

AGREEMENT

THIS 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 KINGS VIEW, a private Non-profit, 501 (c) (3), Organization, whose address is 7170 N Financial Dr., Ste 110, Fresno, CA 93720, hereinafter referred to as "CONTRACTOR" (collectively the "parties").

WITNESSETH:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH) is in need of a qualified agency to provide Senate Bill (SB) 82 Rural Mental Health Triage services in East and West cities in Fresno County as specified in this Agreement, to help reduce stigma and discrimination against mental illness and provide mental health triage services in a working partnership with rural first responders; and

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

WHEREAS, CONTRACTOR is qualified and willing to provide said services pursuant to the terms and conditions of this Agreement; and

WHEREAS, CONTRACTOR has requested greater access to the COUNTY's DBH electronic health record system (Avatar); and

WHEREAS, COUNTY, through DBH, is willing to provide CONTRACTOR with greater access to its electronic health record system; and

WHEREAS, COUNTY entered into Agreements No. A-15-317, No. A-15-317-1, No. A-15-317-2, and No. A-15-317-3 with CONTRACTOR, whose legal entity name was incorrectly referred to as "KINGS VIEW BEHAVIORAL HEALTH"; and

WHEREAS, this Agreement shall be retroactive to July 15, 2015, and shall replace, restate, and supersede Agreements No. A-15-317, No. A-15-317-1, No. A-15-317-2, and No. A-15-317-3 in their entirety.

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

1. SERVICES

1 A. CONTRACTOR(S) shall perform all services and fulfill all responsibilities as
2 identified in Exhibit A “SB 82 Rural Mental Health Triage Scope of Work”, attached hereto and by this
3 reference incorporated herein and made part of this Agreement.

4 B. This Agreement provides for Rural Triage services to East Fresno County and
5 West Fresno County. CONTRACTOR shall collect, maintain and report all data for East and West
6 Fresno County Rural Triage services independent of one another, including but not limited to: Medi-
7 Cal billing, other insurance billing, and reports; staff schedules and reports; performance measures;
8 monthly invoices and general ledgers; and other data as requested.

9 C. It is acknowledged by all parties hereto that COUNTY’s DBH Contracts Division
10 unit shall monitor the SB 82 Rural Triage Program operated by CONTRACTOR, in accordance with
11 Section Fourteen (14) of this Agreement.

12 D. CONTRACTOR shall participate in monthly, or as needed, workgroup meetings
13 consisting of staff from COUNTY’s DBH to discuss MHSA requirements, data reporting, training,
14 policies and procedures, overall program operations and any problems or foreseeable problems that
15 may arise.

16 E. It is acknowledged that upon execution of this Agreement, or as indicated under
17 Section Two (2) of this Agreement, CONTRACTOR shall provide SB 82 Rural Mental Health Triage
18 Services, as identified and incorporated herein, in the rural East Fresno County cities of Selma,
19 Sanger, Kingsburg, Fowler, Reedley, Orange Cove and Parlier; and in the rural West Fresno County
20 cities of Firebaugh, Mendota, Kerman, San Joaquin, Huron, and Coalinga. It is further acknowledged
21 that the service site for client records, Medi-Cal billing, and other billing requirements for both East
22 and West County Rural Triage services is to be determined at a later date and approved by
23 COUNTY’s DBH Director or designee. Any change to CONTRACTOR’s location of the service site
24 must be made with thirty (30) days advance written notice to COUNTY’s DBH Director or designee
25 and only upon written approval from COUNTY’s DBH Director or designee.

26 F. CONTRACTOR shall maintain requirements as an organizational provider
27 throughout the term of this Agreement, as described in Section Seventeen (17) of this Agreement. If
28 for any reason this status is not maintained COUNTY may terminate this Agreement pursuant to

1 Section Three (3) of this Agreement.

2 G. CONTRACTOR agrees that prior to and while providing services under the
3 terms and conditions of this Agreement, CONTRACTOR shall have staff hired and in place for
4 program services and operations or COUNTY may, in addition to other remedies it may have,
5 suspend or terminate this Agreement, in accordance with Section Three (3) of this Agreement.

6 H. CONTRACTOR may maintain its records in COUNTY's Electronic Health
7 Record (EHR) system, Avatar, in accordance with Exhibit E, "Documentation Standards for Client
8 Records," as licenses become available. The client record shall begin with registration and intake
9 and include client authorizations, assessments, plans of care, and progress notes, as well as other
10 documents as approved by the COUNTY's DBH. COUNTY shall be allowed to review records of
11 services provided, including the goals and objectives of the treatment plan, and how the therapy
12 provided is achieving the goals and objectives. If CONTRACTOR determines to maintain its records
13 in Avatar, it shall provide COUNTY's DBH Director, or designee, with a thirty (30) day notice. If at any
14 time CONTRACTOR chooses not to maintain its records in Avatar, it shall provide COUNTY'S DBH
15 Director, or designee, with thirty (30) days advance written notice and CONTRACTOR will be
16 responsible for obtaining its own system, at its own cost, for electronic health records management.

17 Disclaimer

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

27 **2. TERM**

28 This Agreement shall become effective retroactively to July 14, 2015 for East Fresno

1 County and shall terminate on the 30th day of June, 2022.

2 This Agreement shall become effective retroactively to October 1, 2015, for West
3 Fresno County and shall terminate on the 30th day of June, 2022.

4 **3. TERMINATION**

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

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

- 12 1) An illegal or improper use of funds;
- 13 2) A failure to comply with any term of this Agreement;
- 14 3) A substantially incorrect or incomplete report submitted to the COUNTY;
- 15 4) Improperly performed service.

16 In no event shall any payment by COUNTY constitute a waiver by COUNTY of
17 any breach of this Agreement or any default which may then exist on the part of CONTRACTOR.

18 Neither shall such payment impair or prejudice any remedy available to COUNTY with respect to the
19 breach or default. COUNTY shall have the right to demand of CONTRACTOR repayment to
20 COUNTY of any funds disbursed to CONTRACTOR under this Agreement, which in the judgment of
21 COUNTY were not expended in accordance with the terms of this Agreement. CONTRACTOR shall
22 promptly refund any such funds upon demand or, at COUNTY's option; such repayment shall be
23 deducted from future payments owing to CONTRACTOR under this Agreement.

24 C. Without Cause - Under circumstances other than those set forth above, this
25 Agreement may be terminated by COUNTY, or CONTRACTOR, or COUNTY's DBH Director or
26 designee, upon the giving of thirty (30) days advance written notice of intent to terminate.

27 CONTRACTOR may terminate with appropriate thirty (30) days advance written
28 notice of intent to terminate transmitted by CONTRACTOR to COUNTY by Certified U.S. Mail, Return

1 Receipt Requested, addressed to the office of COUNTY as follows:

2 Director (or designee)
3 County of Fresno
4 Department of Behavioral Health
5 P.O. Box 45003
6 Fresno, CA 93718-9886

7 **4. COMPENSATION**

8 The maximum compensation amount under this Agreement for Rural Triage Services in
9 East Fresno County and West Fresno County combined for the period July 14, 2015 through June 30,
10 2022, shall not exceed Seventeen Million, Five Hundred Forty-Five Thousand, Three Hundred Ninety-
11 One and No/100 Dollars (\$17,545,391.00).

12 East Fresno County

13 The maximum compensation amount under this Agreement for East Fresno County
14 Rural Triage Services for the period July 14, 2015 through June 30, 2022, for all funding and revenue
15 streams collectively shall not exceed Nine Million, Six Hundred Seven Thousand, Five Hundred
16 Seventy-Six and No/100 Dollars (\$9,607,576.00).

17 The maximum compensation amount under this Agreement for East Fresno County
18 Rural Triage Services for the period of July 14, 2015 through June 30, 2016, shall not exceed One
19 Million, Three Hundred Thousand, Four Hundred Thirty-One and No/100 Dollars (\$1,300,431.00).

20 The maximum amount of SB 82 funding under this Agreement during said time period shall not
21 exceed Eight Hundred, Forty-Nine Thousand, Six Hundred Fifty-Three and No/100 Dollars
22 (\$849,653.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
23 estimates to generate Four Hundred Fifty Thousand, Seven Hundred Seventy-Eight and No/100
24 Dollars (\$450,778.00) in Medi-Cal Federal Financial Participation (FFP) to offset CONTRACTOR's
25 program costs.

26 The maximum compensation amount under this Agreement for East Fresno County
27 Rural Triage Services for the period of July 1, 2016 through June 30, 2017, shall not exceed One
28 Million, Two Hundred Eighty-Eight Thousand, One Hundred Twenty-Four and No/100 Dollars
(\$1,288,124.00). The maximum amount of SB 82 funding under this Agreement during said time
period shall not exceed Eight Hundred Forty-Two Thousand, One Hundred Twenty-Two and No/100

1 Dollars (\$842,122.00). In addition, it is understood by CONTRACTOR and COUNTY that
2 CONTRACTOR estimates to generate Four Hundred Forty-Six Thousand, Two and No/100 Dollars
3 (\$446,002.00) in Medi-Cal FFP to offset CONTRACTOR's program costs.

4 The maximum compensation amount under this Agreement for East Fresno County
5 Rural Triage Services for the period of July 1, 2017 through June 30, 2018, shall not exceed One
6 Million, Three Hundred Twenty-Seven Thousand, Three Hundred Twenty-Two and No/100 Dollars
7 (\$1,327,322.00). The maximum amount of SB 82 funding under this Agreement for said time period
8 shall not exceed Eight Hundred Sixty-Seven Thousand, One Hundred Sixty-Eight and No/100 Dollars
9 (\$867,168.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
10 estimates to generate Four Hundred Sixty Thousand, One Hundred Fifty-Four and No/100 Dollars
11 (\$460,154.00) in Medi-Cal FFP to offset CONTRACTOR's program costs.

12 The maximum compensation amount under this Agreement for East Fresno County
13 Rural Triage Services for the period of July 1, 2018 through June 30, 2019, shall not exceed One
14 Million, Three Hundred Seventy-Five Thousand, Nine Hundred Fifty-Two and No/100 Dollars
15 (\$1,375,952.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
16 estimates to generate Three Hundred Thousand, Three Hundred Sixty and No/100 Dollars
17 (\$300,360.00) in Medi-Cal FFP to offset CONTRACTOR's program costs.

18 The maximum compensation amount under this Agreement for East Fresno County
19 Rural Triage Services for the period of July 1, 2019 through June 30, 2020, shall not exceed One
20 Million, Four Hundred Ten Thousand, Three Hundred Seventy-Five and No/100 Dollars
21 (\$1,410,375.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
22 estimates to generate Three Hundred Thousand, Three Hundred Sixty and No/100 Dollars
23 (\$300,360.00) in Medi-Cal FFP to offset CONTRACTOR's program costs.

24 The maximum compensation amount under this Agreement for East Fresno County
25 Rural Triage Services for the period of July 1, 2020 through June 30, 2021, shall not exceed One
26 Million Four Hundred Fifty-Two Thousand, Six Hundred Eighty-Six and No/100 Dollars
27 (\$1,452,686.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
28 estimates to generate Four Hundred Eighty-Two Thousand, Eight Hundred Eighty-One and No/100

1 Dollars (\$482,881.00) in Medi-Cal FFP to offset CONTRACTOR's program costs.

2 The maximum compensation amount under this Agreement for East Fresno County
3 Rural Triage Services for the period of July 1, 2021 through June 30, 2022, shall not exceed One
4 Million Four Hundred Fifty-Two Thousand, Six Hundred Eighty-Six and No/100 Dollars
5 (\$1,452,686.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
6 estimates to generate Four Hundred Eighty-Two Thousand, Eight Hundred Eighty-One and No/100
7 Dollars (\$482,881.00) in Medi-Cal FFP to offset CONTRACTOR's program costs.

