AMENDMENT NO. 5 TO SERVICE AGREEMENT

This Amendment No. 5 to Service Agreement ("Amendment No. 5") is dated

June 24, 2025 and is between MENTAL HEALTH SYSTEMS, INC. dba TURN

Behavioral Health Services, a private, Non-Profit, 501(c)(3) Corporation ("Contractor"), and the County of Fresno, a political subdivision of the State of California ("County").

Recitals

- A. County, through its Department of Behavioral Health (DBH), is a Behavioral Health Plan (BHP) as defined in Title 9 of the California Code of Regulations (C.C.R.) Section 1810.226.
- B. On June 20, 2023, the County and the Contractor entered into County Agreement No. 23-284 ("Agreement"), as a qualified agency to operate a recovery-oriented program for Co-Occurring Disorders Full-Service Partnership (FSP) services for adults and older adults with active co-occurring disorders and symptoms (severe mental illness and substance use disorders).
- C. On November 7, 2023, the County and the Contractor entered into Agreement No. 23-597("Amendment No. 1"), which amended the Agreement to reflect the correct scope of work and update the rate sheet to include Supplemental/Add On service codes that were previously added by the DBH Director through her authority on Article 25 of the Agreement to accommodate state mandated rate increases.
- D. On July 9, 2024, the County and the Contractor entered into Agreement No. 24-369 ("Amendment No. 2"), which amended the Agreement to increase the specialty mental health services maximum compensation budget amount.
- E. On January 28, 2025, the County and the Contractor entered into Agreement No. 25-032 ("Amendment No.3"), which amended the Agreement to increase the Mental Health Services Act (MHSA) maximum compensation for housing support funds.
- F. On May 6, 2025, the County and the Contractor entered into Agreement No. 25-171 (Amendment No. 4"), which amended the Agreement to increase the maximum compensation due to an increase in billable services which will allow Contractor to continue to submit billing claims for services rendered and received through the entire fiscal year.

G. The County and the Contractor now desire to further amend the Agreement to increase the maximum compensation and extend the current term by three months with an additional optional three-month extension, to ensure that services remain uninterrupted to the co-occurring population.

The parties therefore agree as follows:

- 1. **Term.** This Amendment extends the term of the Agreement through September 30, 2025. The term of this Agreement may be extended for no more than one three-month period only upon written approval of both parties at least thirty (30) days before the first day of the three-month extension period. The County's DBH Director, or designee, is authorized to sign the written approval on behalf of the County based on the Contractor's satisfactory performance. The extension of this Agreement by the County is not a waiver or compromise of any default or breach of this Agreement by the Contractor existing at the time of the extension whether or not known to the County.
- 2. Section 4.2 of the Agreement, beginning on Page 8, Line 25 is amended to add the following:

"The maximum compensation payable to the Contractor under this Agreement for the period of July 1, 2025, through September 30, 2025 for Specialty Mental Health Services is Nine Hundred Eighty Seven Thousand Five Hundred and No/100 Dollars (\$987,500.00), which is not a guaranteed sum but shall be paid only for services rendered and received. The maximum compensation payable to the Contractor under this Agreement for the period of October 1, 2025 through December 31, 2025 for Specialty Mental Health Services is Nine Hundred Eighty Seven Thousand Five Hundred and No/100 Dollars (\$987,500.00) which is not a quaranteed sum but shall be paid only for services rendered and received."

- 3. Section 4.3 of the Agreement, beginning on Page 9, Line 4 is amended to add the following:
 - "The maximum compensation payable to Contractor under this Agreement for the period of July 1, 2025, through September 30, 2025, for Non-Medi-Cal Supports

is One Hundred Seventy Three Thousand Nine Hundred Thirty and No/100 Dollars (\$173,930.00). The maximum compensation payable to Contractor under this Agreement for the period of October 1, 2025 through December 31, 2025, for Non-Medi-Cal Supports is One Hundred Seventy Three Thousand Nine Hundred Thirty and No/100 Dollars (\$173,930.00)."

