 8005 | Collateral | 2,918 | 4.20 | 12,249 |
| 8006 | Plan Development | 3,412 | 4.20 | 14,319 |
| 8007 | Assessment | 10,899 | 4.20 | 45,743 |
| 8008 | Rehabilitation | 317,936 | 4.20 | 1,334,383 |
| 8009 | Other (Specify) | 0 | - | - |
| 8010 | Other (Specify) | 0 | - | - |
| Estimated Specialty Mental Health Services Billing Totals: | | 541,426 | | \$ 2,268,072 |
| Estimated % of Clients who are Medi-Cal Beneficiaries | | | | 95% |
| Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries | | | | 2,154,669 |
| Federal Financial Participation (FFP) % | | | 79% | 1,702,188 |
| MEDI-CAL FFP TOTAL | | | | \$ 1,702,188 |

| 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 | | \$ 487,008 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 487,008 |

| 8400 - OTHER REVENUE | | |
|-----------------------------|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ 3,500 |
| 8402 | Client Insurance | - |
| 8403 | CCP AB109 Funds | 993,000 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 996,500 |

| | |
|---------------------------------------|---------------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 3,185,696 |
|---------------------------------------|---------------------|

| | |
|--------------------------|---------------|
| NET PROGRAM COST: | \$ (0) |
|--------------------------|---------------|

**Forensic Behavioral Health - Continuum of Care
Turning Point of Central California
Fiscal Year (FY) 2025-26**

PARTIAL FTE DETAIL

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

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Records Technician | FSC-OP/Fresno | 45% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.45 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Program Bookkeeper | FSC-OP/Fresno | 45% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.45 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Nurse | FSC-OP/Fresno | 50% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.50 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

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

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

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

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

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

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

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

**Forensic Behavioral Health - Continuum of Care FSC FSP
Turning Point of Central California
Fiscal Year (FY) 2025-26 Budget Narrative**

| PROGRAM EXPENSE | | | |
|---|-----------------------------|------------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 1,828,832 | |
| Administrative Positions | | 136,484 | |
| 1101 | Administrative Assistant | 45,716 | The administrative assistant will oversee the support staff and will help with all support staff duties. |
| 1102 | Records Technician | 25,874 | The Records Technician will keep track of the Medical Records and will do the billing for the program |
| 1103 | Program Bookkeeper | 25,874 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1104 | Secretary | 39,020 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 1,159,606 | |
| 1116 | Program Director | 104,299 | The Program Director oversees the program and the hiring, training and supervising of staff. FY 2-5 the PD is allocated 100% to FSC FSP, 40 hours a week. There is an 8% reduction in salaries for accrued paid leave. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. This program requires a Master Degree and BBS Licensure for appropriate clinical oversight. There is a slight increase in salaries from previous year for COLA. |
| 1117 | Assistant Program Director | 99,224 | The Assitant Program Director will supervise staff and assist the Program Director. |
| 1118 | Mental Health Professionals | 253,215 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. One of the Mental Health Professionals will also be BBS |
| 1119 | Supervising PSC | 69,792 | Provides supervision to all Mental Health Specialists to ensure client care, maintain compliance with Turning Point policies and procedures. Supervisor also assisting in training new staff and reporting to the Assistant Program Director. |
| 1120 | Nurse | 100,216 | Nurses work with the doctors for Client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| 1121 | Mental Health Specialist | 464,212 | Mental Health Specialist will carry a caseload while also specializing in linking and providing services to those interested in engagement in employment and education services. |
| 1122 | Peer Support | 68,648 | Serves as a client advocate and provides information and peer support to clients throughout their recovery process. |
| 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 | | 400,830 | |
| 1201 | Retirement | 43,203 | Cost of Agency contribution to employee retirement plans. This is based on 3% of the whole salary. |
| 1202 | Worker's Compensation | 15,409 | Cost of workers compensation insurance. |
| 1203 | Health Insurance | 183,380 | Agency cost for health insurance, our health plans vary on what the employee chooses. This is the range per employer cost from \$399.15 per month to 1299.24 per month. We used an average of \$8000.00 Per year. |
| 1204 | Other Dental Insurance | 14,395 | Agency cost for dental insurance |

| PROGRAM EXPENSE | | | | |
|---|--------------------------|----------------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1205 | Other Accrued Paid Leave | 144,010 | The monetary value of staff Paid Leave hours as they accrue on a monthly basis | |
| 1206 | Other ACI | 432 | Employee assistance program | |
| Direct Payroll Taxes & Expenses: | | 131,913 | | |
| 1301 | OASDI | 20,293 | Disability Insurance | |
| 1302 | FICA/MEDICARE | 90,595 | Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and "Hospital Insurance" (Medicare). | |
| 1303 | SUI | 21,025 | Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |

| 2000: DIRECT CLIENT SUPPORT | | 433,454 | | |
|------------------------------------|-----------------------------------|----------------|---|--|
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 361,019 | Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 8,323 | Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 8,589 | Cost of Client hygiene supplies and non-work related clothing. (examples: clothes, shoes, soap, toothpaste, deodorant, grooming supplies, diapers, etc.) | |
| 2005 | Education Support | 6,242 | Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational classes. | |
| 2006 | Employment Support | 1,040 | Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) | |
| 2007 | Household Items for Clients | 5,202 | Cost of purchasing items for clients home. (Examples: pots, pans, dishes, silverware, telephone, radio, etc.) | |
| 2008 | Medication Supports | 26,010 | Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays, prescriptions, lab work not covered by insurance, over the counter medications, first aid kits/supplies for clients use at home. | |
| 2009 | Program Supplies - Medical | 3,121 | Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, over-the-counter medication*, etc. *if allowable per contract. | |
| 2010 | Utility Vouchers | 2,081 | Cost of utility vouchers for a specific client. | |
| 2011 | Other Client Activities | 8,323 | Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, admission fees to events, etc.) | |
| 2012 | Other Personal Needs | 2,081 | Cost of supplying clients with necessary personal items (Examples: birth certificate, DMV Fee for ID or license, clients household cleaning products/house supplies, etc.) | |
| 2013 | Other Client Building Maintenance | 520 | | |
| 2014 | Other Client Testing Material | 902 | | |
| 2015 | Other (specify) | - | | |
| 2016 | Other (specify) | - | | |

| 3000: DIRECT OPERATING EXPENSES | | 78,119 | | |
|--|--------------------------------------|---------------|--|--|
| 3001 | Telecommunications | 12,734 | Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) | |
| 3002 | Printing/Postage | 955 | Cost of custom copying/printing charges (Examples: letterhead, business forms, business cards, flyers, brochures, signs, etc.) and Postage and delivery, including delivery by the USPS, UPS, FEDEX and other courier services | |
| 3003 | Office, Household & Program Supplies | 11,861 | Cost of items normally used in an office setting. (Examples: pens, pencils, paper tablets, paper clips, notepads, staples, non-electric staplers/hole punchers/calculators, and other items normally used in an office setting.) House Supplies, Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. (Examples: pots, pans, pot holders, kitchen towels, curtains, detergent, Clorox for clothes, can opener, dishes, furnace filter, decorations, linens, etc.), Program Supplies, Cost of any items normally used by clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. Such items include, but are not limited to video tapes, printed handouts, desk reference books, research material, curriculum, puzzles, board games, therapeutic/meditative supplies and other items that are specifically designed and used to accomplish program goals. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 14,043 | Cost of employee training courses and materials. | |