8 West Fresno County

9 The maximum compensation amount under this Agreement for West Fresno County
10 Rural Triage Services for the period October 1, 2015 through June 30, 2022, shall not exceed Seven
11 Million, Nine Hundred Thirty-Seven Thousand, Eight Hundred Fifteen and No/100 Dollars
12 (\$7,937,815.00).

13 The maximum compensation amount under this Agreement for West Fresno County
14 Rural Triage Services for the period of October 1, 2015 through June 30, 2016, shall not exceed Nine
15 Hundred Eight Thousand, Four Hundred Twenty and No/100 Dollars (\$908,420.00). The maximum
16 amount of Public Safety Realignment funding under this Agreement for said time period shall not
17 exceed Thirty-Three Thousand, Seven Hundred Thirty-Two and No/100 Dollars (\$33,732.00). The
18 maximum amount of Mental Health Services Act (MHSA) funding under this Agreement for said time
19 period shall not exceed Five Hundred Fourteen Thousand, Seven Hundred Twenty-One and No/100
20 Dollars (\$514,721.00). In addition, it is understood by CONTRACTOR and COUNTY that
21 CONTRACTOR estimates to generate Three Hundred Fifty-Nine Thousand, Nine Hundred Sixty-
22 Seven and No/100 Dollars (\$359,967.00) in Medi-Cal FFP in this term to offset CONTRACTOR's
23 program costs.

24 The maximum compensation amount under this Agreement for West Fresno County
25 Rural Triage Services for the period of July 1, 2016 through June 30, 2017, shall not exceed One
26 Million, Eighty-Nine Thousand, Five Hundred Fifty and No/100 Dollars (\$1,089,550.00). The
27 maximum amount of MHSA funding under this Agreement for said time period shall not exceed Six
28 Hundred Forty-Three Thousand, Five Hundred Forty-Eight and No/100 Dollars (\$643,548.00). In

1 addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR estimates to
2 generate Four Hundred Forty-Six Thousand, Two and No/100 Dollars (\$446,002.00) in Medi-Cal FFP
3 in this term to offset CONTRACTOR's program costs.

4 The maximum compensation amount under this Agreement for West Fresno County
5 Rural Triage Services for the period of July 1, 2017 through June 30, 2018, shall not exceed One
6 Million, One Hundred Twenty-Two Thousand, Seven Hundred Ninety-One and No/100 Dollars
7 (\$1,122,791.00). The maximum amount of MHA funding under this Agreement in this term shall not
8 exceed Six Hundred Sixty-Two Thousand, Six Hundred Thirty-Seven and No/100 Dollars
9 (\$662,637.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
10 estimates to generate Four Hundred Sixty Thousand, One Hundred Fifty-Four and No/100 Dollars
11 (\$460,154.00) in Medi-Cal FFP for said time period to offset CONTRACTOR's program costs.

12 The maximum compensation amount under this Agreement for West Fresno County
13 Rural Triage Services for the period of July 1, 2018 through June 30, 2019, shall not exceed One
14 Million, One Hundred Sixty-Five Thousand, Two Hundred Eighty-Six and No/100 Dollars
15 (\$1,165,286.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
16 estimates to generate One Hundred Nine Thousand, Eight Hundred Ninety-Five and No/100 Dollars
17 (\$109,895.00) in Medi-Cal FFP to offset CONTRACTOR's program costs.

18 The maximum compensation amount under this Agreement for West Fresno County
19 Rural Triage Services for the period of July 1, 2019 through June 30, 2020, shall not exceed One
20 Million, One Hundred Ninety-Three Thousand, Three Hundred Eighty-Eight and No/100 Dollars
21 (\$1,193,388.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
22 estimates to generate One Hundred Nine Thousand, Eight Hundred Ninety-Five and No/100 Dollars
23 (\$109,895.00) in Medi-Cal FFP to offset CONTRACTOR's program costs.

24 The maximum compensation amount under this Agreement for West Fresno County
25 Rural Triage Services for the period of July 1, 2020 through June 30, 2021, shall not exceed One
26 Million, Two Hundred Twenty-Nine Thousand, One Hundred Ninety and No/100 Dollars
27 (\$1,229,190.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
28 estimates to generate One Hundred Eighty-Three Thousand, Five Hundred Sixty-Seven and No/100

1 Dollars (\$183,567.00) in Medi-Cal FFP to offset CONTRACTOR's program costs.

2 The maximum compensation amount under this Agreement for West Fresno County
3 Rural Triage Services for the period of July 1, 2021 through June 30, 2022, shall not exceed One
4 Million, Two Hundred Twenty-Nine Thousand, One Hundred Ninety and No/100 Dollars
5 (\$1,229,190.00). In addition, it is understood by CONTRACTOR and COUNTY that CONTRACTOR
6 estimates to generate One Hundred Eighty-Three Thousand, Five Hundred Sixty-Seven and No/100
7 Dollars (\$183,567.00) in Medi-Cal FFP to offset CONTRACTOR's program costs.

8 The maximum amounts paid to the CONTRACTOR for East and West Fresno County
9 Rural Mental Health Triage services identified in the Agreement are stated in Exhibit C, C-1 and C-2
10 "East Budget" and "West Budget", attached hereto and by this reference incorporated herein.

11 A. COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive
12 compensation based upon actual expenditures incurred by CONTRACTOR for monthly program
13 costs, in accordance with the budgets identified in Exhibit C, C-1 and C-2.

14 B. If CONTRACTOR fails to generate the Medi-Cal FFP set forth hereinabove, the
15 COUNTY shall not be obligated to pay the difference between these estimated amounts and the
16 actual amounts generated.

17 It is further understood by COUNTY and CONTRACTOR that any Medi-Cal FFP
18 generated above the amounts stated herein will be used to directly offset the COUNTY's contribution
19 of SB 82 funds identified in Exhibit C, C-1 and C-2. The offset of funds will also be clearly identified in
20 monthly invoices received from CONTRACTOR as further described in Section Five (5) of this
21 Agreement.

22 Travel shall be reimbursed based on actual expenditures and mileage
23 reimbursement shall be at CONTRACTOR's adopted rate per mile, no to exceed the Internal
24 Revenue Service (IRS) published rate.

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

28 C. It is understood that all expenses incidental to CONTRACTOR performance of

1 services under this Agreement shall be borne by CONTRACTOR. If CONTRACTOR fails to comply
2 with any provision of this Agreement, COUNTY shall be relieved of its obligation for further
3 compensation.

4 D. Except as provided below regarding State payment delays, payments shall be
5 made by COUNTY to CONTRACTOR in arrears, for services provided during the preceding month,
6 within forty-five (45) days after the date of receipt and approval by COUNTY of the monthly invoicing
7 as described in Section Five (5) herein. Payments shall be made after receipt and verification of
8 actual expenditures incurred by CONTRACTOR for monthly program costs, as identified in Exhibit C,
9 C-1 and C-2 in the performance of this Agreement and shall be documented to COUNTY on a
10 monthly basis by the fifteenth (15th) of the month following the month of said expenditures. The
11 parties acknowledge that the CONTRACTOR will be performing hiring, training, and credentialing of
12 staff, configuring the facility and office space, and obtaining site certification from the COUNTY
13 Mental Health Plan.

14 CONTRACTOR shall submit to the COUNTY by the fifteenth (15th) of each
15 month a detailed general ledger (GL) itemizing costs incurred in the previous month. Failure to
16 submit GL reports and supporting documentation shall be deemed sufficient cause for COUNTY to
17 withhold payments until there is compliance, as further described in Section Five (5) herein.

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

21 All final claims, including actual cost per unit, and/or any final budget modification
22 requests shall be submitted by CONTRACTOR within sixty (60) days following the final month of
23 service for which payment is claimed. No action shall be taken by COUNTY on claims submitted
24 beyond the sixty (60) day closeout period. Any compensation which is not expended by
25 CONTRACTOR pursuant to the terms and conditions of this Agreement shall automatically revert to
26 COUNTY.

27 F. The services provided by CONTRACTOR under this Agreement are funded in
28 whole or in part by the State of California. In the event that funding for these services is delayed by

1 the State Controller, COUNTY may defer payment to CONTRACTOR. The amount of the deferred
2 payment shall not exceed the amount of funding delayed by the State Controller to the COUNTY.
3 The period of time of the deferral by COUNTY shall not exceed the period of time of the State
4 Controller's delay of payment to COUNTY plus forty-five (45) days.

5 G. CONTRACTOR shall be held financially liable for any and all future
6 disallowances/audit exceptions due to CONTRACTOR's deficiency discovered through the State
7 audit process and COUNTY utilization review during the course of this Agreement. At COUNTY's
8 election, the disallowed amount will be remitted within forty-five (45) days to COUNTY upon
9 notification or shall be withheld from subsequent payments to CONTRACTOR. CONTRACTOR shall
10 not receive reimbursement for any units of services rendered that are disallowed or denied by the
11 Fresno County Mental Health Plan utilization review process or through the Department of Health
12 Care Services (DHCS) cost report audit settlement process for Medi-Cal eligible clients.

13 H. Any compensation which is not expended by CONTRACTOR pursuant to the
14 terms and conditions of this Agreement shall be remitted to COUNTY within sixty (60) days of receipt
15 and verification of inappropriate expenditures by COUNTY's DBH Director, or designee.

16 I. Any compensation which is not consumed by expenditures of CONTRACTOR
17 by the expiration or termination of this Agreement shall automatically revert to COUNTY.

18 **5. INVOICING**

19 A. COUNTY's DBH shall invoice CONTRACTOR in arrears by the fifth (5th) day of
20 each month for the prior months hosting, maintenance, and hosting perceptive fees for access to
21 Avatar in accordance with the fee schedule as set forth in Exhibit N, "Electronic Health Records
22 Software Charges", attached hereto and incorporated herein by reference. COUNTY shall invoice
23 CONTRACTOR annually for the annual maintenance and licensing fee for access to Avatar in
24 accordance with the fee schedule as set forth in Exhibit N. CONTRACTOR shall provide payment for
25 these expenditures to COUNTY's Fresno County Department of Behavioral Health, Accounts
26 Receivable, P.O. Box 712, Fresno, CA 93717-0712, Attention: Business Office, within forty-five (45)
27 days after the date of receipt by CONTRACTOR of the invoicing provided by COUNTY.

28 B. CONTRACTOR shall invoice COUNTY in arrears by the fifteenth (15th) day of

1 each month for the prior month's actual services rendered to DBHInvoices@co.fresno.ca.us. After
2 CONTRACTOR renders service to referred clients, CONTRACTOR will invoice COUNTY for
3 payment, certify the expenditure, and submit electronic claiming billing directly into COUNTY's billing
4 system (AVATAR) for the DHCS reimbursements for all clients, including those eligible for Medi-Cal
5 as well as those that are not eligible for Medi-Cal, including contracted cost per unit and actual cost
6 per unit. COUNTY must pay CONTRACTOR before submitting a claim to DHCS for Federal
7 reimbursement for Medi-Cal eligible clients.

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

19 D. Monthly invoices shall include a client roster, identifying volume reported by
20 payer group clients served (including third party payer of services) by month and year-to-date,
21 including percentages.

22 E. CONTRACTOR shall submit monthly invoices and general ledgers that itemize
23 the line item charges for monthly program costs (per applicable budget, as identified in Exhibit C, C-1
24 and C-2), including the cost per unit calculation based on clients served within that month, and
25 excluding lobbying costs. The invoices and general ledgers will serve as tracking tools to determine if
26 CONTRACTOR's program costs are in accordance with its budgeted cost, and cost per unit
27 negotiated by service modes compared to actual cost per unit, as set forth in Exhibit C, C-1 and C-2.
28 The actual cost per unit will be based upon total costs and total units of service. It will also serve for

1 the COUNTY to certify the public funds expended for purposes of claiming federal reimbursement for
2 the cost of Medicaid services and activities. CONTRACTOR shall remit to COUNTY on a quarterly
3 basis, a summary report of total operational costs and volume of service unit to report the actual costs
4 per unit compared to the negotiated rate, as identified in Exhibit C, C-1 and C-2, to report interim cost
5 per unit. The quarterly reports will be used by COUNTY to ensure compliance with federal
6 reimbursements certified public expenditures.