4. A portion of Section 4.5 beginning on Page 9, Lines 13 through 16 is deleted and replaced with the following:

"Total Maximum Compensation. In no event shall the maximum contract amount for all the services provided by the Contractor to County under the terms and conditions of this Agreement be in excess of Eleven Million Eighty Four Thousand Five Hundred Twenty Six and No/100 Dollars (\$11,084,526.00) during the entire term of this Agreement."

- 5. All references in the Agreement to Exhibit G1 shall be deemed references to "Revised Exhibit G1-1," which is attached and incorporated by this reference.
- 6. When both parties have signed this Amendment No. 5, the Agreement, Amendment No. 1, Amendment No. 2, Amendment No. 3, Amendment No. 4, and this Amendment No. 5 together constitute the Agreement.
 - 7. The Contractor represents and warrants to the County that:
 - a. The Contractor is duly authorized and empowered to sign and perform its obligations under this Amendment.
 - b. The individual signing this Amendment on behalf of the Contractor is duly authorized to do so and his or her signature on this Amendment legally binds the Contractor to the terms of this Amendment.
- 8. The parties agree that this Amendment may be executed by electronic signature as provided in this section.
 - a. An "electronic signature" means any symbol or process intended by an individual signing this Amendment to represent their signature, including but not limited to (1) a digital signature; (2) a faxed version of an original handwritten signature; or (3) an

- electronically scanned and transmitted (for example by PDF document) version of an original handwritten signature.
- b. Each electronic signature affixed or attached to this Amendment (1) is deemed equivalent to a valid original handwritten signature of the person signing this Amendment for all purposes, including but not limited to evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as the valid original handwritten signature of that person.
- c. The provisions of this section satisfy the requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1).
- d. Each party using a digital signature represents that it has undertaken and satisfied the requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely upon that representation.
- e. This Amendment is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this Amendment with an original handwritten signature.
- 9. This Amendment may be signed in counterparts, each of which is an original, and all of which together constitute this Amendment.
- 10. The Agreement as amended by this Amendment No. 5 is ratified and continued. All provisions of the Agreement not amended by this Agreement No. 5 remain in full force and effect.

[SIGNATURE PAGE FOLLOWS]

1	The parties are signing this Amendment No. 5 on the date stated in the introductory
2	clause.
3 4	Mental Health Systems, Inc. dba TURN COUNTY OF FRESNO Behavioral Health Services
5	200111 E + 1 - 1 - 1 -
6	James C. Callaghan, Jr., CEO & President Ernest Buddy Mendes, Chairman of the Board of Supervisors of the County of Fresno
7	Attest:
9	Bernice E. Seidel Clerk of the Board of Supervisors County of Fresno, State of California David Tanner, VP of Corporate Finance
10	9465 Farnham Street San Diego, CA 92123 By: Hanam Deputy
11	San Diego, CA 92123 Deputy
12	For accounting use only:
13 14	Org No.: 56304562 Account No.: 7295 Fund No.: 0001
15	Subclass No.: 10000
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Co-Occuring Full Service Partnership MHS Fresno Impact

Fiscal Year (FY) 2025-26 (July 1, 2025-September 30, 2025)

PROGRAM EXPENSES

Employee Salaries		1000: SALARIES & BENEFITS						
1101	Employe	Employee Salaries						
1102	Acct #	Position	FTE	Admin	Direct	Total		
1103				\$ -	\$ -	\$ -		
1104				-	-	-		
1105				-	-	-		
1106				-	-	-		
1107				-	-	-		
1108						-		
1109						-		
1110								
1111								
1112						_		
1113						-		
1114				_	-	_		
1115					-	-		
1117				-	-	-		
1118	1116			-	-	-		
1119	1117			-	-	-		
1120	1118			-	-	-		
1121	1119			-	-	-		
1122				-	-	-		
1123				-	-	-		
1124				-	-	-		
1125				-	-	-		
1126				-	-	-		
1127					-	-		
1128						-		
1129								
1130								
1131				_	_	_		
1132				_	_	-		
1133						_		
1134				-	-	-		
Personnel Salaries Subtotal 0.00 \$ -				1	-	-		
Personnel Salaries Subtotal 0.00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ \$					_	_		
Employee Benefits Acct # Description Admin Direct Total 1201 Retirement \$ - \$ - \$ - \$ - - - 1202 Worker's Compensation - - 1203 Health Insurance - - 1204 Other (specify) - - 1205 Other (specify) - -		Personnel Salaries Subtotal	0.00	\$ -	\$ -	\$ -		
Acct # Description Admin Direct Total 1201 Retirement \$ - \$ - \$ - \$ - - 1202 Worker's Compensation - - 1203 Health Insurance - - 1204 Other (specify) - - 1205 Other (specify) - -								
1201 Retirement \$ - \$ - \$ -								
1202 Worker's Compensation - - - 1203 Health Insurance - - - 1204 Other (specify) - - - 1205 Other (specify) - - -								
1203 Health Insurance - - - 1204 Other (specify) - - - 1205 Other (specify) - - -					\$ -	\$ -		
1204 Other (specify) - - - 1205 Other (specify) - - -					-	-		
1205 Other (specify)						-		
				1		_		
	1205	Other (specify) Other (specify)		-	-	_		