| PROGRAM EXPENSE | | | | |
|-----------------|---|--------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3006 | Staff Mileage | 12,485 | Cost of employee mileage reimbursement paid in accordance with FPM section 1005. | |
| 3007 | Subscriptions & Memberships | 936 | Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) | |
| 3008 | Vehicle Maintenance | 3,714 | Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. | |
| 3009 | Other Vehicle Insurance/Fuel | 13,796 | Cost of gas in vehicles and insurance. | |
| 3010 | Other Staff Meetings/Employee Relations | 3,433 | Staff Meetings: Cost of room and supplies necessary for staff meetings. Employee Relations: Cost relating to improvement of working conditions (Examples: Company picnic items, etc.) \$10 per FTE per year budgeted for Employee Relations, all other expenses are related to Staff Meetings. | |
| 3011 | Other Recruitment | 4,162 | Costs of Live Scans, DMV printouts, ads for recruiting staff and other tests that might happen for the purposes of employment | |
| 3012 | Other (specify) | - | | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 162,298 | | |
|-------------------------------------|---------------------------------------|---------|--|--|
| 4001 | Building Maintenance | 9,551 | Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project. | |
| 4002 | Rent/Lease Building | 104,040 | Cost of rent/lease payments made for building leases from outside sources. | |
| 4003 | Rent/Lease Equipment | 2,081 | Cost of rent/lease payments made for furniture and equipment leases. | |
| 4004 | Rent/Lease Vehicles | 20,808 | Rental cost of vehicles and lease of agency vehicles. | |
| 4005 | Security | 1,040 | Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, etc.) | |
| 4006 | Utilities | 18,727 | Cost of service for power, gas, water, sewer, garbage, etc. | |
| 4007 | Other Equipment Maintenance | 849 | Cost of equipment and furniture repair and maintenance. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, laptop battery, monitor/printer/phone cord, drum, power strip, surge protector, video card, etc.) | |
| 4008 | Other Insurance | 5,202 | Cost of liability and property insurance | |
| 4009 | Other Depreciation Expense for Office | - | Cost of items depreciated at the progra, no pre owned by the agency. | |
| 4010 | Other (specify) | - | | |

| 5000: DIRECT SPECIAL EXPENSES | | 257,043 | | |
|-------------------------------|---|---------|--|--|
| 5001 | Consultant (Network & Data Management) | - | | |
| 5002 | HMIS (Health Management Information System) | 24,970 | Avatar costs | |
| 5003 | Contractual/Consulting Services (Specify) | 4,226 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. Built in YOY escalator. Professional services include vendors such as Credible Wireless Data Access and Valley Expetec IT related expenses as well as clinical supervision. | |
| 5004 | Translation Services | 4,162 | Paid to outside vendors for translation / interpreter services | |
| 5005 | Other O/S Psychiatrist | 223,686 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. | |
| 5006 | Other (specify) | - | | |
| 5007 | Other (specify) | - | | |
| 5008 | Other (specify) | - | | |

| 6000: INDIRECT EXPENSES | | 415,545 | | |
|-------------------------|---|---------|--|--|
| 6001 | Administrative Overhead | - | | |
| 6002 | Professional Liability Insurance | - | | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | 1,561 | Cost of outside audit fees | |
| 6005 | Insurance (Specify): | - | | |
| 6006 | Payroll Services | 6,242 | This is our Ultipro timekeeping / HR system | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | | |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 407,742 | Support of corporate and regional offices such as processing invoices, payroll, cost reports, etc. | |
| 6010 | Other (specify) | - | | |
| 6011 | Other (specify) | - | | |
| 6012 | Other (specify) | - | | |
| 6013 | Other (specify) | - | | |

| 7000: DIRECT FIXED ASSETS | | 10,404 | | |
|---------------------------|---|--------|---|--|
| 7001 | Computer Equipment & Software | 5,202 | Computer and software as needed for the program | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | | |
| 7003 | Furniture & Fixtures | 5,202 | Chairs or other furniture as needed for the program | |
| 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) | - | | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | Based on Trends in our current contracts and the cost per unit currently | |
| 8002 | Case Management | Based on Trends in our current contracts and the cost per unit currently | |
| 8003 | Crisis Services | Based on Trends in our current contracts and the cost per unit currently | |
| 8004 | Medication Support | Based on Trends in our current contracts and the cost per unit currently | |
| 8005 | Collateral | Based on Trends in our current contracts and the cost per unit currently | |
| 8006 | Plan Development | Based on Trends in our current contracts and the cost per unit currently | |
| 8007 | Assessment | Based on Trends in our current contracts and the cost per unit currently | |
| 8008 | Rehabilitation | Based on Trends in our current contracts and the cost per unit currently | |
| 8009 | Other (Specify) | | |
| 8010 | Other (Specify) | | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 3,185,696 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 3,185,696 |
| BUDGET CHECK: | - |

**Forensic Behavioral Health - Continuum of Care FSC FSP
Turning Point of Central California
Fiscal Year (FY) 2026-27**

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|-----------------------------|--------------|-------------------|---------------------|---------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Administrative Assistant | 1.00 | \$ 46,631 | | \$ 46,631 |
| 1102 | Records Technician | 0.55 | 26,391 | | 26,391 |
| 1103 | Program Bookkeeper | 0.55 | 26,391 | | 26,391 |
| 1104 | Secretary | 1.00 | 39,800 | | 39,800 |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 3.10 | \$ 139,213 | | \$ 139,213 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Program Director | 1.00 | | \$ 106,385 | \$ 106,385 |
| 1117 | Assistant Program Director | 1.00 | | 101,209 | 101,209 |
| 1118 | Mental Health Professionals | 3.00 | | 258,280 | 258,280 |
| 1119 | Supervising PSC | 1.00 | | 71,187 | 71,187 |
| 1120 | Nurse | 1.50 | | 102,220 | 102,220 |
| 1121 | Mental Health Specialist | 9.00 | | 473,496 | 473,496 |
| 1122 | Peer Support | 2.00 | | 70,021 | 70,021 |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 18.50 | | \$ 1,182,798 | \$ 1,182,798 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 21.60 | \$ 139,213 | \$ 1,182,798 | \$ 1,322,011 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 4,640 | \$ 39,427 | \$ 44,067 |
| 1202 | Worker's Compensation | | 1,655 | 14,062 | 15,717 |
| 1203 | Health Insurance | | 26,845 | 160,203 | 187,048 |
| 1204 | Other Dental Insurance | | 2,107 | 12,576 | 14,683 |
| 1205 | Other Accrued Paid Leave | | 15,468 | 131,422 | 146,890 |

| | | | | |
|---|--------------------|-------------------|---------------------|---------------------|
| 1206 | Other ACI | 46 | 394 | 441 |
| Direct Employee Benefits Subtotal: | | \$ 50,762 | \$ 358,084 | \$ 408,846 |
| Direct Payroll Taxes & Expenses: | | | | |
| Acct # | Description | Admin | Program | Total |
| 1301 | OASDI | \$ 2,180 | \$ 18,519 | \$ 20,699 |
| 1302 | FICA/MEDICARE | 9,731 | 82,676 | 92,406 |
| 1303 | SUI | 2,258 | 19,188 | 21,446 |
| 1304 | Other (specify) | | | - |
| 1305 | Other (specify) | | | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 14,169 | \$ 120,383 | \$ 134,551 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
| | | \$ 204,145 | \$ 1,661,264 | \$ 1,865,409 |

| | | |
|--|--------------|----------------|
| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
| | 11% | 89% |

| | | |
|------------------------------------|-----------------------------------|-------------------|
| 2000: DIRECT CLIENT SUPPORT | | |
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 368,239 |
| 2003 | Client Transportation & Support | \$8,490 |
| 2004 | Clothing, Food, & Hygiene | \$8,760 |
| 2005 | Education Support | 6,367 |
| 2006 | Employment Support | 1,061 |
| 2007 | Household Items for Clients | 5,306 |
| 2008 | Medication Supports | 26,530 |
| 2009 | Program Supplies - Medical | 3,184 |
| 2010 | Utility Vouchers | 2,122 |
| 2011 | Other Client Activities | \$8,490 |
| 2012 | Other Personal Needs | \$2,122 |
| 2013 | Other Client Building Maintenance | 531 |
| 2014 | Other Client Testing Material | 920 |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 442,123 |

| | | |
|---|---|------------------|
| 3000: DIRECT OPERATING EXPENSES | | |
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 12,989 |
| 3002 | Printing/Postage | 974 |
| 3003 | Office, Household & Program Supplies | 12,098 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 14,324 |
| 3006 | Staff Mileage | 12,734 |
| 3007 | Subscriptions & Memberships | 955 |
| 3008 | Vehicle Maintenance | 3,789 |
| 3009 | Other Vehicle Insurance/Fuel | 14,072 |
| 3010 | Other Staff Meetings/Employee Relations | 3,502 |
| 3011 | Other Recruitment | 4,245 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 79,682 |