7 F. CONTRACTOR must report all third party collections from other funding
8 sources such as Medicare, private insurance, client private pay or any other third party. COUNTY
9 expects the invoice for reimbursement to equal the amount due CONTRACTOR less any funding
10 sources not eligible for federal reimbursement.

11 G. CONTRACTOR will remit annually within ninety (90) days from June 30, a
12 schedule to provide the required information on published charges (PC) for all authorized services.
13 The published charge listing will serve as a source document to determine the CONTRACTOR's
14 usual and customary charge prevalent in the public mental health sector that is used to bill the
15 general public, insurers or other non-Medi-Cal third party payers during the course of business
16 operations.

17 H. CONTRACTOR shall submit monthly staffing reports that identify all direct
18 service and support staff, applicable licensure/certifications, and full time hours worked to be used as
19 a tracking tool to determine if CONTRACTOR's program is staffed according to the Agreement
20 requirements.

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

24 J. CONTRACTOR is responsible for collection and managing data in a manner to
25 be determined by DHCS and the Mental Health Plan in accordance with applicable rules and
26 regulations. COUNTY electronic billing system is a critical source of information for purposes of
27 monitoring and obtaining reimbursement. CONTRACTOR must attend COUNTY's Business Office
28 training on equipment reporting for assets, intangible and sensitive minor assets, Avatar claiming

1 module and related cost reporting.

2 K. CONTRACTOR shall submit electronic billing for services directly into
3 COUNTY's billing module (AVATAR) within ten (10) calendar days from the date services were
4 rendered. DHCS' FFP reimbursement for Medi-Cal specialty mental health services is based on
5 public expenditures certified by the CONTRACTOR. CONTRACTOR must submit a signed certified
6 public expenditure report, with each respective monthly invoice. DHCS expects the claim for
7 reimbursement to equal the amount the COUNTY paid the CONTRACTOR for the service rendered
8 less any funding sources not eligible for Federal reimbursement.

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

15 M. If a Medi-Cal client has dual coverage, such as other health coverage (OHC)
16 or Medicare, the CONTRACTOR will be responsible for billing the carrier and obtaining a
17 payment/denial or have validation of claiming with no response ninety (90) days after the claim was
18 mailed before the service can be entered into AVATAR. CONTRACTOR must report all third party
19 collections for Medicare, third party or client pay or private pay in each monthly invoice and in the
20 cost report that is required to be submitted. A copy of explanation of benefits or CSM 1500 is
21 required as documentation. CONTRACTOR must comply with all laws and regulations governing
22 Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C.
23 section 1395 et seq; and 2) the regulation and rules promulgated by the Centers for Medicare and
24 Medicaid Services as they relate to participation, coverage and claiming reimbursement.
25 CONTRACTOR will be responsible for compliance as of the effective date of each federal, state or
26 local law or regulation specified.

27 N. Data entry shall be the responsibility of the CONTRACTOR. The data for billing
28 must be reconciled by the CONTRACTOR to the monthly invoices submitted for payment. COUNTY

1 shall monitor the number and dollar amount of services entered into AVATAR. Any and all audit
2 exceptions resulting from the provision and billing of Medi-Cal services by CONTRACTOR shall be
3 the sole responsibility of the CONTRACTOR. CONTRACTOR will comply with all applicable policies,
4 procedures, directives and guidelines regarding the use of COUNTY's billing system.

5 O. Medi-Cal Certification and Mental Health Plan Compliance

6 CONTRACTOR will establish and maintain Medi-Cal certification or become
7 certified within ninety (90) days of the effective date of this Agreement through COUNTY to provide
8 reimbursable services to Medi-Cal eligible adult clients. In addition, CONTRACTOR shall work with
9 the COUNTY's DBH Managed Care and Business Office to execute the process if not currently
10 certified by COUNTY for credentialing of staff. During this process, the CONTRACTOR will obtain a
11 legal entity number established by the DHCS, a requirement for maintaining organizational provider
12 status throughout the term of this Agreement. CONTRACTOR will be required to become Medi-Cal
13 certified prior to providing services to Medi-Cal eligible clients and seeking reimbursement in
14 COUNTY's billing system. CONTRACTOR will not be reimbursed by COUNTY for any Medi-Cal
15 services rendered prior to certification.

16 Medi-Cal billing shall be in accordance with the Mental Health Plan.

17 CONTRACTOR must comply with the "Fresno County Mental Health Plan Compliance Program and
18 Code of Conduct" set forth in Exhibit D, attached hereto and incorporated herein by reference and
19 made part of this Agreement.

20 Medi-Cal can be billed for direct specialty mental health services of unlicensed
21 staff as long as the individual is approved as an organizational provider by the Mental Health Plan, is
22 supervised by licensed staff, works within his/her scope and only bills Medi-Cal for allowable specialty
23 mental health services. It is understood that each claim is subject to audit for compliance with Federal
24 and State regulations, and that COUNTY may be making payments in advance of said review. In the
25 event that a Medi-Cal billable service is disapproved, COUNTY may, at its sole discretion, withhold
26 compensation or set off from other payments due the amount of said disapproved services.
27 CONTRACTOR shall be responsible for audit exceptions to ineligible dates of services or incorrect
28 application of utilization review requirements.

1 **6. INDEPENDENT CONTRACTOR**

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

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

21 **7. MODIFICATION**

22 Notwithstanding the above, changes to services, staffing and responsibilities of the
23 CONTRACTOR, as needed, to accommodate changes in the laws relating to mental health and
24 substance use disorder treatment, as set forth in Exhibit A, may be made with the signed written
25 approval of COUNTY's DBH Director, or designee, and CONTRACTOR through an amendment
26 approved by COUNTY's County Counsel and the COUNTY's Auditor-Controller/Treasurer-Tax
27 Collector's Office.

28 In addition, changes to expense category (i.e., Salary & Benefits, Facilities/Equipment,

1 Operating, Financial Services, Special Expenses, Fixed Assets, etc.) subtotals in the budgets, and
2 changes to the volume of units of services/types of service units to be provided, as set forth in Exhibit
3 C, C-1 and C-2, that do not exceed ten percent (10%) of the maximum compensation payable to the
4 CONTRACTOR may be made with the written approval of COUNTY's DBH Director, or designee.
5 Changes to the expense categories in the budgets that exceed ten percent (10%) of the maximum
6 compensation payable to the CONTRACTOR may be made with the signed written approval of
7 COUNTY's DBH Director, or designee, through an amendment approved by COUNTY's Counsel and
8 COUNTY's Auditor-Controller/Treasurer-Tax Collector's Office.

9 Said modifications shall not result in any change to the maximum compensation
10 amounts payable to CONTRACTOR, as stated in this Agreement.

11 **8. NON-ASSIGNMENT**

12 Neither party shall assign, transfer or subcontract this Agreement nor their rights or
13 duties under this Agreement without the prior written consent of the other party.

14 **9. HOLD-HARMLESS**

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

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

25 **10. INSURANCE**

26 Without limiting the COUNTY's right to obtain indemnification from CONTRACTOR or
27 any third parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect, the
28 following insurance policies or a program of self-insurance, including but not limited to, an insurance

1 pooling arrangement or Joint Powers Agreement (JPA) throughout the term of the Agreement:

2 A. Commercial General Liability

3 Effective July 14, 2015 through June 30, 2021, CONTRACTOR is required to
4 have Commercial General Liability Insurance with limits of not less than One
5 Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Two
6 Million Dollars (\$2,000,000). Effective July 1, 2021 through June 30, 2022,
7 CONTRACTOR is required to have Commercial General Liability Insurance with
8 limits of not less than Two Million Dollars (\$2,000,000.00) per occurrence and
9 an annual aggregate of Four Million Dollars (\$4,000,000.00). This policy shall be
10 issued on a per occurrence basis. COUNTY may require specific coverages
11 including completed operations, products liability, contractual liability, Explosion-
12 Collapse-Underground, fire legal liability or any other liability insurance deemed
13 necessary because of the nature of this contract.

14 B. Automobile Liability

15 Effective July 14, 2015 through June 30, 2021, CONTRACTOR is required to
16 have Comprehensive Automobile Liability Insurance with limits for bodily injury
17 of not less than Two Hundred Fifty Thousand Dollars (\$250,000) per person,
18 Five Hundred Thousand Dollars (\$500,000) per accident and for property
19 damages of not less than Fifty Thousand Dollars (\$50,000), or such coverage
20 with a combined single limit of One Million Dollars (\$1,000,000). Effective July 1,
21 2021 through June 30, 2022, CONTRACTOR is required to have
22 Comprehensive Automobile Liability Insurance with limits of not less than One
23 Million Dollars (\$1,000,000.00) per accident for bodily injury and for property
24 damages. Coverage should include any auto used in connection with this
25 Agreement.

26 C. Real And Personal Property

27 Effective July 14, 2015 through June 30, 2021, CONTRACTOR shall maintain a
28 policy of insurance for all risk personal property coverage which shall be

1 endorsed naming the County of Fresno as an additional loss payee. The
2 personal property coverage shall be in an amount that will cover the total of the
3 COUNTY purchased and owned property, at a minimum, as discussed in
4 Section Twenty-Seven (27) of this Agreement.

5 All Risk Property Insurance

6 CONTRACTOR will provide property coverage for the full replacement value of
7 the COUNTY'S personal property in possession of CONTRACTOR and/or used
8 in the execution of this Agreement. COUNTY will be identified on an appropriate
9 certificate of insurance as the certificate holder and will be named as an
10 Additional Loss Payee on the Property Insurance Policy.

11 D. Fire Insurance and Extended Coverage

12 Effective July 14, 2015 through June 30, 2021, CONTRACTOR shall add
13 COUNTY as an additional Loss Payee thereon.

14 E. Professional Liability

15 If CONTRACTOR employs licensed professional staff, (e.g., Ph.D., R.N.,
16 L.C.S.W., M.F.C.C.) in providing services, Professional Liability Insurance with
17 limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, Three
18 Million Dollars (\$3,000,000.00) annual aggregate. CONTRACTOR agrees that it
19 shall maintain, at its sole expense, in full force and effect for a period of three (3)
20 years following the termination of this Agreement, one or more policies of
21 professional liability insurance with limits of coverage as specified herein.

22 F. Worker's Compensation

23 A policy of Worker's Compensation insurance as may be required by the
24 California Labor Code.

25 G. Molestation

26 Effective July 1, 2021 through June 30, 2022, CONTRACTOR is required to
27 have Sexual abuse / molestation liability insurance with limits of not less than
28 One Million Dollars (\$1,000,000.00) per occurrence, Two Million Dollars

1 (\$2,000,000.00) annual aggregate. This policy shall be issued on a per
2 occurrence basis.

3 H. Cyber Liability

4 Effective July 1, 2021 through June 30, 2022, CONTRACTOR is required to
5 have Cyber liability Insurance with limits not less than \$2,000,000 per
6 occurrence or claim, \$2,000,000 aggregate. Coverage shall be sufficiently broad
7 to respond to the duties and obligations as is undertaken by Vendor in this
8 agreement and shall include, but not be limited to, claims involving infringement
9 of intellectual property, including but not limited to infringement of copyright,
10 trademark, trade dress, invasion of privacy violations, information theft, damage
11 to or destruction of electronic information, release of private information,
12 alteration of electronic information, extortion and network security. The policy
13 shall provide coverage for breach response costs as well as regulatory fines and
14 penalties as well as credit monitoring expenses with limits sufficient to respond
15 to these obligations.

16 CONTRACTOR shall obtain endorsements to the Commercial General Liability
17 insurance naming the County of Fresno, its officers, agents, and employees, individually and
18 collectively, as additional insured, but only insofar as the operations under this Agreement are
19 concerned. Such coverage for additional insured shall apply as primary insurance and any other
20 insurance, or self insurance, maintained by COUNTY, its officers, agents and employees shall be
21 excess only and not contributing with insurance provided under CONTRACTOR's policies herein.
22 This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance
23 written notice given to COUNTY.