	Employee Benefits Subtotal:	\$ -	\$ -	\$ -
Payroll [*]	Taxes & Expenses:			
Acct #	Description	Admin	Direct	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	-	-	-
1303	SUI	-	-	-
1304	Other (specify)	-	-	-
1305	Other (specify)	1	-	-
1306	Other (specify)	-	-	-
	Payroll Taxes & Expenses Subtotal:	\$ -	\$ -	\$ -
	EMPLOYEE SALARIES & BENEFITS TOTAL:	\$ -	\$ -	\$ -

2000: CI	000: CLIENT SUPPORT				
Acct #	Line Item Description	Amount			
2001	Child Care	\$ 143			
2002	Client Housing Support	155,066			
2003	Client Transportation & Support	7,566			
2004	Clothing, Food, & Hygiene	7,298			
2005	Education Support	143			
2006	Employment Support	143			
2007	Household Items for Clients	3,428			
2008	Medication Supports	-			
2009	Program Supplies - Medical	-			
2010	Utility Vouchers	143			
2011	Other (specify)	-			
2012	Other (specify)	-			
2013	Other (specify)	-			
2014	Other (specify)	-			
2015	Other (specify)	-			
2016	Other (specify)	-			
_	DIRECT CLIENT CARE TOTAL	\$ 173,930			

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

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

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

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

6000: AI	5000: ADMINISTRATIVE EXPENSES				
Acct #	Line Item Description	Amount			
6001	Administrative Overhead	\$ -			
6002	Professional Liability Insurance	-			
6003	Accounting/Bookkeeping	-			
6004	External Audit	1			
6005	Insurance (Specify):	-			
6006	Payroll Services	-			
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-			
6008	Other (specify)	-			
6009	Other (specify)	-			
6010	Other (specify)	-			
6011	Other (specify)	-			
6012	Other (specify)	-			
	ADMINISTRATIVE EXPENSES TOTAL	\$ -			

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

TOTAL PROGRAM EXPENSES	\$	173,930
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PROGRAM FUNDING SOURCES

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

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

	8200 - REALIGNMENT				
Acct #	Line Item Description		Amount		
8201	Realignment	\$	173,930		
	REALIGNMENT TOTAL	\$	173,930		

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

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

\$ 173,930	ROGRAM FUNDING SOURCES:	
\$ -	NET PROGRAM COST:	

Co-Occuring Full Service Partnership MHS Fresno Impact

Fiscal Year (FY) 2025-26 (July 1, 2025-September 30, 2025) Budget Narrative

	PROGRAM EXPENSE									
т.	ACCT#	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE						
				DETAILED DESCRIPTION OF TEMS BODGETED IN EACH ACCOUNT LINE						
	1000: SALARIES & BENEFITS - Employee Salaries -									
Employ										
_	1101		-							
		0	-							
		0	-							
		0	-							
		0	-							
		0	-							
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		0	-							
		0	-							
	1128	0	-							
	1129	0	-							
	1130	0	-							
		0	-							
	1132	0	-							
	1133	0	-							
	1134	0	-							
		0	-							
Employ	ee Bene	fits	-							
	1201	Retirement	-							
		Worker's Compensation	-							
	1203	Health Insurance	-							
	1204	Other (specify)	-							
	1205	Other (specify)	-							
	1206	Other (specify)	-							
Payroll	Taxes &	Expenses:	-							
		OASDI	-							
	1302	FICA/MEDICARE	-							
	1303		-							
	1304	Other (specify)	-							
	1305	Other (specify)	-							
	1306	Other (specify)	-							
										