| |
|--|
| 4000: DIRECT FACILITIES & EQUIPMENT |
|--|

| Acct # | Line Item Description | Amount |
|---|---------------------------------------|-------------------|
| 4001 | Building Maintenance | \$ 9,742 |
| 4002 | Rent/Lease Building | 106,121 |
| 4003 | Rent/Lease Equipment | 2,122 |
| 4004 | Rent/Lease Vehicles | 21,224 |
| 4005 | Security | 1,061 |
| 4006 | Utilities | 19,102 |
| 4007 | Other Equipment Maintenance | 866 |
| 4008 | Other Insurance | 5,306 |
| 4009 | Other Depreciation Expense for Office | |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 165,544 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 25,469 |
| 5003 | Contractual/Consulting Services (Specify) | \$4,311 |
| 5004 | Translation Services | \$4,245 |
| 5005 | Other O/S Psychiatrist | \$228,160 |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 262,184 |

| 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 | 1,592 |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | 6,367 |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 415,739 |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 423,698 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 15.00% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|----------------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 5,306 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 5,306 |
| 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 | \$ 10,612 |
|------------------------------------|------------------|

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 3,249,252 |
|-------------------------------|---------------------|

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

| 8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION) | | | | |
|---|------------------------|----------------|------|---------------------|
| Acct # | Line Item Description | Service Units | Rate | Amount |
| 8001 | Mental Health Services | 28,888 | 4.35 | \$ 125,771 |
| 8002 | Case Management | 124,520 | 3.06 | 381,228 |
| 8003 | Crisis Services | 7,820 | 5.89 | 46,061 |
| 8004 | Medication Support | 45,032 | 7.56 | 340,481 |
| 8005 | Collateral | 2,918 | 4.35 | 12,706 |
| 8006 | Plan Development | 3,412 | 4.35 | 14,853 |
| 8007 | Assessment | 10,899 | 4.35 | 47,451 |
| 8008 | Rehabilitation | 317,936 | 4.35 | 1,384,205 |
| 8009 | Other (Specify) | 0 | - | - |
| 8010 | Other (Specify) | 0 | - | - |
| Estimated Specialty Mental Health Services Billing Totals: | | 541,426 | | \$ 2,352,757 |
| Estimated % of Clients who are Medi-Cal Beneficiaries | | | | 95% |
| Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries | | | | 2,235,119 |
| Federal Financial Participation (FFP) % | | | | 79% |
| MEDI-CAL FFP TOTAL | | | | \$ 1,765,744 |

| 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 | | \$ 487,008 |
| 8302 | PEI - Prevention & Early Intervention | | - |
| 8303 | INN - Innovations | | - |
| 8304 | WET - Workforce Education & Training | | - |
| 8305 | CFTN - Capital Facilities & Technology | | - |
| MHSA TOTAL | | | \$ 487,008 |

| 8400 - OTHER REVENUE | | |
|-----------------------------|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 8401 | Client Fees | \$ 3,500 |
| 8402 | Client Insurance | - |
| 8403 | CCP AB109 Funds | 993,000 |
| 8404 | Other (Specify) | - |
| 8405 | Other (Specify) | - |
| OTHER REVENUE TOTAL | | \$ 996,500 |

| | |
|---------------------------------------|---------------------|
| TOTAL PROGRAM FUNDING SOURCES: | \$ 3,249,252 |
|---------------------------------------|---------------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ 0 |
|--------------------------|-------------|

**Forensic Behavioral Health - Continuum of Care
Turning Point of Central California
Fiscal Year (FY) 2026-27**

PARTIAL FTE DETAIL

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

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|--------------------|
| Records Technician | FSC-OP/Fresno | 45% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.45</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|--------------------|
| Program Bookkeeper | FSC-OP/Fresno | 45% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.45</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| Nurse | FSC-OP/Fresno | 50% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.50</u> |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

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

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

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

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

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

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

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

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

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

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

**Forensic Behavioral Health - Continuum of Care FSC FSP
Turning Point of Central California
Fiscal Year (FY) 2026-27 Budget Narrative**

| PROGRAM EXPENSE | | | |
|---|-----------------------------|------------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 1,865,409 | |
| Administrative Positions | | 139,213 | |
| 1101 | Administrative Assistant | 46,631 | The administrative assistant will oversee the support staff and will help with all support staff duties. |
| 1102 | Records Technician | 26,391 | The Records Technician will keep track of the Medical Records and will do the billing for the program |
| 1103 | Program Bookkeeper | 26,391 | The Program Bookkeeper will be assisting the clients with their client fees for their portion of rent if necessary and keeping track of all the incoming and outgoing of petty cash as needed. |
| 1104 | Secretary | 39,800 | Provides direct services to the program by data entry, phone calls, checking in clients, etc. |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 1,182,798 | |
| 1116 | Program Director | 106,385 | The Program Director oversees the program and the hiring, training and supervising of staff. FY 2-5 the PD is allocated 100% to FSC FSP, 40 hours a week. There is an 8% reduction in salaries for accrued paid leave. When a staff takes leave, the program is not changed since it's already been accrued. Our Positions are based on class/step, some might be less and some might be more, all according to the person's experience and education when they come to work for Turning Point. This program requires a Master Degree and BBS Licensure for appropriate clinical oversight. There is a slight increase in salaries from previous year for COLA. |
| 1117 | Assistant Program Director | 101,209 | The Assitant Program Director will supervise staff and assist the Program Director. |
| 1118 | Mental Health Professionals | 258,280 | Provides mental health assessment, assessing for Medical Necessity, assists client in identifying treatment plan goals according to diagnosis. MHP also provides individual and group therapy as client requests, while also providing program support to assist clients in crisis. One of the Mental Health Professionals will also be BBS |
| 1119 | Supervising PSC | 71,187 | Provides supervision to all Mental Health Specialists to ensure client care, maintain compliance with Turning Point policies and procedures. Supervisor also assisting in training new staff and reporting to the Assistant Program Director. |
| 1120 | Nurse | 102,220 | Nurses work with the doctors for Client care, maintaining compliance with Turning Point policies and procedures, providing training and ensuring accurate charting in accordance with Medi-cal. |
| 1121 | Mental Health Specialist | 473,496 | Mental Health Specialist will carry a caseload while also specializing in linking and providing services to those interested in engagement in employment and education services. |
| 1122 | Peer Support | 70,021 | Serves as a client advocate and provides information and peer support to clients throughout their recovery process. |
| 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 | | 408,846 | |
| 1201 | Retirement | 44,067 | Cost of Agency contribution to employee retirement plans. This is based on 3% of the whole salary. |
| 1202 | Worker's Compensation | 15,717 | Cost of workers compensation insurance. |
| 1203 | Health Insurance | 187,048 | Agency cost for health insurance, our health plans vary on what the employee chooses. This is the range per employer cost from \$399.15 per month to 1299.24 per month. We used an average of \$8000.00 Per year. |

| PROGRAM EXPENSE | | | | |
|-----------------|--------------------------|---------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 1204 | Other Dental Insurance | 14,683 | Agency cost for dental insurance | |
| 1205 | Other Accrued Paid Leave | 146,890 | The monetary value of staff Paid Leave hours as they accrue on a monthly basis | |
| 1206 | Other ACI | 441 | Employee assistance program | |

| Direct Payroll Taxes & Expenses: 134,551 | | | | |
|--|-----------------|--------|--|--|
| 1301 | OASDI | 20,699 | Disability Insurance | |
| 1302 | FICA/MEDICARE | 92,406 | Employer portion of F.I.C.A. taxes charged to the Agency by the Internal Revenue Service. F.I.C.A. is comprised of "Old-Age, Survivors, and "Hospital Insurance" (Medicare). | |
| 1303 | SUI | 21,446 | Employer portion of S.U.I. taxes charged to the Agency by the various states in which wages are paid. | |
| 1304 | Other (specify) | - | | |
| 1305 | Other (specify) | - | | |
| 1306 | Other (specify) | - | | |