24 Effective July 1, 2021 through June 30, 2022, CONTRACTOR hereby waives its right to
25 recover from COUNTY, its officers, agents, and employees any amounts paid by the policy of
26 worker's compensation insurance required by this Agreement. CONTRACTOR is solely responsible
27 to obtain any endorsement to such policy that may be necessary to accomplish such waiver of
28 subrogation, but CONTRACTOR's waiver of subrogation under this paragraph is effective whether or

1 not CONTRACTOR obtains such an endorsement.

2 Within Thirty (30) days from the date CONTRACTOR signs and executes this
3 Agreement, CONTRACTOR shall provide certificates of insurance and endorsement as stated above
4 for all of the foregoing policies, as required herein, to the County of Fresno, (Name and Address of
5 the official who will administer this contract), stating that such insurance coverage have been
6 obtained and are in full force; that the County of Fresno, its officers, agents and employees will not be
7 responsible for any premiums on the policies; that for such worker's compensation insurance the
8 CONTRACTOR has waived its right to recover from the COUNTY, its officers, agents, and employees
9 any amounts paid under the insurance policy and that waiver does not invalidate the insurance policy;
10 that such Commercial General Liability insurance names the County of Fresno, its officers, agents
11 and employees, individually and collectively, as additional insured, but only insofar as the operations
12 under this Agreement are concerned; that such coverage for additional insured shall apply as primary
13 insurance and any other insurance, or self insurance, maintained by COUNTY, its officers, agents
14 and employees, shall be excess only and not contributing with insurance provided under
15 CONTRACTOR's policies herein; and that this insurance shall not be cancelled or changed without a
16 minimum of thirty (30) days advance, written notice given to COUNTY.

17 In the event CONTRACTOR fails to keep in effect at all times insurance coverage as
18 herein provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate
19 this Agreement upon the occurrence of such event.

20 All policies shall be issued by admitted insurers licensed to do business in the State of
21 California, and such insurance shall be purchased from companies possessing a current A.M. Best,
22 Inc. rating of A FSC VII or better.

23 **11. LICENSES/CERTIFICATES**

24 Throughout each term of this Agreement, CONTRACTOR and CONTRACTOR's staff
25 shall maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions
26 necessary for the provision of the services hereunder and required by the laws and regulations of the
27 United States of America, State of California, the County of Fresno, and any other applicable
28 governmental agencies. CONTRACTOR shall notify COUNTY immediately in writing of its inability to

1 obtain or maintain such licenses, permits, approvals, certificates, waivers and exemptions irrespective
2 of the pendency of any appeal related thereto. Additionally, CONTRACTOR and CONTRACTOR's
3 staff shall comply with all applicable laws, rules or regulations, as may now exist or be hereafter
4 changed.

5 **12. RECORDS**

6 CONTRACTOR shall maintain records in accordance with Exhibit E, "Documentation
7 Standards for Client Records", attached hereto and by this reference incorporated herein and made
8 part of this Agreement. During site visits, COUNTY shall be allowed to review records of services
9 provided, including the goals and objectives of the treatment plan, and how the therapy provided is
10 achieving the goals and objectives.

11 **13. REPORTS**

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

28 Cost reports must be submitted to the COUNTY as a hard copy with a signed

1 cover letter and electronic copy of the completed DHCS cost report form along with requested
2 support documents following each fiscal year ending June 30th. During the month of September of
3 each year this Agreement is effective, COUNTY will issue instructions of the annual cost report which
4 indicates the training session, DHCS cost report template worksheets, and deadlines to submit as
5 determined by the State annually. Remit the hard copies of the cost reports to County of Fresno,
6 Attention: Cost Report Team, P.O. Box 45003, Fresno, CA 93718. Remit the electronic copy or any
7 inquiries to DBHcostreportteam@co.fresno.ca.us.

8 All cost reports must be prepared in accordance with Generally Accepted
9 Accounting Principles (GAAP) and Welfare and Institutions Code §§ 5651(a)(4), 5664(a), 5705(b)(3)
10 and 5718(c). Unallowable costs such as lobby or political donations must be deducted on the cost
11 report and invoice reimbursements.

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

16 B. Settlements with State Department of Health Care Services (DHCS)

17 During the term of this Agreement and thereafter, COUNTY and CONTRACTOR
18 agree to settle dollar amounts disallowed or settled in accordance with DHCS and COUNTY audit
19 settlement findings related to the Medi-Cal and realignment reimbursements. CONTRACTOR will
20 participate in the several phases of settlements between COUNTY, CONTRACTOR and DHCS. The
21 phases of initial cost reporting for settlement according to State reconciliation of records for paid
22 Medi-Cal services and audit settlement are: DHCS audit: 1) initial cost reporting - after an internal
23 review by COUNTY, the COUNTY files cost report with DHCS on behalf of the CONTRACTOR's legal
24 entity for the fiscal year; 2) Settlement –State reconciliation of records for paid Medi-Cal services,
25 approximately eighteen (18) to thirty-six (36) months following the State close of the fiscal year,
26 DHCS will send notice for any settlement under this provision will be sent to the COUNTY; and 3)
27 Audit Settlement-DHCS audit. After final reconciliation and settlement, COUNTY and/or DHCS may
28 conduct a review of medical records, cost report along with support documents submitted to

1 COUNTY in initial submission to determine accuracy and may disallow cost and/or unit of service
2 reported on the CONTRACTOR's legal entity cost report. COUNTY may choose to appeal and
3 therefore reserves the right to defer payback settlement with CONTRACTOR until resolution of the
4 appeal. DHCS Audits will follow federal Medicaid procedures for managing overpayments.

5 If at the end of the Audit Settlement, the COUNTY determines that it overpaid
6 the CONTRACTOR, it will require the CONTRACTOR to repay the Medi-Cal related overpayment
7 back to the COUNTY.

8 Funds owed to COUNTY will be due within forty-five (45) days of notification
9 by the COUNTY, or COUNTY shall withhold future payments until all excess funds have been
10 recouped by means of an offset against any payments then or thereafter owing to CONTRACTOR
11 under this or any other Agreement.

12 C. Monthly Reports – CONTRACTOR shall submit a monthly report to the County
13 that will include, but not be limited to dollars billed for Medi-Cal and MHSA (non Medi-Cal) clients;
14 actual expenses; the number of clients served/anticipated to be served; utilization of services by
15 clients; and staff composition. This report will be due within thirty (30) days after the last day of the
16 previous month or payments may be delayed. CONTRACTOR will utilize a computerized tracking
17 system with which outcome measures and other relevant client data, such as demographics, will be
18 maintained.

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

22 E. Additional Reports – CONTRACTOR shall also furnish to COUNTY such
23 statements, records, reports, data, and other information as COUNTY's DBH may request pertaining
24 to matters covered by this Agreement. In the event that CONTRACTOR fails to provide such reports
25 or other information required hereunder, it shall be deemed sufficient cause for COUNTY to withhold
26 monthly payments until there is compliance. In addition, CONTRACTOR shall provide written
27 notification and explanation to COUNTY within five (5) days of any funds received from another
28 source to conduct the same services covered by this Agreement.

1 F. Progress Report Updates – CONTRACTOR shall complete Progress Report
2 updates according to DHCS regulations, in the form set forth in Exhibit F and Exhibit Fa, attached
3 hereto and by this reference incorporated herein and made part of this Agreement. CONTRACTOR
4 shall submit the required progress updates, as shown in Exhibit F and Exhibit Fa, to COUNTY’s DBH
5 Mental Health Contracts Division for review.

6 CONTRACTOR shall submit to COUNTY’s DBH by the Fifteenth (15th) of each month
7 all monthly activity, outcome and budget reports for the preceding month. CONTRACTOR shall also
8 provide records of rents collected from each client and include the client’s name, date of birth and
9 social security number. All data transmitted must be in strict conformance with Section Nineteen (19)
10 and Section Twenty (20) of this Agreement.

11 **14. MONITORING**

12 CONTRACTOR(S) agrees to extend to COUNTY’s staff, COUNTY’s DBH Director and
13 the DHCS, or their designees, the right to review and monitor records, program or procedures, at any
14 time, in regard to clients, as well as the overall operation of CONTRACTOR’s program, in order to
15 ensure compliance with the terms and conditions of this Agreement.

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

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

20 **16. COMPLIANCE WITH STATE REQUIREMENTS**

21 CONTRACTOR recognizes that COUNTY operates its mental health programs under
22 an agreement with DHCS, and that under said agreement the State imposes certain requirements on
23 COUNTY and its subcontractors. CONTRACTOR shall adhere to all State requirements, including
24 those identified in Exhibit G, “State Mental Health Requirements”, attached hereto and by this
25 reference incorporated herein and made part of this Agreement.

26 **17. COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS**

27 CONTRACTOR shall be required to maintain organizational provider certification by
28 Fresno County. CONTRACTOR must meet Medi-Cal organization provider standards as listed in

1 Exhibit H, "Medi-Cal Organizational Provider Standards", attached hereto and by this reference
2 incorporated herein and made part of this Agreement. It is acknowledged that all references to
3 Organizational Provider and/or Provider in Exhibit H shall refer to CONTRACTOR. In addition,
4 CONTRACTOR shall inform every client of their rights under the COUNTY's Mental Health Plan as
5 described in Exhibit I, "Fresno County Mental Health Plan Grievances and Incident Reporting",
6 attached hereto and by this reference incorporated herein. CONTRACTOR shall also file an incident
7 report for all incidents involving clients, following the Protocol for Completion of Incident Report and
8 using the "Incident Report Worksheet" both identified in Exhibit I, attached hereto and by this
9 reference incorporated herein and made part of this Agreement, or a protocol and worksheet
10 presented by CONTRACTOR that is accepted by County's DBH Director, or designee.

11 **18. CONFIDENTIALITY**

12 All services performed by CONTRACTOR under this Agreement and any information
13 CONTRACTOR creates, receives, or maintains pertaining to protected health information shall be in
14 strict conformance with all applicable Federal, State of California and/or local laws and regulations
15 relating to confidentiality.

16 **19. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

17 COUNTY and CONTRACTOR each consider and represent themselves as covered
18 entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law
19 104-191(HIPAA) and agree to use and disclose Protected Health Information (PHI) as required by
20 law.

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

23 COUNTY and CONTRACTOR intend to protect the privacy and provide for the
24 security of PHI pursuant to the Agreement in compliance with HIPAA, the Health Information
25 Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH), and regulations
26 promulgated thereunder by the U.S. Department of Health and Human Services (HIPAA Regulations)
27 and other applicable laws.

28

1 As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require
2 CONTRACTOR to enter into a contract containing specific requirements prior to the disclosure of
3 PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the
4 Code of Federal Regulations (CFR).

5 **20. DATA SECURITY**

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

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

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

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

20 B. CONTRACTOR-Owned Computers or Computer Peripherals

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

27 C. COUNTY-Owned Computer Equipment

28

1 CONTRACTOR, including its subcontractors and employees, may not use
2 COUNTY computers or computer peripherals on non-COUNTY premises without prior authorization
3 from the COUNTY's Chief Information Officer, and/or designee(s).

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

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

11 F. Confidential client information transmitted to one party by the other by means of
12 electronic transmissions must be encrypted according to Advanced Encryption Standards (AES) of
13 128 BIT or higher. Additionally, a password or pass phrase must be utilized.

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

18 H. COUNTY shall provide oversight to CONTRACTOR's response to all incidents
19 arising from a possible breach of security related to COUNTY's confidential client information
20 provided to CONTRACTOR. CONTRACTOR will be responsible to issue any notification to affected
21 individuals as required by law or as deemed necessary by COUNTY in its sole discretion.
22 CONTRACTOR will be responsible for all costs incurred as a result of providing the required
23 notification.