2000: CLIENT S	00: CLIENT SUPPORT 173,930		
2001 Child Care 1		143	Estimated wrap expenses related to child care for clients
2002	Client Housing Support	155,066	Estimated expenses for housing support for clients
2003	Client Transportation & Support	7,566	Cost of transporting clients by staff (mileage reimbursement or gas for vehicles) and bus
			passes/cards for client transportation needs.
2004	Clothing, Food, & Hygiene	7,298	Estimated expenses for food & for clothing
2005	Education Support	143	Estimated wrap expenses related to education support for clients
2006	Employment Support	143	Estimated wrap expenses related to employment support for clients
2007	Household Items for Clients	3,428	Estimated wrap expenses related to household items for clients
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	143	Estimated wrap expenses related to utility vouchers for clients

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
	Other (specify)	_		
	Other (specify)	-		
	Other (specify)	-		
	Other (specify)	-		
	Other (specify)	-		
2016	Other (specify)	-		
T T	IG EXPENSES	-		
	Telecommunications	-		
	Printing/Postage	-		
	Office, Household & Program Supplies	-		
	Advertising	-		
	Staff Development & Training	-		
	Staff Mileage	-		
	Subscriptions & Memberships	-		
	Vehicle Maintenance Other (specify)	-		
	Other (specify)			
	Other (specify) Other (specify)	-		
	Other (specify) Other (specify)	-		
FACILITIES	& EQUIPMENT			
4001 I	Building Maintenance	-		
	Rent/Lease Building	-		
	Rent/Lease Equipment	-		
	Rent/Lease Vehicles	-		
	Security	-		
	Utilities	-		
	Other (specify)	-		
	Other (specify)	-		
	Other (specify)	-		
4010	Other (specify)	-		
: SPECIAL EX	VDENICEC	-		
	Consultant (Network & Data Management)	-		
	HMIS (Health Management Information	_		
	System)			
	Contractual/Consulting Services (Specify)	-		
	Translation Services	-		
5005	Other (specify)	-		
5006	Other (specify)	-		
5007	Other (specify)	-		
	Other (specify)	-		
: ADMINIST	RATIVE EXPENSES	-		
	Administrative Overhead	-		
	Professional Liability Insurance	-		
	Accounting/Bookkeeping	-		
	External Audit	-		
	Insurance (Specify):	-		
	Payroll Services	-		
	Depreciation (Provider-Owned Equipment to	-		
	be Used for Program Purposes)			
	Other (specify)	-		
	Other (specify) Other (specify)	-		
	Other (specify) Other (specify)	-		
	Other (specify) Other (specify)	-		
JU12 (Care (Specify)			
: FIXED ASS	ETS	-		
	Computer Equipment & Software	-		
	Copiers, Cell Phones, Tablets, Devices to	-		
	Contain HIPAA Data	-		
<u>'</u>	Furniture & Fixtures	_		
7003		_		
7004 I	Leasehold/Tenant/Building Improvements Other Assets over \$500 with Lifespan of 2	-		
7004 I	Other Assets over \$500 with Lifespan of 2			
7004 I				

PROGRAM EXPENSE				
ACCT#	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
7008	Other (specify)	-		

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

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	173,930
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	173,930
BUDGET CHECK:	-

Co-Occuring Full Service Partnership MHS Fresno Impact Fiscal Year (FY) 2025-26 (October 1, 2025-December 31, 2025)