| 2000: DIRECT CLIENT SUPPORT 442,123 | | | | |
|-------------------------------------|-----------------------------------|---------|---|--|
| 2001 | Child Care | - | | |
| 2002 | Client Housing Support | 368,239 | Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.) | |
| 2003 | Client Transportation & Support | 8,490 | Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.) | |
| 2004 | Clothing, Food, & Hygiene | 8,760 | Cost of Client hygiene supplies and non-work related clothing. (examples: clothes, shoes, soap, toothpaste, deodorant, grooming supplies, diapers, etc.) | |
| 2005 | Education Support | 6,367 | Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational classes. | |
| 2006 | Employment Support | 1,061 | Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.) | |
| 2007 | Household Items for Clients | 5,306 | Cost of purchasing items for clients home. (Examples: pots, pans, dishes, silverware, telephone, radio, etc.) | |
| 2008 | Medication Supports | 26,530 | Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays, prescriptions, lab work not covered by insurance, over the counter medications, first aid kits/supplies for clients use at home. | |
| 2009 | Program Supplies - Medical | 3,184 | Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, over-the-counter medication*, etc. *if allowable per contract. | |
| 2010 | Utility Vouchers | 2,122 | Cost of utility vouchers for a specific client. | |
| 2011 | Other Client Activities | 8,490 | Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, admission fees to events, etc.) | |
| 2012 | Other Personal Needs | 2,122 | Cost of supplying clients with necessary personal items (Examples: birth certificate, DMV Fee for ID or license, clients household cleaning products/house supplies, etc.) | |
| 2013 | Other Client Building Maintenance | 531 | | |
| 2014 | Other Client Testing Material | 920 | | |
| 2015 | Other (specify) | - | | |
| 2016 | Other (specify) | - | | |

| 3000: DIRECT OPERATING EXPENSES 79,682 | | | | |
|--|--------------------------------------|--------|--|--|
| 3001 | Telecommunications | 12,989 | Cost of electronic communications. (Examples: internet, phone, fax, cell phones, etc.) | |
| 3002 | Printing/Postage | 974 | Cost of custom copying/printing charges (Examples: letterhead, business forms, business cards, flyers, brochures, signs, etc.) and Postage and delivery, including delivery by the USPS, UPS, FEDEX and other courier services | |
| 3003 | Office, Household & Program Supplies | 12,098 | Cost of items normally used in an office setting. (Examples: pens, pencils, paper tablets, paper clips, notepads, staples, non-electric staplers/hole punchers/calculators, and other items normally used in an office setting.) House Supplies, Cost of supplies used by staff during their scheduled work hours. These items are normally used to operate the building at the program location. These items are to remain at program location and not sent home with client. (Examples: pots, pans, pot holders, kitchen towels, curtains, detergent, Clorox for clothes, can opener, dishes, furnace filter, decorations, linens, etc.). Program Supplies, Cost of any items normally used by clients to meet program objectives while receiving services. These items are to remain at the program location and not sent home with the client. Such items include, but are not limited to video tapes, printed handouts, desk reference books, research material, curriculum, puzzles, board games, therapeutic/meditative supplies and other items that are specifically designed and used to accomplish program goals. | |
| 3004 | Advertising | - | | |
| 3005 | Staff Development & Training | 14,324 | Cost of employee training courses and materials. | |

| PROGRAM EXPENSE | | | | |
|-----------------|---|--------|--|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE | |
| 3006 | Staff Mileage | 12,734 | Cost of employee mileage reimbursement paid in accordance with FPM section 1005. | |
| 3007 | Subscriptions & Memberships | 955 | Cost of membership dues and subscriptions. (Examples: magazine, newspaper, memberships, etc.) | |
| 3008 | Vehicle Maintenance | 3,789 | Cost of vehicle maintenance. Including cost of parts, supplies and labor associated with maintenance and repair of vehicles used by Agency programs. | |
| 3009 | Other Vehicle Insurance/Fuel | 14,072 | Cost of gas in vehicles and insurance. | |
| 3010 | Other Staff Meetings/Employee Relations | 3,502 | Staff Meetings: Cost of room and supplies necessary for staff meetings. Employee Relations: Cost relating to improvement of working conditions (Examples: Company picnic items, etc.) \$10 per FTE per year budgeted for Employee Relations, all other expenses are related to Staff Meetings. | |
| 3011 | Other Recruitment | 4,245 | Costs of Live Scans, DMV printouts, ads for recruiting staff and other tests that might happen for the purposes of employment | |
| 3012 | Other (specify) | - | | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 165,544 | | |
|-------------------------------------|---------------------------------------|---------|--|--|
| 4001 | Building Maintenance | 9,742 | Cost of Agency building repairs and maintenance. (Examples: electrical work, A/C and heating, hood cleaning, plumbing, etc.) This account should not be used if a specific outside labor contractor is doing an identifiable project. | |
| 4002 | Rent/Lease Building | 106,121 | Cost of rent/lease payments made for building leases from outside sources. | |
| 4003 | Rent/Lease Equipment | 2,122 | Cost of rent/lease payments made for furniture and equipment leases. | |
| 4004 | Rent/Lease Vehicles | 21,224 | Rental cost of vehicles and lease of agency vehicles. | |
| 4005 | Security | 1,061 | Cost of installation, maintenance and monthly service fees for building alarms and other security measures. (Examples: security/surveillance equipment, service and installation, safes, etc.) | |
| 4006 | Utilities | 19,102 | Cost of service for power, gas, water, sewer, garbage, etc. | |
| 4007 | Other Equipment Maintenance | 866 | Cost of equipment and furniture repair and maintenance. (Examples: high capacity copier/printer/scanner, replacement parts such as hard drive, laptop battery, monitor/printer/phone cord, drum, power strip, surge protector, video card, etc.) | |
| 4008 | Other Insurance | 5,306 | Cost of liability and property insurance | |
| 4009 | Other Depreciation Expense for Office | - | Cost of items depreciated at the progra, no pre owned by the agency. | |
| 4010 | Other (specify) | - | | |

| 5000: DIRECT SPECIAL EXPENSES | | 262,184 | | |
|-------------------------------|---|---------|--|--|
| 5001 | Consultant (Network & Data Management) | - | | |
| 5002 | HMIS (Health Management Information System) | 25,469 | Avatar costs | |
| 5003 | Contractual/Consulting Services (Specify) | 4,311 | These accounts are assigned to record various professional services provided by contracted Consultant working as independent agents. Built in YOY escalator. Professional services include vendors such as Credible Wireless Data Access and Valley Expetec IT related expenses as well as clinical supervision. | |
| 5004 | Translation Services | 4,245 | Paid to outside vendors for translation / interpreter services | |
| 5005 | Other O/S Psychiatrist | 228,160 | These accounts are assigned to record various professional services provided by contracted Psychiatrist working as independent agents. | |
| 5006 | Other (specify) | - | | |
| 5007 | Other (specify) | - | | |
| 5008 | Other (specify) | - | | |

| 6000: INDIRECT EXPENSES | | 423,698 | | |
|-------------------------|---|---------|--|--|
| 6001 | Administrative Overhead | - | | |
| 6002 | Professional Liability Insurance | - | | |
| 6003 | Accounting/Bookkeeping | - | | |
| 6004 | External Audit | 1,592 | Cost of outside audit fees | |
| 6005 | Insurance (Specify): | - | | |
| 6006 | Payroll Services | 6,367 | This is our Ultipro timekeeping / HR system | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | | |
| 6009 | Other Admin, HR, Fiscal, IT, Executive, Regional Supports | 415,739 | Support of corporate and regional offices such as processing invoices, payroll, cost reports, etc. | |
| 6010 | Other (specify) | - | | |
| 6011 | Other (specify) | - | | |
| 6012 | Other (specify) | - | | |
| 6013 | Other (specify) | - | | |

| 7000: DIRECT FIXED ASSETS | | 10,612 | | |
|---------------------------|---|--------|---|--|
| 7001 | Computer Equipment & Software | 5,306 | Computer and software as needed for the program | |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | | |
| 7003 | Furniture & Fixtures | 5,306 | Chairs or other furniture as needed for the program | |
| 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) | - | | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 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 | Based on Trends in our current contracts and the cost per unit currently | |
| 8002 | Case Management | Based on Trends in our current contracts and the cost per unit currently | |
| 8003 | Crisis Services | Based on Trends in our current contracts and the cost per unit currently | |
| 8004 | Medication Support | Based on Trends in our current contracts and the cost per unit currently | |
| 8005 | Collateral | Based on Trends in our current contracts and the cost per unit currently | |
| 8006 | Plan Development | Based on Trends in our current contracts and the cost per unit currently | |
| 8007 | Assessment | Based on Trends in our current contracts and the cost per unit currently | |
| 8008 | Rehabilitation | Based on Trends in our current contracts and the cost per unit currently | |
| 8009 | Other (Specify) | | |
| 8010 | Other (Specify) | | |

| | |
|---|------------------|
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | 3,249,252 |
| TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: | 3,249,252 |
| BUDGET CHECK: | - |