24 **21. NON-DISCRIMINATION**

25 During the performance of this Agreement CONTRACTOR shall not unlawfully
26 discriminate against any employee or applicant for employment, or recipient of services, because of
27 race, religion, color, national origin, ancestry, physical disability, medical condition, marital status, age
28 or gender, pursuant to all applicable State of California and Federal statutes and regulations.

1 **22. TAX EQUITY AND FISCAL RESPONSIBILITY ACT**

2 To the extent necessary to prevent disallowance of reimbursement under section
3 1861(v)(1)(I) of the Social Security Act, (42 U.S.C. § 1395x, subd. (v)(1)[I]), until the expiration of four
4 (4) years after the furnishing of services under this Agreement, CONTRACTOR shall make available,
5 upon written request of the Secretary of the United States Department of Health and Human
6 Services, or upon request of the Comptroller General of the United States General Accounting Office,
7 or any of their duly authorized representatives, a copy of this Agreement and such books, documents,
8 and records as are necessary to certify the nature and extent of the costs of these services provided
9 by CONTRACTOR under this Agreement. CONTRACTOR further agrees that in the event
10 CONTRACTOR carries out any of its duties under this Agreement through a subcontract, with a value
11 or cost of Ten Thousand and No/100 Dollars (\$10,000.00) or more over a twelve (12) month period,
12 with a related organization, such Agreement shall contain a clause to the effect that until the
13 expiration of four (4) years after the furnishing of such services pursuant to such subcontract, the
14 related organizations shall make available, upon written request of the Secretary of the United States
15 Department of Health and Human Services, or upon request of the Comptroller General of the United
16 States General Accounting Office, or any of their duly authorized representatives, a copy of such
17 subcontract and such books, documents, and records of such organization as are necessary to verify
18 the nature and extent of such costs.

19 **23. SINGLE AUDIT CLAUSE**

20 If any CONTRACTOR expends Seven Hundred Fifty Thousand Dollars (\$750,000.00) or
21 more in Federal and Federal flow-through monies, CONTRACTOR agrees to conduct an annual audit
22 in accordance with the requirements of the Single Audit Standards as set forth in Office of
23 Management and Budget (OMB) Circular A-133. CONTRACTOR shall submit said audit and
24 management letter to COUNTY. The audit must include a statement of findings or a statement that
25 there were no findings. If there were negative findings, CONTRACTOR shall include a corrective
26 action plan signed by an authorized individual. CONTRACTOR agrees to take action to correct any
27 material non-compliance or weakness found as a result of such audit. Such audits shall be delivered
28 to COUNTY's DBH Business Office for review within nine (9) months of the end of any fiscal year in

1 which funds were expended and/or received for the program. Failure to perform the requisite audit
2 functions as required by this Agreement may result in COUNTY performing the necessary audit tasks,
3 or at COUNTY's option, contracting with a public accountant to perform said audit, or may result in
4 the inability of COUNTY to enter into future agreements with CONTRACTOR. All audit costs related
5 to this Agreement are the sole responsibility of CONTRACTOR.

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

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

24 **24. COMPLIANCE**

25 CONTRACTOR agrees to comply with COUNTY's Contractor Code of Conduct and
26 Ethics and the COUNTY's Compliance Program in accordance with Exhibit D. Within thirty (30) days
27 of entering into this Agreement with the COUNTY, CONTRACTOR shall have all of CONTRACTOR's
28 employees, agents and subcontractors providing services under this Agreement certify in writing, that

1 he or she has received, read, understood, and shall abide by the Contractor Code of Conduct and
2 Ethics. CONTRACTOR shall ensure that within thirty (30) days of hire, all new employees, agents
3 and subcontractors providing services under this Agreement shall certify in writing that he or she has
4 received, read, understood, and shall abide by the Contractor Code of Conduct and Ethics.
5 CONTRACTOR understand that the promotion of and adherence to the code of Conduct and Ethics
6 is an element in evaluating the performance of CONTRACTOR and its employees, agents and
7 subcontractors.

8 Within thirty (30) days of entering into this Agreement, and annually thereafter, all
9 employees, agent and subcontractors providing services under this Agreement shall complete
10 general compliance training and appropriate employees, agents and subcontractors shall complete
11 documentation and billing or billing/reimbursement training. All new employees, agents and
12 subcontractors shall attend the appropriate training within thirty (30) days of hire. Each individual
13 required to attend training shall certify in writing that he or she has received the required training. The
14 certification shall specify the type of training received and the date received. The certification shall be
15 provided to the COUNTY's Compliance Officer at 3133 N. Millbrook, Fresno, California 93703.
16 CONTRACTOR agrees to reimburse COUNTY for the entire cost of any penalty imposed upon
17 COUNTY by the Federal Government as a result of CONTRACTOR's violation of the terms of this
18 Agreement.

19 **25. ASSURANCES**

20 In entering into this Agreement, CONTRATOR certifies that it nor any of its officers are
21 not currently excluded, suspended, debarred, or otherwise ineligible to participate in the Federal
22 Health Care Programs: that it or any of its officers have not been convicted of a criminal offense
23 related to the provision of health care items or services; nor have they been reinstated to participate
24 in the Federal Health Care Programs after a period of exclusion, suspension, debarment, or
25 ineligibility. If COUNTY learns, subsequent to entering into this Agreement, that CONTRACTOR is
26 ineligible on these grounds, COUNTY will remove CONTRACTOR from responsibility for, or
27 involvement with, COUNTY's business operations related to the Federal Health Care Programs and
28 shall remove such CONTRACTOR from any position in which CONTRACTOR's compensation, or the

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

4 A. If COUNTY has notice that CONTRACTOR has been charged with a criminal
5 offense related to any Federal Health Care Programs, or proposed for exclusion during the term on
6 any contract, CONTRACTOR and COUNTY shall take all appropriate actions to ensure the accuracy
7 of any claims submitted to any Federal Health Care Program. At its discretion given such
8 circumstances,
9 COUNTY may request that CONTRACTOR cease providing services until resolution of the charges or
10 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
13 under this Agreement, will be queried as to whether (1) they are now or ever have been excluded,
14 suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (2)
15 they have been convicted of criminal offense related to the provision of health care items or services;
16 and or (3) they have been reinstated to participate in the Federal Health Care Programs after a period
17 of exclusion, suspension, debarment, or ineligibility.

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

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

1 determined by COUNTY to protect the interests of COUNTY clients.

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

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

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

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

28 E. CONTRACTOR agrees to reimburse COUNTY for the entire cost of any penalty

1 imposed upon COUNTY by the Federal Government as a result of CONTRACTOR's violation of
 2 CONTRACTOR's obligations as described in this Section.

3 **26. PROHIBITION ON PUBLICITY**

4 None of the funds, materials, property or services provided directly or indirectly under
 5 this Agreement shall be used for CONTRACTOR's advertising, fundraising, or publicity (i.e.,
 6 purchasing of tickets/tables, silent auction donations, etc.) for the purpose of self-promotion.

7 Notwithstanding the above, publicity of the services described in Section One (1) of this Agreement
 8 shall be allowed as necessary to raise public awareness about the availability of such specific
 9 services when approved in advance by COUNTY's DBH Director or designee and at a cost to be
 10 provided in Section Four (4) of this Agreement for such items as written/printed materials, the use of
 11 media (i.e., radio, television, newspapers) and any other related expense(s).

12 **27. PROPERTY OF COUNTY**

13 A. COUNTY and CONTRACTOR recognize that fixed assets are tangible and
 14 intangible property obtained or controlled under COUNTY's Mental Health Plan for use in operational
 15 capacity and will benefit COUNTY for a period more than one (1) year. Depreciation of the qualified
 16 items will be on a straight-lien basis.

17 For COUNTY purposes, fixed assets must fulfill three qualifications:

- 18 1. Asset must have life span of over one year.
- 19 2. The asset is not a repair part.
- 20 3. The asset must be valued at or greater than the capitalization thresholds

21 for the asset type:

<u>Asset type</u>	<u>Threshold</u>
• land	\$0
• buildings and improvements	\$100,000
• infrastructure	\$100,000
• be tangible	\$5,000
o equipment	
o vehicles	
• or intangible asset	\$100,000
o Internally generated software	
o Purchased software	
o Easements	
o Patents	

- and capital lease \$5,000

Qualified fixed asset equipment is to be reported and approved by COUNTY. If it is approved and identified as an asset it will be tagged with a COUNTY program number. A Fixed Asset Log, (Exhibit J and Ja – Fixed Asset Log Instructions) will be maintained by COUNTY’s Asset Management System and inventoried annually until the asset is fully depreciated. During the terms of this Agreement, CONTRACTOR’s fixed assets may be inventoried in comparison to COUNTY’s DBH Asset Inventory System.

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

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

CONTRACTOR further agrees to the following:

1. To maintain all items of equipment in good working order and condition, normal wear and tear excepted;
2. To label all items of equipment with COUNTY assigned program number, to perform periodic inventories as required by COUNTY and to maintain an inventory list showing where and how the equipment is being used in accordance with procedures developed by COUNTY. All such lists shall be submitted to COUNTY within ten (10) days of any request therefore;
3. To report in writing to COUNTY immediately after discovery, the loss or

1 theft of any items of equipment. For stolen items, the local law enforcement agency must be contacted
2 and a copy of the police report submitted to COUNTY

3 D. The purchase of any equipment by CONTRACTOR with funds provided
4 hereunder shall require the prior written approval of COUNTY's DBH Director or designee, shall fulfill
5 the provisions of this Agreement as appropriate, and must be directly related to CONTRACTOR's
6 services or activity under the terms of this Agreement. COUNTY's DBH may refuse reimbursement for
7 any costs resulting from equipment purchased, which are incurred by CONTRACTOR, if prior written
8 approval has not been obtained from COUNTY's DBH Director or designee.

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

18 **28. CULTURAL COMPETENCY**

19 As related to Cultural and Linguistic Competence, CONTRACTOR shall comply with:

20 A. Title 6 of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R.
21 Part 80) and Executive Order 12250 of 1979 which prohibits recipients of federal financial assistance
22 from discriminating against persons based on race, color, national origin, sex, disability or religion.
23 This is interpreted to mean that a limited English proficient (LEP) individual is entitled to equal access
24 and participation in federally funded programs through the provision of comprehensive and quality
25 bilingual services.

26 B. Policies and procedures for ensuring access and appropriate use of trained
27 interpreters and material translation services for all LEP clients, including, but not limited to,
28 assessing the cultural and linguistic needs of its clients, training of staff on the policies and

1 procedures, and monitoring its language assistance program. The CONTRACTOR's procedures must
2 include ensuring compliance of any sub-contracted providers with these requirements.

3 C. CONTRACTOR shall not use minors as interpreters.

4 D. CONTRACTOR shall provide and pay for interpreting and translation services to
5 persons participating in CONTRACTOR's services who have limited or no English language
6 proficiency, including services to persons who are deaf or blind. Interpreter and translation services
7 shall be provided as necessary to allow such participants meaningful access to the programs,
8 services

9 and benefits provided by CONTRACTOR. Interpreter and translation services, including translation
10 of CONTRACTOR's "vital documents" (those documents that contain information that is critical for
11 accessing CONTRACTOR's services or are required by law) shall be provided to participants at no
12 cost to the participant. CONTRACTOR shall ensure that any employees, agents, subcontractors, or
13 partners who interpret or translate for a program participant, or who directly communicate with a
14 program participant in a language other than English, demonstrate proficiency in the participant's
15 language and can effectively communicate any specialized terms and concepts peculiar to
16 CONTRACTOR's services.

17 E. In compliance with the State mandated Culturally and Linguistically Appropriate
18 Services standards as published by the Office of Minority Health, CONTRACTOR must submit to
19 COUNTY for approval, within 60 days from date of contract execution, CONTRACTOR's plan to
20 address all fifteen national cultural competency standards as set forth in the "National Standards on
21 Culturally and Linguistically Appropriate Services (CLAS)"
22 <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>). COUNTY's annual
23 on-site review of CONTRACTOR shall include collection of documentation to ensure all national
24 standards are implemented. As the national competency standards are updated, CONTRACTOR's
25 plan must be updated accordingly.