PROGRAM EXPENSES

	1000: SALARIES & BENEFITS							
Employe	Employee Salaries							
	Position	FTE	Admin	Direct	Total			
1101			\$ -	\$ -	\$ -			
1102			-	-	-			
1103			-	-	-			
1104			-	-	-			
1105			-	-	-			
1106			-	-	-			
1107			-	-	-			
1108			-	-	-			
1109			-	-	-			
1110			-	-	-			
1111			-	-	-			
1112			-	-	-			
1113 1114			-		-			
1114			-	-	_			
1116			-	-	_			
1117			-					
1117			-	_				
1119			-	-	_			
1120			_	_	_			
1121			_	-	_			
1122			-	-	-			
1123			-	-	-			
1124			-	-	-			
1125			-	-	-			
1126			-	-	-			
1127			-	-	-			
1128			-	-	-			
1129			-	-	-			
1130			-	-	-			
1131			-	-	-			
1132			-	-	-			
1133			-	-	-			
1134			-	-	-			
1135			-	-	-			
	Personnel Salaries Subtotal	0.00	\$ -	\$ -	\$ -			
Employe	ee Benefits							
Acct #	Description		Admin	Direct	Total			
	Retirement		\$ -	\$ -	\$ -			
1202	Worker's Compensation		-	-	-			
	Health Insurance		-	-	-			
	Other (specify)		-	-	-			
	Other (specify)		-	-	-			
	Other (specify)		-	-	-			

	Employee Benefits Subtotal:	\$ -	\$ -	\$ -
Payroll [*]	Taxes & Expenses:			
Acct #	Description	Admin	Direct	Total
1301	OASDI	\$ -	\$ -	\$ -
1302	FICA/MEDICARE	-	-	-
1303	SUI	-	-	-
1304	Other (specify)	-	-	-
1305	Other (specify)	1	-	-
1306	Other (specify)	-	-	-
	Payroll Taxes & Expenses Subtotal:	\$ -	\$ -	\$ -
	EMPLOYEE SALARIES & BENEFITS TOTAL:	\$ -	\$ -	\$ -

2000: CI	IENT SUPPORT	1
Acct #	Line Item Description	Amount
2001	Child Care	\$ 143
2002	Client Housing Support	155,066
2003	Client Transportation & Support	7,566
2004	Clothing, Food, & Hygiene	7,298
2005	Education Support	143
2006	Employment Support	143
2007	Household Items for Clients	3,428
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	143
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
_	DIRECT CLIENT CARE TOTAL	\$ 173,930

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

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

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

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

6000: AI	DMINISTRATIVE EXPENSES	
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ -
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	1
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (specify)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
	ADMINISTRATIVE EXPENSES TOTAL	\$ -

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

TOTAL PROGRAM EXPENSES	\$	173,930
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PROGRAM FUNDING SOURCES

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

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

	8200 - REALIGNMENT	
Acct #	Line Item Description	Amount
8201	Realignment	\$ 173,930
	REALIGNMENT TOTAL	\$ 173,930

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

	8400 - OTHER REVENUE				
Acct #	Line Item Description	Amount			
8401	Client Fees	\$ -			
8402	Client Insurance	1			
8403	Grants (Specify)	-			
8404	Other (Specify)	-			
8405	Other (Specify)	-			
	OTHER REVENUE TOTAL	\$ -			

TOTAL PROGRAM FUNDING SOURCES:	\$ 173,930
NET PROGRAM COST:	\$ -

Co-Occuring Full Service Partnership MHS Fresno Impact

Fiscal Year (FY) 2025-26 (October 1, 2025-December 31, 2025) Budget Narrative

	PROGRAM EXPENSE					
	ACCT#	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE		
		S & BENEFITS	-			
	yee Salar					
		0	_			
	1102	0	_			
		0	_			
		0	_			
		0	-			
		0	-			
	1107	0	-			
	1108	0	-			
	1109	0	-			
	1110	0	-			
	1111	0	-			
	1112	0	-			
		0	-			
	1114	0	-			
	1115	0	-			
	1116	0	-			
	1117	0	-			
		0	-			
	1119	0	-			
	1120	0	-			
		0	-			
		0	-			
	1123	0	-			
		0	-			
		0	-			
		0	-			
-		0	-			
-	1128	0	-			
		0	-			
		0	-			
	1131	0	-			
		0	-			
-		0	-			
		0	-			
	1135	0	-			
F		£i.e.				
Emplo	yee Bene		-			
		Retirement Worker's Componentian	-			
		Worker's Compensation Health Insurance	-			
		Other (specify)	-			
		Other (specify) Other (specify)	-			
	1205	Other (specify)	-			
	1200	Other (specify)	<u> </u>			
Pavroll	Taxes &	Expenses:	-			
. 47.01		OASDI .	_			
		FICA/MEDICARE	_			
		SUI	_			
		Other (specify)	_			
		Other (specify)	_			
	1306	Other (specify)	_			
		Land a Articon III	ı			