ELECTRONIC HEALTH RECORD SOFTWARE CHARGES

CONTRACTOR understands that COUNTY utilizes NetSmart’s Avatar for its Electronic Health Records Management. CONTRACTOR agrees to reimburse COUNTY for all user license fees for accessing NetSmart’s Avatar, as set forth below.

| Description | FY 2020-21 | FY 2021-22 | FY 2022-23 | FY 2023-24 | FY 2024-25 |
|---|------------|------------|------------|------------|------------|
| General Users | | | | | |
| Avatar Named User Hosting (per active user per month; every Avatar “active” log on ID is a named user) | \$37.00 | \$37.00 | \$37.00 | \$37.00 | \$37.00 |
| Avatar Named User Maintenance* (per active user per month) | \$14.85 | \$15.30 | \$15.76 | \$16.23 | \$16.72 |
| Cloud Hosting- Perceptive Disaster Recovery (per active user per month) | \$4.66 | \$4.66 | \$4.66 | \$4.66 | \$4.66 |
| eRx Users | | | | | |
| Full Suite Prescriber (per active user per month; applicable to an active Prescriber user) | \$104.00 | \$104.00 | \$104.00 | \$104.00 | \$104.00 |
| ePrescribing Controlled Substances Tokens (per active user per month; applicable to an active Prescriber user of Controlled Substances) | \$8.00 | \$8.00 | \$8.00 | \$8.00 | \$8.00 |
| Non-Prescribing User (per active user per month; applicable to an active Non-Prescriber user) | \$13.00 | \$13.00 | \$13.00 | \$13.00 | \$13.00 |
| Reaching Recovery Users | | | | | |
| Reaching Recovery (per adult client/person served per year; applicable to adult treatment programs except contracted triage/CI, CSU or PHF) | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 |
| ProviderConnect Users | | | | | |
| Individual Subscription (per user per month; applicable to provider-user whose claims are reviewed and posted by Managed Care) | \$41.25 | \$41.25 | \$41.25 | \$41.25 | \$41.25 |

Should CONTRACTOR choose not to utilize NetSmart’s Avatar for its Electronic Health Records management, CONTRACTOR will be responsible for obtaining its own system for Electronic Health Records management.

*Annual Maintenance increases by 3% each FY on July 1st and may be subject to change pending the COUNTY’s agreement terms with NetSmart.

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: ___/___/___

Insurance Requirements

1. Required Policies

Without limiting the County's right to obtain indemnification from the Contractor or any third parties, Contractor, at its sole expense, shall maintain in full force and effect the following insurance policies throughout the term of this Agreement.

- (A) **Commercial General Liability.** Commercial general liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis. Coverage must include products, completed operations, property damage, bodily injury, personal injury, and advertising injury. The Contractor shall obtain an endorsement to this policy naming the County of Fresno, its officers, agents, employees, and volunteers, individually and collectively, as additional insureds, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insureds will apply as primary insurance and any other insurance, or self-insurance, maintained by the County is excess only and not contributing with insurance provided under the Contractor's policy.
- (B) **Automobile Liability.** Automobile liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for property damages. Coverage must include any auto used in connection with this Agreement.
- (C) **Workers Compensation.** Workers compensation insurance as required by the laws of the State of California with statutory limits.
- (D) **Employer's Liability.** Employer's liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for disease.
- (E) **Professional Liability.** Professional liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Three Million Dollars (\$3,000,000). If this is a claims-made policy, then (1) the retroactive date must be prior to the date on which services began under this Agreement; (2) the Contractor shall maintain the policy and provide to the County annual evidence of insurance for not less than five years after completion of services under this Agreement; and (3) if the policy is canceled or not renewed, and not replaced with another claims-made policy with a retroactive date prior to the date on which services begin under this Agreement, then the Contractor shall purchase extended reporting coverage on its claims-made policy for a minimum of five years after completion of services under this Agreement.
- (F) **Molestation Liability.** Sexual abuse / molestation liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence, with an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis.
- (G) **Cyber Liability.** Cyber liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence. Coverage must include claims involving Cyber Risks. The

cyber liability policy must be endorsed to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor.

Definition of Cyber Risks. “Cyber Risks” include but are not limited to (i) Security Breach, which may include Disclosure of Personal Information to an Unauthorized Third Party; (ii) data breach; (iii) breach of any of the Contractor’s obligations under sSection Twenty (20) of this Agreement; (iv) system failure; (v) data recovery; (vi) failure to timely disclose data breach or Security Breach; (vii) failure to comply with privacy policy; (viii) payment card liabilities and costs; (ix) infringement of intellectual property, including but not limited to infringement of copyright, trademark, and trade dress; (x) invasion of privacy, including release of private information; (xi) information theft; (xii) damage to or destruction or alteration of electronic information; (xiii) cyber extortion; (xiv) extortion related to the Contractor’s obligations under this Agreement regarding electronic information, including Personal Information; (xv) fraudulent instruction; (xvi) funds transfer fraud; (xvii) telephone fraud; (xviii) network security; (xix) data breach response costs, including Security Breach response costs; (xx) regulatory fines and penalties related to the Contractor’s obligations under this Agreement regarding electronic information, including Personal Information; and (xxi) credit monitoring expenses.

2. Additional Requirements

(A) **Verification of Coverage.** Within 30 days after the Contractor signs this Agreement, and at any time during the term of this Agreement as requested by the County’s Risk Manager or the County Administrative Office, the Contractor shall deliver, or cause its broker or producer to deliver, to the County Risk Manager, at 2220 Tulare Street, 16th Floor, Fresno, California 93721, or HRRiskManagement@fresnocountyca.gov, and by mail or email to the person identified to receive notices under this Agreement and DBHContractedServices@fresnocountyca.gov with a copy to the assigned County Staff Analyst, certificates of insurance and endorsements for all of the coverages required under this Agreement.

- (i) Each insurance certificate must state that: (1) the insurance coverage has been obtained and is in full force; (2) the County, its officers, agents, employees, and volunteers are not responsible for any premiums on the policy; and (3) the Contractor has waived its right to recover from the County, its officers, agents, employees, and volunteers any amounts paid under any insurance policy required by this Agreement and that waiver does not invalidate the insurance policy.
- (ii) The commercial general liability insurance certificate must also state, and include an endorsement, that the County of Fresno, its officers, agents, employees, and volunteers, individually and collectively, are additional insureds insofar as the operations under this Agreement are concerned. The commercial general liability

Exhibit G

insurance certificate must also state that the coverage shall apply as primary insurance and any other insurance, or self-insurance, maintained by the County shall be excess only and not contributing with insurance provided under the Contractor's policy.