26 **29. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST INFORMATION**

27 This provision is only applicable if CONTRACTOR is a disclosing entity, fiscal agent, or
28 managed care entity as defined in Code of Federal Regulations (C.F.R), Title 42 § 455.101, 455.104,

1 and 455.106(a)(1),(2).

2 In accordance with C.F.R., Title 42 §§ 455.101, 455.104, 455.105 and
3 455.106(a)(1),(2), the following information must be disclosed by CONTRACTOR by completing
4 Exhibit K, "Disclosure of Ownership and Control Interest Statement", attached hereto and by this
5 reference incorporated herein and made part of this Agreement. CONTRACTOR shall submit this
6 form to the Department of Behavioral Health within thirty (30) days of the effective date of this
7 Agreement. Additionally, CONTRACTOR shall report any changes to this information within thirty five
8 (35) days of occurrence by completing Exhibit K. Submissions shall be scanned PDF copies and are
9 to be sent via email to DBHAdministration@co.fresno.ca.us attention: Contracts Administration.

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

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

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

16 1. Fraud or a criminal offense in connection with obtaining, attempting to
17 obtain, or performing a public (federal, state, or local) transaction or contract under a public
18 transaction;

19 2. Violation of a federal or state antitrust statute;

20 3. Embezzlement, theft, forgery, bribery, falsification, or destruction of
21 records; or

22 4. False statements or receipt of stolen property.

23 B. Within a three-year period preceding their Agreement award, they have had a
24 public transaction (federal, state, or local) terminated for cause or default.

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

1 determined that the CONTRACTOR failed to disclose required
2 information, any Agreement awarded to such CONTRACTOR may be immediately voided and
3 terminated for material failure to comply with the terms and conditions of the award.

4 CONTRACTOR must sign an appropriate "Certification Regarding Debarment,
5 Suspension, and Other Responsibility Matters-Primary Covered Transactions", Exhibit L, attached
6 hereto and by this reference incorporated herein. Additionally, CONTRACTOR must immediately
7 advise COUNTY in writing if, during the term of this Agreement: (1) CONTRACTOR becomes
8 suspended, debarred, excluded or ineligible for participation in federal or state funded programs or
9 from receiving federal funds as listed in the excluded parties list system (<http://www.sam.gov>); or (2)
10 any of the above listed conditions become applicable to CONTRACTOR. CONTRACTOR shall
11 indemnify, defend and hold COUNTY harmless for any loss or damage resulting from a conviction,
12 debarment, exclusion, ineligibility or other matter listed in the signed "Certification Regarding
13 Debarment, Suspension, and Other Responsibility Matters."

14 **31. AUDITS AND INSPECTIONS**

15 The CONTRACTOR shall at any time during business hours, and as often as the
16 COUNTY may deem necessary, make available to COUNTY for examination all of its records and
17 data with respect to the matters covered by this Agreement. CONTRACTOR shall, upon request by
18 COUNTY, permit COUNTY to audit and inspect all such records and data necessary to ensure
19 CONTRACTOR's compliance with the terms of this Agreement.

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

23 **32. COMPLAINTS**

24 CONTRACTOR shall log complaints and the disposition of all complaints from a client
25 or a client's family. CONTRACTOR shall provide a copy of the detailed complaint log entries
26 concerning COUNTY-sponsored clients to COUNTY at monthly intervals by the tenth (10th) day of the
27 following month, in a format that is mutually agreed upon. Besides the detailed complaint log,
28 CONTRACTOR shall provide details and attach documentation of each complaint with the log.

1 CONTRACTOR shall post signs informing clients of their right to file a complaint or grievance.
2 CONTRACTOR shall notify COUNTY of all incidents reportable to state licensing bodies that affect
3 COUNTY clients within twenty-four (24) hours of receipt of a complaint.

4 Within ten (10) days after each incident or complaint affecting COUNTY-sponsored
5 clients, CONTRACTOR shall provide COUNTY with information relevant to the complaint,
6 investigative details of the complaint, the complaint and CONTRACTOR's disposition of, or corrective
7 action taken to resolve the complaint. In addition, CONTRACTOR shall inform every client of their
8 rights as set forth in Exhibit I. CONTRACTOR shall file an incident report for all incidents involving
9 clients, following the Protocol and using the Worksheet identified in Exhibit I.

10 **33. DISCLOSURE OF SELF-DEALING TRANSACTIONS**

11 This provision is only applicable if the CONTRACTOR is operating as a corporation (a
12 for-profit or non-profit corporation) or if during the term of this agreement, the CONTRACTOR
13 changes its status to operate as a corporation.

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

22 **34. NOTICES**

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

25 COUNTY

26 Director, Fresno County
27 Department of Behavioral Health
1925 E. Dakota Ave.
28 Fresno, CA 93726

CONTRACTOR

Chief Executive Officer
Kings View
7170 North Financial Drive, Suite 110
Fresno, CA 93720

Any and all notices between the COUNTY and the CONTRACTOR provided for or

1 permitted under this Agreement or by law shall be in writing and shall be deemed duly served when
2 personally delivered to one of the parties, or in lieu of such personal service, when deposited in the
3 United States Mail, postage prepaid, addressed to such party.

4 **35. GOVERNING LAW**

5 The parties agree, that for the purposes of venue, performance under this Agreement is
6 to be in Fresno County, California.

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

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

25 **37. ENTIRE AGREEMENT**

26 This Agreement, including all Exhibits between the CONTRACTOR and COUNTY with
27 respect to the subject matter hereof and supersedes all previous agreement negotiations,
28 proposals, commitments, writings, advertisements, publications, and understandings of any nature

1 whatsoever unless expressly included in this Agreement.

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

3 CONTRACTOR
4 KINGS VIEW

COUNTY OF FRESNO

5 DocuSigned by:
6 Amanda Nugent Divine
A04F817F73914D5...
Authorized Signature


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

7 Amanda Nugent Divine CEO

8 Print Name and Title

9 Date: 6-21-22

10
11 **ATTEST:**
12 Bernice E. Seidel
13 Clerk of the Board of Supervisors
14 County of Fresno, State of California

15 By: 
16 Deputy

17 Mailing Address:

18 Kings View
7170 North Financial Avenue, Suite 110
Fresno, CA 93720

19 FOR ACCOUNTING PURPOSES ONLY:

20 Fund/Subclass: 0001/10000
21 Account/Program: 7295/0
22 Organization: 56304766 East
56304767 West

	<u>EAST</u>	<u>WEST</u>
FY 2015-16: \$2,208,851	\$1,300,431	\$ 908,420 (9 months)
FY 2016-17: \$2,377,674	\$1,288,124	\$1,089,550
FY 2017-18: \$2,450,113	\$1,327,322	\$1,122,791
FY 2018-19: \$2,541,238	\$1,375,952	\$1,165,286
FY 2019-20: \$2,603,763	\$1,410,375	\$1,193,388
FY 2020-21: \$2,681,876	\$1,452,686	\$1,229,190
FY 2021-22: \$2,681,876	\$1,452,686	\$1,229,190
TOTAL: \$17,545,391	\$9,607,576	\$7,937,815

MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION
SB 82 RURAL MENTAL HEALTH TRIAGE SERVICES
SCOPE OF WORK

CONTRACTOR: Kings View
7170 N. Financial Drive, Suite 110
Fresno, CA 93720

CONTRACT SERVICES: SB 82 Rural Triage Services
East and West Fresno County Cities

CONTRACT TERM: July 14, 2015 – June 30, 2022 (East)
October 1, 2015 – June 30, 2022 (West)

CONTRACT MEDI-CAL BILLING ADDRESS: 4910 E. Ashlan Avenue, Suite 118
Fresno, CA 93726

CONTRACT MAXIMUM: \$17,545,391 (East & West Combined)

<u>Fiscal Year</u>	<u>Contract Max East Cities</u>	<u>Contract Max West Cities</u>
2015 - 16	1,300,431	908,422
2016 - 17	1,288,124	1,089,550
2017 - 18	1,327,322	1,122,792
2018 - 19	1,375,952	1,165,286
2019 - 20	1,410,375	1,193,388
2020 – 21	1,452,686	1,229,190
2021 – 22	1,452,686	1,229,190
	\$ 9,607,576	\$ 7,937,815

PROJECT DESCRIPTION

The County of Fresno, on behalf of the Department of Behavioral Health (DBH), Mental Health Services Act (MHSA), is providing for Rural Mental Health Triage Services (Rural Triage Services) in East and West rural Fresno County cities. Rural Mental Health Triage Services are fully funded by Senate Bill (SB) 82, Public Safety Realignment, Mental Health Services Act Prevention and Early Intervention, and Medi-Cal Federal Financial Participation (FFP). Rural Triage Services will be provided in the East Fresno County cities of: Selma, Sanger, Kingsburg, Fowler, Reedley, Orange Cove and Parlier; and in the rural West Fresno County cities of Firebaugh, Mendota, Kerman, San Joaquin, Huron, and Coalinga. Services should be flexible to the needs of rural Fresno County and may include other rural cities and areas between and around the indicated cities.

Rural Triage Services may include, but is not limited to: assessment, crisis intervention, community referrals and linkages, and short-term/brief case management. In addition, time permitting, services shall also include community outreach, engagement, education, and prevention to those potentially in need of services for mental illness and/or co-occurring substance use disorders, the general public, emergency first responders, and other community agencies. Rural Triage Services shall be provided in collaboration with first responders and out in the field where client interaction with law enforcement and emergency services personnel (first responders) typically occurs, and where triage services are most beneficial.

PROGRAM GOALS AND OBJECTIVES

The goal of this project is to provide triage staff and peer/family consultation service to the East Fresno County Cities' of Selma, Sanger, Parlier, Orange Cove, Fowler, Reedley and Kingsburg, and the West Fresno County Cities' of Firebaugh, Mendota, Kerman, San Joaquin, Huron, and Coalinga in a means that has never been provided. These services shall be provided by interagency coordination between mental health and law enforcement to identify, triage, assess, and connect or reconnect clients to treatment and support, and mitigate unnecessary expenditures of law enforcement.

Program Methods:

- 1) With the placement of triage staff in rural law enforcement agencies, staff will be able to establish data that denotes mental health clients, crisis and interventions for each of the identified communities;
 - a. Data will identify those that have repeated use of 911/crisis resources, triage staff will be available to engage and work with clients/families on a local prevention plan using Wellness Recovery Action Plan tools.
- 2) Triage staff placement and participation with local law enforcement agencies will increase justice system resources for response to safety and criminal behavior calls/needs.
 - a. Triage staff will be on-site for rapid response and mental health triage and assessment as a subject matter expert and provide appropriate interventions and or linkages with follow up.
- 3) Individuals with mental illness who engage with law enforcement will have more efficient access to crisis services, receive treatment more sensitive to their mental condition, experience fewer legal concerns and costs related to the encounter with law enforcement, have improved safety and experience less discrimination.
- 4) Provision of mental health sensitivity and crisis education to assist paramedics to triage clients in an appropriate means if medical criteria do not indicate an Emergency Department admission.

To achieve these objectives, refer to Exhibit B and Exhibit Be for indicators of what will be tracked.