='Budget F	Y 25-26 Q2'!B68	173,930	
20	01 Child Care	143	Estimated wrap expenses related to child care for clients
20	02 Client Housing Support	155,066	Estimated expenses for housing support for clients
20	03 Client Transportation & Support	7,566	Cost of transporting clients by staff (mileage reimbursement or gas for vehicles) and bus
			passes/cards for client transportation needs.
20	04 Clothing, Food, & Hygiene	7,298	Estimated expenses for food & for clothing
20	05 Education Support	143	Estimated wrap expenses related to education support for clients
20	06 Employment Support	143	Estimated wrap expenses related to employment support for clients
20	07 Household Items for Clients	3,428	Estimated wrap expenses related to household items for clients
20	08 Medication Supports	-	
20	09 Program Supplies - Medical	-	
20	10 Utility Vouchers	143	Estimated wrap expenses related to utility vouchers for clients

		PROGR	AM EXPENSE
ACCT#	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	Other (specify)	_	
	Other (specify)	-	
2016	Other (specify)	-	
	IG EXPENSES	-	
	Telecommunications	-	
	Printing/Postage	-	
	Office, Household & Program Supplies	-	
	Advertising	-	
	Staff Development & Training	-	
	Staff Mileage	-	
	Subscriptions & Memberships Vehicle Maintenance	-	
\vdash	Other (specify)	-	
	Other (specify) Other (specify)	-	
	Other (specify) Other (specify)	-	
	Other (specify)	-	
FACILITIES	& EQUIPMENT	-	
4001	Building Maintenance	-	
	Rent/Lease Building	-	
	Rent/Lease Equipment	-	
	Rent/Lease Vehicles	-	
	Security	-	
	Utilities	-	
	Other (specify)	-	
	Other (specify)	-	
	Other (specify)	-	
4010	Other (specify)	-	
SPECIAL EX	VDENCEC	-	
	Consultant (Network & Data Management)	-	
	HMIS (Health Management Information		
	System)		
-	Contractual/Consulting Services (Specify)	_	
	Translation Services	_	
	Other (specify)	-	
	Other (specify)	-	
5007	Other (specify)	-	
	Other (specify)	-	
ADMINIST	TRATIVE EXPENSES	-	
\vdash	Administrative Overhead	-	
	Professional Liability Insurance	-	
-	Accounting/Bookkeeping	-	
	External Audit	-	
	Insurance (Specify):	-	
	Payroll Services	-	
	Depreciation (Provider-Owned Equipment to	-	
	be Used for Program Purposes) Other (specify)		
	Other (specify)	-	
	Other (specify) Other (specify)	-	
	Other (specify) Other (specify)	-	
	Other (specify) Other (specify)	-	
3012	Said Openin		
FIXED ASS	SETS .	-	
	Computer Equipment & Software	-	
	Copiers, Cell Phones, Tablets, Devices to	-	
	Contain HIPAA Data	-	
T In	Furniture & Fixtures	_	
7003		-	
7003 7004	Leasehold/Tenant/Building Improvements	-	
7003 7004 7005	Leasehold/Tenant/Building Improvements Other Assets over \$500 with Lifespan of 2		
7003 7004 7005	Leasehold/Tenant/Building Improvements		

PROGRAM EXPENSE			
ACCT#	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7008	Other (specify)	-	

	PROGRAM FUNDING SOURCES					
8000 - SH	00 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)					
А	ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP			
	8001	Mental Health Services				
	8002	Case Management				
	8003	Crisis Services				
	8004	Medication Support				
	8005	Collateral				
	8006	Plan Development				
	8007	Assessment				
	8008	Rehabilitation				
	8009	Other (Specify)				
	8010	Other (Specify)				

173,930
173,930
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