- (iii) The automobile liability insurance certificate must state that the policy covers any auto used in connection with this Agreement.
 - (iv) The professional liability insurance certificate, if it is a claims-made policy, must also state the retroactive date of the policy, which must be prior to the date on which services began under this Agreement.
 - (v) The cyber liability insurance certificate must also state that it is endorsed, and include an endorsement, to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor.
- (B) **Acceptability of Insurers.** All insurance policies required under this Agreement must be issued by admitted insurers licensed to do business in the State of California and possessing at all times during the term of this Agreement an A.M. Best, Inc. rating of no less than A: VII.
- (C) **Notice of Cancellation or Change.** For each insurance policy required under this Agreement, the Contractor shall provide to the County, or ensure that the policy requires the insurer to provide to the County, written notice of any cancellation or change in the policy as required in this paragraph. For cancellation of the policy for nonpayment of premium, the Contractor shall, or shall cause the insurer to, provide written notice to the County not less than 10 days in advance of cancellation. For cancellation of the policy for any other reason, and for any other change to the policy, the Contractor shall, or shall cause the insurer to, provide written notice to the County not less than 30 days in advance of cancellation or change. The County in its sole discretion may determine that the failure of the Contractor or its insurer to timely provide a written notice required by this paragraph is a breach of this Agreement.
- (D) **County's Entitlement to Greater Coverage.** If the Contractor has or obtains insurance with broader coverage, higher limits, or both, than what is required under this Agreement, then the County requires and is entitled to the broader coverage, higher limits, or both. To that end, the Contractor shall deliver, or cause its broker or producer to deliver, to the County's Risk Manager certificates of insurance and endorsements for all of the coverages that have such broader coverage, higher limits, or both, as required under this Agreement.
- (E) **Waiver of Subrogation.** The Contractor waives any right to recover from the County, its officers, agents, employees, and volunteers any amounts paid under the policy of worker's compensation insurance required by this Agreement. The Contractor is solely responsible to obtain any policy endorsement that may be necessary to accomplish that

Exhibit G

waiver, but the Contractor's waiver of subrogation under this paragraph is effective whether or not the Contractor obtains such an endorsement.

- (F) **County's Remedy for Contractor's Failure to Maintain.** If the Contractor fails to keep in effect at all times any insurance coverage required under this Agreement, the County may, in addition to any other remedies it may have, suspend or terminate this Agreement upon the occurrence of that failure, or purchase such insurance coverage, and charge the cost of that coverage to the Contractor. The County may offset such charges against any amounts owed by the County to the Contractor under this Agreement.
- (G) **Subcontractors.** The Contractor shall require and verify that all subcontractors used by the Contractor to provide services under this Agreement maintain insurance meeting all insurance requirements provided in this Agreement. This paragraph does not authorize the Contractor to provide services under this Agreement using subcontractors.

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.

COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS

CONTRACTOR shall be required to maintain organizational provider certification by the host county. A copy of this renewal certificate must be furnished to COUNTY within thirty (30) days of receipt of certificate from host county. The CONTRACTOR must meet Medi-Cal organization provider standards as stated below. It is acknowledged that all references to Organizational Provider and/or Provider below shall refer to the CONTRACTOR.

Medi-Cal Organizational Provider Standards

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.
2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.
3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.
4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well-being of beneficiaries and staff.
5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
6. The organizational provider maintains client records in a manner that meets applicable state and federal standards.
7. The organization provider has staffing adequate to allow the COUNTY to claim federal financial participation for the services the Provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.
8. The organizational provider has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
9. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:
 - A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
 - B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.
 - C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.

- D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
 - E. Drugs are not retained after the expiration date. IM multi-dose vials are dated and initialed when opened.
 - F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.
 - G. Policies and procedures are in place for dispensing, administering and storing medications.
10. The COUNTY may accept the host county's site certification and reserves the right to conduct an on-site certification review at least every three years. The COUNTY may also conduct additional certification reviews when:
- The provider makes major staffing changes.
 - The provider makes organizational and/or corporate structure changes (example: conversion from a non-profit status).
 - The provider adds day treatment or medication support services when medications shall be administered or dispensed from the provider site.
 - There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
 - There is change of ownership or location.
 - There are complaints against the provider.
 - There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

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.
- Employees involved in a crisis incident should be offered appropriate Employee Assistance Program (EAP) or similar related wellness and recovery assistance. In conjunction with the DBH's Guiding Principles of Care Delivery and wellness of the workforce, CONTRACTOR shall align their practices around this vision and ensure needed debriefing services are offered to all employees involved in a crisis incident. Employees shall be afforded all services to strengthen their recovery and wellness related to the crisis incident. Appropriate follow-up with the employee shall be carried out and a plan for workforce wellness shall be submitted to DBH.

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



INCIDENT REVIEWER ROLE – User Guide

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

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

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

As an Incident Reviewer, the responsibility is to:

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

Below is the link to report incidents

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

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

Incident Report

Please complete this form

Client Information

Name of Facility*

Select option

Name of Reporting Party*

Enter text

Facility Address*

Enter text

Facility Phone Number*

Enter text

Mental Health or Substance Use Disorder Program?*

Select option

Client First Name*

Enter text

Client Last Name*

Enter text

Enter text

Client Date of Birth

mm/dd/yyyy

Client Address

Enter text

Client ID

Enter text

Gender*

Select an option

County of Origin*

Select a county

Summary

Subject ID

Enter text

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):

Enter text

Description of the incident*

Enter text

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

Incident (check all that apply)*

Medical Emergency x | Death of Client x |

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/?t=98p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e

Date of Incident*
mm/dd/yyyy

Time of Incident*
Enter time

Location of Incident*
Enter text

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

Did the Injured Party seek Medical Attention?
Add to cart

Attach any additional details
Add File or Drop File Here

Reported By Name*
Enter text

Reported By Email*
Enter text

Reported On
10/30/2019

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

← → ↻ 🏠 fresnodbh.logicmanager.com/incidents/71-92p-18k-1B2be0c5cdcd5072bb1864cdee4d3d6e

Reported By Name*
First Name

Reported By Email*
Email

Reported On
10/30/2019

Follow Up

Action Taken (check all that apply)*
Select option(s)

Please specify if other
Text

Description of Action Taken*
Text

Outcome*
Text

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

Follow Up

Action Taken (check all that apply)*

Law Enforcement Contacted | Called 911/EMS

Consulted with Physician

First Aid/CPR Administered

Client removed from building

Parent/Legal Guardian Contacted

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.

Outcome*

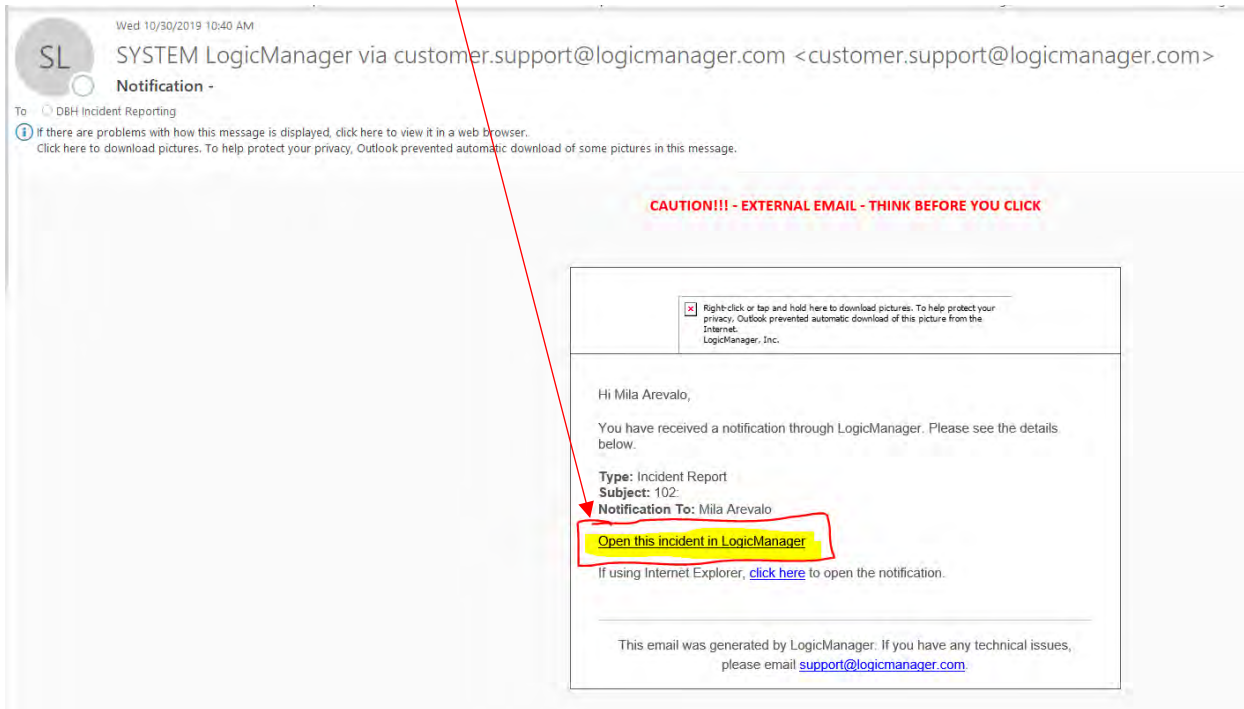
Text

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

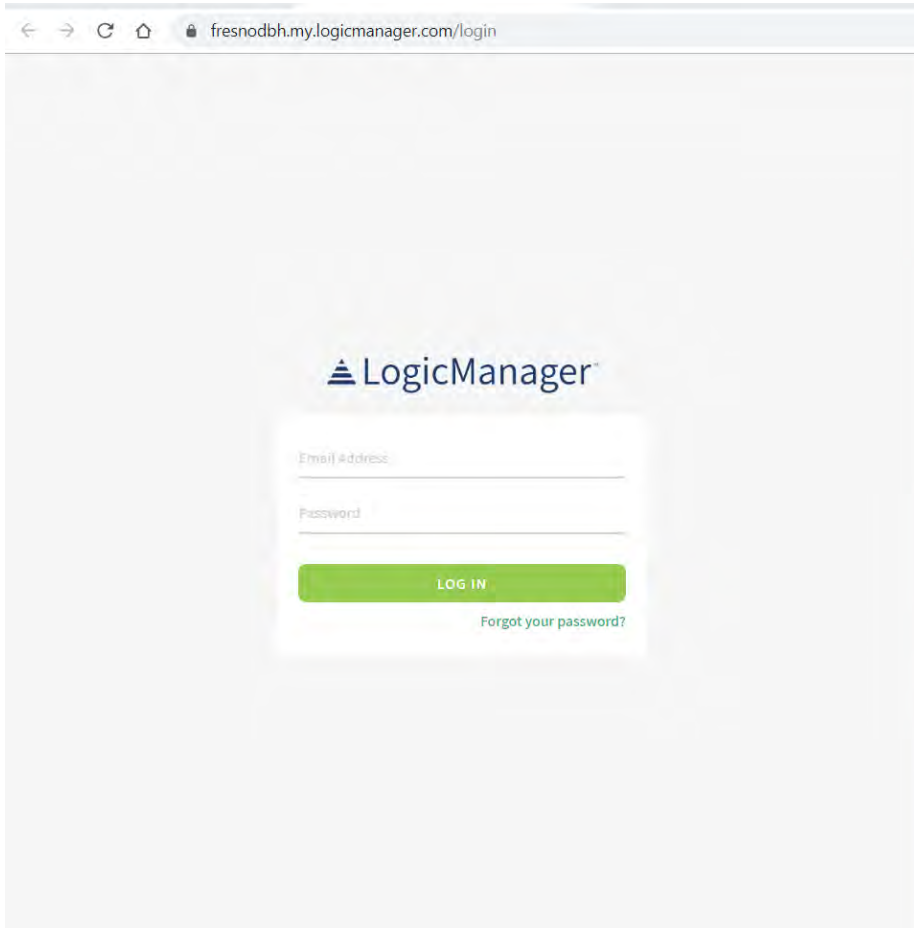
LogicManager

Thank you for your submission!

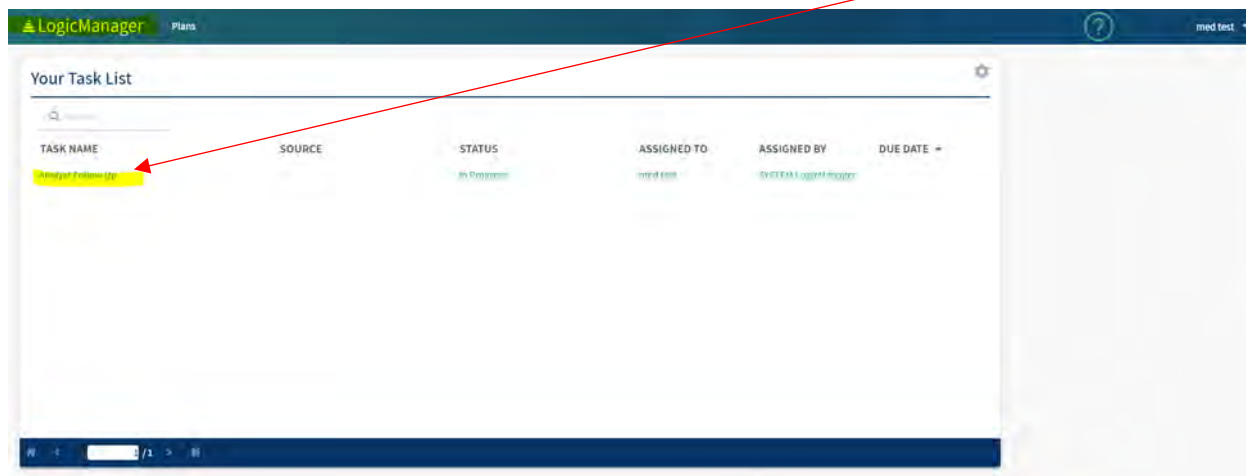
A Notification email will be received when a new incident is reported, or a new comment has been made regarding an incident. Click on "Open this incident in Logic Manager" and the Logic Manager login screen will show.



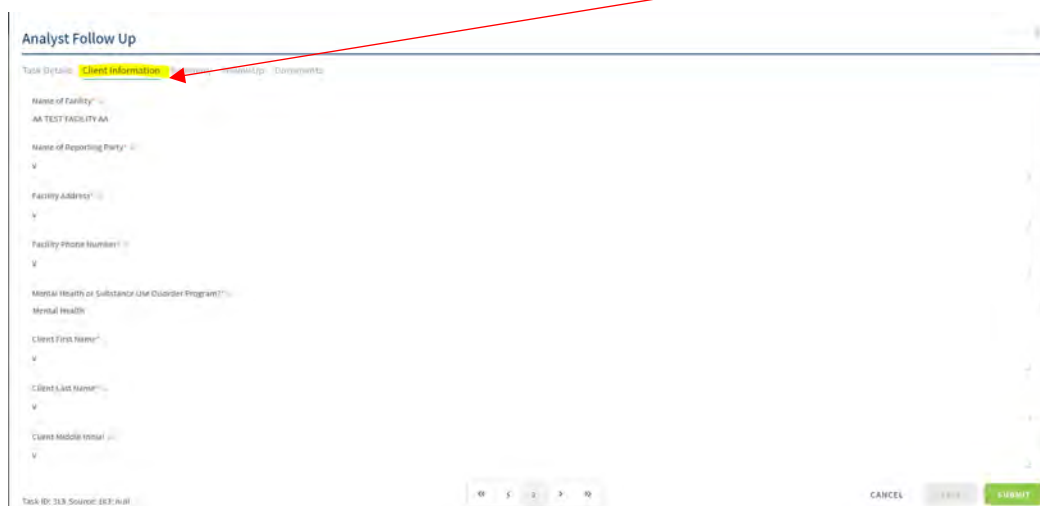
Enter in email address and password. First time users will be prompted to set up a password.



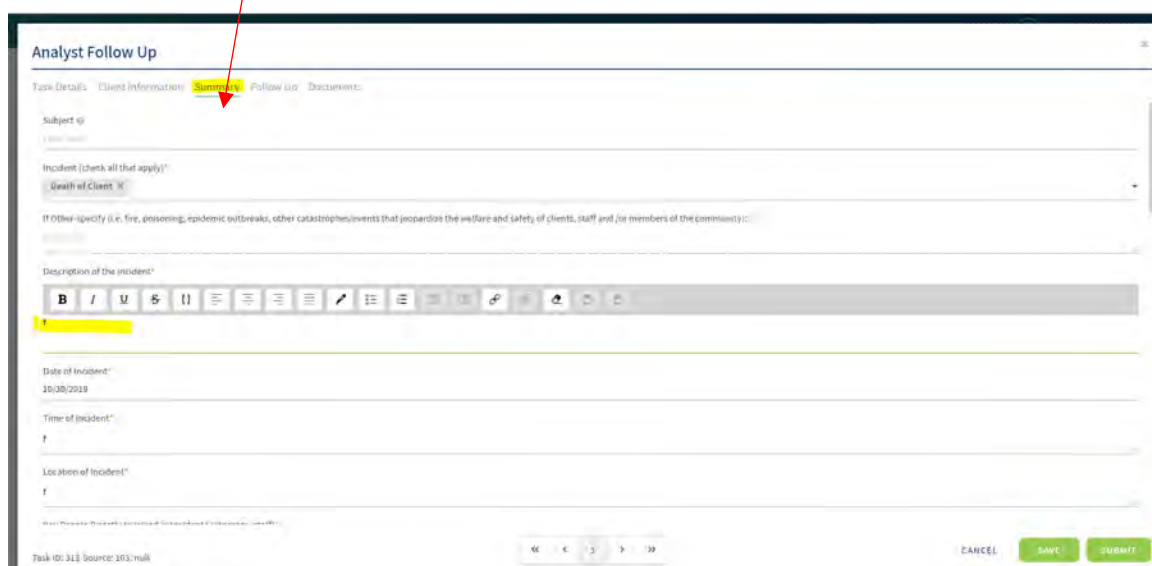
Once logged in, the main screen will show reviewer task (incidents to review). Click on analyst/supervisor follow up to view the incident.



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 X

Please specify if other:

Description of Action taken:

Outcome:

added information
cause of death - cause 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

Search Add Document

| Name | Type | Source | Upload Date | Uploaded By |
|------|------|--------|-------------|-------------|
|------|------|--------|-------------|-------------|

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

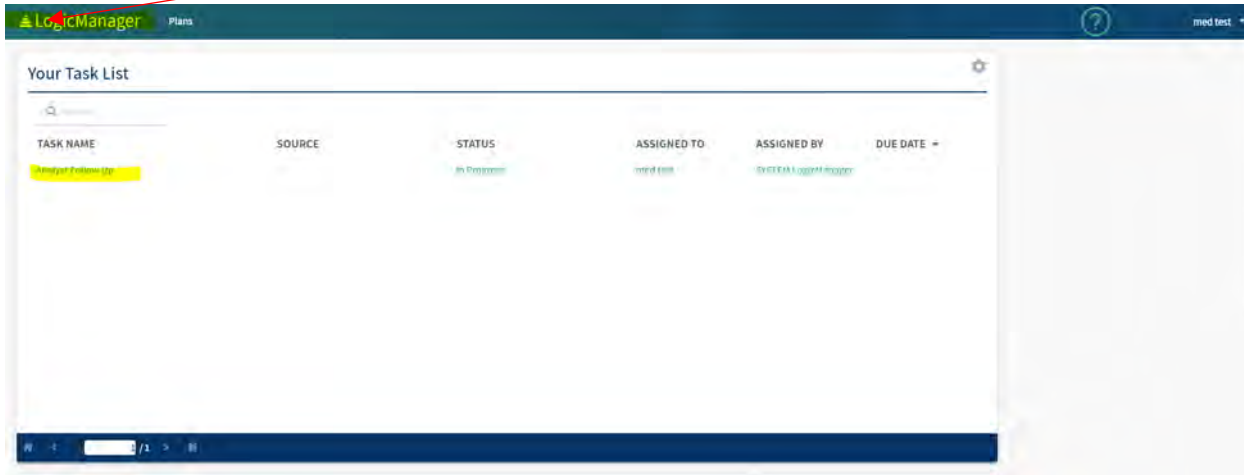
Task ID: 313 Source: 103: null

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.



| | | | |
|----------------|------------------|-----------------------|-----------------|
| Vendor: | Contract# | Contact Person | Contact# |
| | | | |

Fixed Asset and Sensitive Item Tracking

Example Example

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

Date Received: _____

FIXED ASSET AND SENSITIVE ITEM TRACKING

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

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.

Bibliography

1. U.S. Department of Health and Human Services, Office of Minority Health (2011). National Partnership for Action to End Health Disparities. Retrieved from <http://minorityhealth.hhs.gov/npa>
2. World Health Organization. (2012). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/
3. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020: Social determinants of health. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>
4. LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Retrieved from the Joint Center for Political and Economic Studies website: <http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf>
5. Beach, M. C., Cooper, L. A., Robinson, K. A., Price, E. G., Gary, T. L., Jenckes, M. W., Powe, N.R. (2004). Strategies for improving minority healthcare quality. (AHRQ Publication No. 04-E008-02). Retrieved from the Agency of Healthcare Research and Quality website: <http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf>
6. Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: http://www.commonwealthfund.org/usr_doc/Goode_evidencebasecultlinguisticcomp_962.pdf
7. U.S. Department of Health and Human Services. (2011). HHS action plan to reduce racial and ethnic health disparities: A nation free of disparities in health and health care. Retrieved from http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf
8. National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>



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

INSTRUCTIONS FOR COMPLETING DISCLOSURE OF CONTROL AND INTEREST STATEMENT

Please answer all questions as of the current date. If the yes block for any item is checked, list requested additional information under the Remarks Section on page 2, referencing the item number to be continued. If additional space is needed use an attached sheet.

DETAILED INSTRUCTIONS

These instructions are designed to clarify certain questions on the form. Instructions are listed in question order for easy reference. No instructions have been given for questions considered self-explanatory.

IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.

Item I - Under "Identifying Information" specify in what capacity the entity is doing business as (DBA) (e.g. name of trade or corporation).

Item II - Self-explanatory

Item III - List the names of all individuals and organizations having direct or indirect ownership interests, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.

Direct ownership interest - is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicare provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program, or health related services under the social services program.

Indirect ownership interest - is defined as ownership interest in an entity that has direct or hospital-based home health agencies, are not indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported in the facility now and the previous be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: if A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported.

Controlling interest - is defined as the operational direction or management of disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Item IV-VII - (Changes in Provider Status) For Items IV-VII, if the yes box is checked, list additional information requested under Remarks. Clearly identify which item is being continued.

Change in provider status - is defined as any change in management control. Examples of such changes would include; a change in Medical or Nursing Director, a new Administrator, contracting the operation of the facility to a management corporation, a change in the composition of the owning partnership which under applicable State law is not considered a change in ownership, or the hiring or dismissing of any employees with 5 percent or more financial interest in the facility or in an owning corporation, or any change of ownership.

Item IV - (A & B) If there has been a change in ownership within the last year or if you anticipate a change, indicate the date in the appropriate space.

Item V - If the answer is yes, list name of the management firm and employer identification number (EIN), or the name of the leasing organization. A management company is defined as any organization that operates and manages a business on behalf of the owner of that business, with the owner retaining ultimate legal responsibility for operation of the facility.

Item VI - If the answer is yes, identify which has changed (Administrator, Medical Director, or Director of Nursing) and the date the change was made. Be sure to include name of the new Administrator, Director of Nursing or Medical Director, as appropriate.

Item VII - A chain affiliate is any free-standing health care facility that is either owned, controlled, or operated under lease or contract by an organization consisting of two or more free-standing health care facilities organized within or across State lines which is under the ownership or through any other device, control and direction of a common party. Chain affiliates include such facilities whether public, private, charitable or proprietary. They also include subsidiary organizations and holding corporations. Provider-based facilities, such as hospital-based home health agencies, are not considered to be chain affiliates.

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: | |