CONTRACTOR RESPONSIBILITIES:

CONTRACTOR SHALL:

- 1) Establish and maintain co-location space with emergency first responders in rural Fresno County cities. Rural East Fresno County cities served include: Selma, Sanger, Kingsburg, Fowler, Reedley, Orange cove and Parlier; Rural West Fresno County cities served include: Firebaugh, Mendota, Kerman, San Joaquin, Huron, and Coalinga. Not all cities will have co-location facilities available at all times. Co-location arrangements should be flexible and adaptable to meet the evolving needs of the community, in particular the volume of mental health related calls received and services required.
- 2) Co-respond to potential mental health related calls with emergency first responders and provide rural triage services as indicated herein;
- 3) In East Fresno County, serve a minimum of 2,100 unique individuals in the first 12 months of operation, and 700 unique individuals each 12 month period following.
- 4) In West Fresno County, serve a minimum of 1,600 unique individuals in the first 12 months of operation, and 500 unique individuals each 12 month period following.
- 5) Provide culturally, ethnically, and linguistically relevant rural triage services;
- 6) Meet equipment and technology needs to support the required software. It is anticipated electronic billing will occur though use of a Cisco VPN connection directly into the County's billing module (AVATAR).
- 7) Ensure billable Mental Health Specialty Services meet any/all County, State, Federal regulations including any utilization review and quality assurance standards. Provide all pertinent and appropriate information in a timely manner to County to bill Medi-Cal for services rendered. The Vendor is responsible for billing private insurance and Medicare, if applicable, prior to billing Medi-Cal. Notice of denial/approval of private insurance and/or Medicare must be received prior to billing Medi-Cal.
- 8) Refer clients who meet the criteria and are eligible for entitlement programs for benefits/ services. All clients currently in the program and any new clients to be enrolled will go through Social Services to qualify for financial resources.

- 9) Utilize the County Peer Support and Family Advocate as informational resources to aid in serving the rural communities, including the provision of training, materials creation and ongoing support.
- 10) Ensure Triage staff captures 60% of their time as documentable productive direct services. It is expected that Medi-Cal will be billed when and wherever appropriate, however the 60% productivity rate shall also include services such as one-on-one consultations, outreach and education, targeted short-term/brief case management and follow up. When not conducting direct Mental Health Triage services, staff should conduct and document training, outreach, education and engagement in the East 7 cities, West 6 cities, and outlying areas.

STAFFING REQUIREMENTS:

Staffing shall include:

1. A Supervisory/float Licensed Clinician to provide oversight to all clinicians, work with agencies to build and expand services, and provide crisis response as needed;
2. Staff Clinicians adequate to cover shifts 7 days a week to provide response 18 hours a day;
3. On call/extra help part time clinical staff to cover shifts and back up as needed;
4. One part-time designated administrative support for the purpose of data collection, tracking and reporting;
5. Triage staff skilled at engaging persons in crisis in stabilizing, therapeutic, recovery/wellbeing focused manner;
6. Triage staff with established rotation schedules to meet the needs of the various rural area cities. This should include staff availability for individual/direct calls for services on regularly scheduled days and hours per city.

PERFORMANCE MEASURES AND REPORTING REQUIREMENTS:

SB 82 Rural Mental Health Triage Services will be monitored and evaluated based on established performance measures. The attached Exhibit B, Exhibit Ba, and Bb will be used for evaluating and reporting to the COUNTY, the effectiveness of program strategies and efforts in the provision of SB 82 Rural Triage Services. Exhibit B represents the established minimum performance measures which SB 82 Rural Triage Services will be evaluated. Exhibit Ba and Exhibit Bb are used by the CONTRACTOR when requested by COUNTY (typically annually), to report accumulative annual performance outcomes to COUNTY.

Proposed and recommended performance measures may be reviewed for input and approval by a designated Department of Behavioral Health work group upon contract execution. The purpose of this input process is to ensure a comprehensive system wide approach to the evaluation of programs through an effective performance reporting process. Evaluation tools (such as Exhibit B, Ba, and Bb) are subject to modification, replacement, and/or deletion by COUNTY based on the effectiveness of the tools and changes in Federal, State and/or COUNTY reporting requirements.

In addition to the above mentioned reports, the following is required by the Department of Behavioral Health and must be reported to the Department Analyst each month by the 10th of the month following the report period, unless otherwise indicated. The report period is the prior month of services. As there will be two distinct budgets, one for Eastern and one for Western Fresno County triage services, the following reports must be provided independently for each of the Eastern and Western rural triage services. Funding, billing, staffing, and related data must be collected, maintained and reported separately for Eastern and Western rural triage services.

- Monthly Invoicing: Invoices must be submitted by the 10th of each month to the DBH Analyst and shall include expenses and revenues of the prior month report period.
- Staffing Report: Staffing report (Exhibit Bc) shall be submitted by the 10th of each month to the DBH Program Technician and DBH Analyst and must include each program staffing, their FTE and their salary.

Contract Reporting and Evaluation as Required by the SB 82 Triage Services Grant (Exhibit Bd and Exhibit Be)

- Process Information Report, due quarterly (one for Eastern and one for Western) and to include the following:
 - i. Number, FTE and type/classification of new triage personnel hired by contractor in each report period, including date of hire and Full-Time-Equivalent (FTE), and total number of triage personnel on staff at the end of each report period.
 - ii. Triage service locations/points of access used in each report period (e.g., hospital emergency rooms, psychiatric hospitals, crisis stabilization programs, homeless shelters, jails, clinics, other community-based service points).
 - iii. Number of clients served at each triage service location/point of access in each report period.
- Encounter Based Information Report, due quarterly (one for Eastern and one for Western) and to include the following:
 - i. Total unduplicated persons served in each report period.
 - ii. Total number of service contacts in each report period.

- iii. Basic demographic information for each individual client served in each report period. Demographic information shall include information on age, race, ethnicity, gender. If available, the Contractor shall also provide information on language spoken, cultural heritage, LGBTQ, and military status.
 - iv. Description of specific services that each client was referred to by triage personnel in each report period.
 - v. For each client served in a report period, at the time the triage service was provided, was the person served enrolled in any mental health service? If yes, what service?
- Evaluation of Program Effectiveness is due every six (6) months (one for Eastern and one for Western) and to include the following:
 - i. Contractor's goals and objectives for increased triage personnel and/or the improved crisis response system.
 - ii. The system indicators, measures, and outcomes that Contractor used to track to document the effectiveness of services.
 - iii. Evaluation analysis and findings about whether specific system and individual outcomes have been attained.
 - Success Reporting (Exhibit Bd) is due quarterly (one for Eastern and one for Western) as part of documentation assignments. Included in the report is a fiscal worksheet to identify how an intervention has saved the community/system of care dollars.

STAFF TRAINING AND RESOURCE/COMMUNITY DEVELOPMENT

- Time spent completing training and resource/community development shall be captured (not billed as revenue) and reported each month (one for Eastern and one for Western) to the DBH Analyst, by the 10th of the month following the report period.
- Compliance, Billing and Documentation Training are required and will be provided by DBH to Contractor staff annually and with new hires upon hire.

FUNDING

East and West Rural Triage Services are funded by different revenue streams and shall be budgeted independent of one another. East Rural Triage Services are funded by SB 82 and Medi-Cal FFP revenue generated by the provider; and West Rural Triage Services are funded by Public Safety Realignment, Mental Health Services Act Prevention and Early Intervention, and Medi-Cal FFP revenue generated by the provider.

All revenues and expenses shall be managed and reported separately for East and West. Provider shall submit an invoice and associated general ledger each month; one for East and one for West. Refer to Exhibit C "East" and Exhibit C "West" for further breakdown of allocations for each term of the Agreement. The sum of direct costs (staff for data collection, analysis and reporting) and indirect costs (e.g.: support staff, billing) may not exceed fifteen percent (15%) of the total awarded budget.

COUNTY RESPONSIBILITIES:

COUNTY SHALL:

- 1) Provide oversight, support, coordination, and ongoing monitoring of SB 82 Rural Triage Services.
- 2) Notify CONTRACTOR staff of their responsibilities through DBH letters and other written communications, conferences, formal and informal trainings and individual consultation.
- 3) Provide individual consultation on a regular basis and facilitate monthly meetings to include DBH assigned Analyst and CONTRACTOR's staff.
- 4) Provide oversight (through the County Department of Behavioral Health (DBH), Contracts Division of the SB 82 Rural Triage Services program. In addition to contract monitoring, oversight includes, but is not limited to, coordination with the State Department of Mental Health as it may pertain to program administration and outcomes.
- 5) Assist the CONTRACTOR in making linkages with the total mental health system. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
- 6) Participate in evaluating the performance outcomes and progress of the SB 82 Rural Triage Services program.
- 7) Receive and analyze statistical performance data information from vendor throughout the term of contract on a monthly basis. DBH will notify the vendor when additional participation is required. The performance measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining required information.
- 8) Recognize that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective.

To assist the vendor efforts towards cultural and linguistic competency, DBH shall provide the following at no cost to vendor(s):

- A. Technical assistance to vendor regarding cultural competency requirements and sexual orientation training; and
 - B. Mandatory cultural competency training including sexual orientation and sensitivity training for DBH and vendor personnel, at minimum once per year. COUNTY will provide mandatory training regarding the special needs of this diverse population and will be included in the cultural competence training(s). Sexual orientation and sensitivity to gender differences is a basic cultural competence principle and shall be included in the cultural competency training. Literature suggests that the mental health needs of lesbian, gay, bisexual, transgender (LGBT) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation.
- 9) Assist CONTRACTOR in establishing and maintaining working relationships with rural first responders, including co-location and co-response needs that may arise.

Performance Measures

SB 82 Rural Mental Health Triage Services

Objective	Indicators	Collection Method	Timeline
<p>1. Establishment of data to better define problem statement and volume of mental health crisis calls.</p>	<p>1a. Co-location to increase ability to identify those with mental illness via a diagnosis that have law enforcement encounters</p> <p>1b. Ability for triage staff to engage the officers and clients</p> <p>1c. Name of person, demographic info, triage outcome, and referrals documented and tracked for linkage success</p> <p>1e. Cross walk client information (in a protected means) with law enforcement contacts will identify 'frequent contact clients' and provide a local, sustainable prevention intervention plan</p>	<p>1a. Data collection of calls responded to and frequency of mental health diagnosis to be captured on crisis assessment</p> <p>1b. Frequency and nature of calls to be compiled into each community having a 'top 5 callers' list and interventions that can be communicated by any responder</p>	<p>1a. From clinician hire and start date and ongoing.</p> <p>1b. Ongoing after clinician hired and at least 40 hours spent within the designated community.</p>
<p>2. Increase time for law enforcement agencies to respond to safety and criminal behavior calls/needs.</p>	<p>2a. Program Supervisor and/or designated staff will track calls in conjunction with law enforcement to identify decrease in mental health crisis calls.</p>	<p>2a. Tracked through Avatar (DBH electronic health record) and community dispatch logs.</p> <p>2b. Tracked through Avatar and reports available via that system</p>	<p>2a. From clinician hire/start date and ongoing.</p> <p>2b. Monthly reporting and data evaluation</p>

<p>3. Triage staff will be able to make appropriate referrals to local treatment, prevention and support services.</p>	<p>3a. Triage staff will have referral resources and relationships built within each local community.</p> <p>3b. Triage staff will make referrals upon each (100%) contact in the community</p>	<p>3a. Referrals made and documented via crisis and comprehensive assessment or plan of care.</p> <p>3b. Triage staff will be making follow up contact for 30 days to ensure and assist with all linkages.</p>	<p style="text-align: right;">Exhibit B</p> <p>3a. From clinician hire and start date and ongoing.</p> <p>3b. Monthly data sharing.</p>
<p>4. Quarterly crisis mental health and sensitivity training for Supervisory Paramedics will decrease use of Emergency Departments.</p>	<p>4a. Supervisory Paramedics will receive training and refreshers on regular basis, pre/post tests will be utilized to track training objectives</p> <p>4b. QI and EMS documentation review on a monthly basis to determine implementation of information</p>	<p>4a. Training outlines and sign in sheets, analysis of pre/post tests</p> <p>4b. Department review of run sheets and use of Quality Improvement system</p>	<p>4a. Training will be designed and initiated within 4 months of grant award</p> <p>4b. Monthly data sharing will denote use of interventions that did not result in emergency Department access.</p>

The program's effectiveness will be evaluated not only by the above indicators, but also through additional means:

- 1) Shared communication already established with Fresno Police Department and Emergency Medical Services to identify those individuals that are homeless with mental illness that are transient between communities to create a county-wide system of care and intervention plan.
- 2) Each of the receiving agencies will track 'rural triage' as a referring party to their programs, this will capture referral information for the various prevention and innovation programs that exist outside of traditional mental health facilities in the communities (speakers bureau, cultural based navigation specialists, community gardens, holistic wellness center, etc).
- 3) Designated staff will check electronic record system at 3, 6 and 9 month intervals to ensure that additional services were not provided outside of the plan of care and referrals as outlined by the clinician. This data will provide an overview of effective and less effective interventions based client needs and each community's resources. Data collection and analysis will be used in community stakeholder processes, client and family forums and other means to solicit enhanced resources as needed based on actual data.
- 4) Fresno County Department of Behavioral Health will monitor for program effectiveness, via annual reporting to the community, outcomes are vetted through client/family advisory committee and Department outcomes review

[Type text]

Performance Measures

Exhibit Ba

PROGRAM TITLE:

PROVIDER:

PROGRAM DESCRIPTION:

AGES SERVED:

- Children
- Adult

- TAY
- Older Adult

DATES OF OPERATION:

DATES OF DATA REPORTING PERIOD:

OUTCOME GOAL

OUTCOME DATA

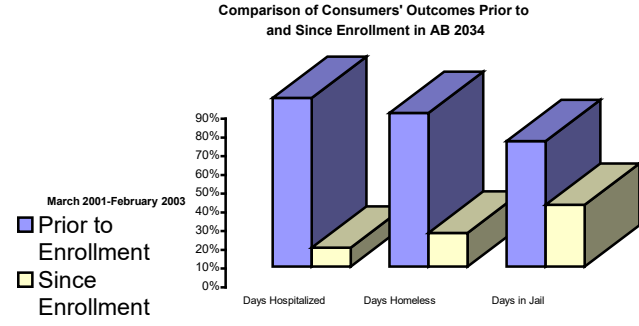
DEPARTMENT RECOMMENDATION(S):

See page 2 for tables

[Type text]

Performance Measures

Exhibit Ba



Performance Effectiveness Form—Attachment C

Name of Program: [Click here to enter text.](#)

What is the Program/Contract Goal? [Click here to enter text.](#)

Funding Source:

- | | |
|---|--|
| <input type="checkbox"/> Prevention | <input type="checkbox"/> Community Services and Supports |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> EPSDT |
| <input type="checkbox"/> Realignment | <input type="checkbox"/> Innovations |
| <input type="checkbox"/> Other: Click here to enter text. | |
-

Fiscal Information:

Budget Amount: \$ [Click here to enter text.](#)

Source(s) of Funding: [Click here to enter text.](#)

Number of Unique Clients Served During Time Period: [Click here to enter text.](#)

Number of Services Rendered During Time Period: [Click here to enter text.](#)

Cost Per Client: [Click here to enter text.](#)

Type of Program:

- | | | |
|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Inpatient | <input type="checkbox"/> Other |
| <input type="checkbox"/> DBH-Operated | <input type="checkbox"/> Contract-Operated | |
-

Level of Care Information:

Level of Care: 1 2 3 4 5

Please Describe: [Click here to enter text.](#)

Target Population Information:

Target Population: [Click here to enter text.](#)

Clinical Information:

Does the Program Utilize Any of the Following?

Evidence Based Practice Evidence Informed Practice Best Practice

Please Describe: [Click here to enter text.](#)

Outcomes and Effectiveness:

What Outcome Measures Are Being Used? [Click here to enter text.](#)

What Outcome Measures/Functional Variables Could Be Added to Better Explain the Program's Effectiveness? [Click here to enter text.](#)

Describe the Program's Effectiveness (i.e. have the program/contract goals been met? Number served, waiting list, wait times, budget to volume, etc): [Click here to enter text.](#)

What Barriers Prevent the Program from Achieving Better Outcomes? [Click here to enter text.](#)

What Changes to the Program Would You Recommend to Improve the Effectiveness? [Click here to enter text.](#)

For Committee Use Only:

Recommendations: [Click here to enter text.](#)

Program:

Contract Start Date:

Submitted By: _____ Date

Staffing Name/Classification/ Academic Degree (per contract)	FTE <i>If not FTE, id % of position for MHP Program Only</i>	Date of Hire	Schedule <i>(days, hours)</i>	Tentative Hire Date <i>(if offer/start date pending)</i>	Identified as Hard to Fill? <i>If yes, note why</i>	Bi-Lingual <i>If yes, note lang spoken</i>	Direct Consumer Service Staff (Mark X, if applies)	Other Staff (Mark X, if applies)
							Mark One Box Only	

Staffing to be updated monthly in this format and submitted to dtijerina@co.fresno.ca.us (by the 10th of every month).

COUNTY OF FRESNO
Success Report
Department of Behavioral Health

Complete the document to report client/family 'successes' with multi-agency/systems involvement

REPORT OF SUCCESS MAY BE UTILIZED (DE IDENTIFIED AS NEEDED) IN KUDOS AND NEWSLETTERS (NOT A PART OF MEDICAL RECORDS)

Name of Person Reporting: _____

Staff Names and Programs Involved in the Success: _____

Client Name:	Patient ID:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:
Date of Birth:	Age:
Primary Language:	Marital Status:
Living Situation:	Other Living Situation:

Date of Success Being Reported: _____

Date Range of Success (in days approximately): _____

Account of the success (please include milestones of client, support system and supporting agencies):

Date of Success Meeting: _____

Attendees to Success Meeting: _____

Factors that Achieved the Success:

Signature of Person Reporting

Supervisor Signature

COUNTY OF FRESNO
Success Report Worksheet
Department of Behavioral Health

This worksheet is to be utilized with the Success Report Form.

Client Name:	Patient ID:
Date of Success Being Reported:	
Interval Prior to Success Being Reported:	
<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months	

Please complete to the best of your knowledge

Number of days homeless	
Number of days in jail	
5150 incidents	
ER visits	
Number of FPD contacts	
Number of EMS contacts	
Law enforcement contacts (not including FPD contacts)	
Minutes of Mental Health services provided	
Number of admissions to crisis unit (CSU)	

Other significant events prior to reported success:

County:	Fresno
Triage Program Name:	Triage Program 123
Program Type(s)	Mobile Crisis Select One Select One Select One

State Fiscal Year 2014/15

State Fiscal Year 2015/16

Persons Served (Duplicated, Warmline, Outreach, etc.)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Total Number of Persons Served					

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year

Community Events (Optional)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Total Number of Events					

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year

Total Persons Served (Unduplicated)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
New					
Carryover					
Total Persons Served	0	0	0	0	0

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
0	0	0	0	0

Service Contacts (Duplicated)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Total Service Contacts					

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year

Age Group (Unduplicated)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Children (0-15)					
Transition Age Youth (16-25)					
Adult (26-59)					
Older Adult (60+)					
Unknown/ Not Reported					
Total	0	0	0	0	0

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
0	0	0	0	0

Gender (Unduplicated)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Male					
Female					
Other					
Unknown/ Not Reported					
Total	0	0	0	0	0

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
0	0	0	0	0

Triage

Total Duplicated/Unduplicated Persons Served

State Fiscal Year 2014/15

State Fiscal Year 2015/16

Ethnicity (Unduplicated)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Hispanic or Latino					
Not Hispanic or Latino					
Unknown/ Not Reported					
Total	0	0	0	0	0

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Total	0	0	0	0	0

Race (Unduplicated)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
American Native					
Asian Indian					
Black					
Cambodian					
Chinese					
Filipino					
Guamanian					
Hawaiian Native					
Hmong					
Japanese					
Korean					
Laotian					
Mien					
Multiple					
Other					
Other Asian or Pacific Islander					
Samoan					
Unknown / Not Reported					
Vietnamese					
White					
Total	0	0	0	0	0

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Total	0	0	0	0	0

**Triage Demographics Reporting (Optional)
Unduplicated**

County: Fresno
Triage Program Name: Triage Program 123

Language (Unduplicated)	State Fiscal Year 2014/15				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
American Sign Language (ASL)					
Arabic					
Armenian					
Cambodian					
Cantonese					
English					
Farsi					
French					
Hebrew					
Hmong					
Ilocano					
Italian					
Japanese					
Korean					
Lao					
Mandarin					
Mien					
Other Chinese Dialects					
Other Non-English					
Other Sign Language					
Polish					
Portuguese					
Russian					
Samoan					
Spanish					
Tagalog					
Thai					
Turkish					
Vietnamese					
Unknown / Not Reported					

Language (Unduplicated)	State Fiscal Year 2015/16				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
American Sign Language (ASL)					
Arabic					
Armenian					
Cambodian					
Cantonese					
English					
Farsi					
French					
Hebrew					
Hmong					
Ilocano					
Italian					
Japanese					
Korean					
Lao					
Mandarin					
Mien					
Other Chinese Dialects					
Other Non-English					
Other Sign Language					
Polish					
Portuguese					
Russian					
Samoan					
Spanish					
Tagalog					
Thai					
Turkish					
Vietnamese					
Unknown / Not Reported					

Triage Demographics Reporting (Optional)

Unduplicated

Total	0	0	0	0	0
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0	0	0	0	0
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State Fiscal Year 2014/15

State Fiscal Year 2015/16

LGBQ (Unduplicated)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Gay or Lesbian					
Heterosexual or Straight					
Bisexual					
Questioning					
Queer					
Aother Sexual Orientation					
Unknown / Not Reported					
Total	0	0	0	0	0

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
0	0	0	0	0

Military Status (Unduplicated)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Veteran					
Active					
Unknown/ Not Reported					
Total	0	0	0	0	0

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
0	0	0	0	0

Cultural Heritage (Unduplicated)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Total	0	0	0	0	0

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
0	0	0	0	0

**Triage Referrals Reporting
Duplicated**

County: Fresno
Triage Program Name: Triage Program 123

Service Referrals	State Fiscal Year 2014/15					State Fiscal Year 2015/16				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Mental Health Services										
AB109 Programs										
Crisis Residential(Children)										
Crisis Residential (Adult)										
Crisis Stabilization Unit										
Full Service Partnership										
HMO/Managed Care Plan										
IMD/State Hospital										
MH/BH Practitioner										
Outpatient Clinic/Services										
Outreach (Mobile)										
Partial Hospitalization/ Intensive Outpatient										
Peer Services										
Private Services										
Psychiatric Inpatient										
Wellness Center										
Other										
Housing Services										
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Board And Care										
Emergency Housing										
Homeless Shelter										
Motel/Hotel										
Permenant Supported Hoursing										
Residential Rehabilitation										
Room and Board										
Skilled Nursing Facility										
Other										

**Triage Referrals Reporting
Duplicated**

	FY 2014/15				
Other Services	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Adult Protective Services					
Alcohol/Narcotics Anonymous					
Child Protective Services					
Department of Social Services					
Detox (Alcohol or Drug)					
Domestic Violence/Sexual Assault Services					
Family					
Foster Care					
General Assistance					
Hospital Medical Unit					
Law Enforcement					
Office on Aging					
Outpatient Substance Abuse					
Parole					
Primary Care Physician					
Probation					
Regional Center					
Residential Substance Abuse					
School/University					
Spiritual Support Centers					
Transitional Age Youth Services					
Veteran Services					
Victim/Witness Services					
Warm Line					
Other					
Total	0	0	0	0	0

	FY 2015/16				
Other Services	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Adult Protective Services					
Alcohol/Narcotics Anonymous					
Child Protective Services					
Department of Social Services					
Detox (Alcohol or Drug)					
Domestic Violence/Sexual Assault Services					
Family					
Foster Care					
General Assistance					
Hospital Medical Unit					
Law Enforcement					
Office on Aging					
Outpatient Substance Abuse					
Parole					
Primary Care Physician					
Probation					
Regional Center					
Residential Substance Abuse					
School/University					
Spiritual Support Centers					
Transitional Age Youth Services					
Veteran Services					
Victim/Witness Services					
Warm Line					
Other					
Total	0	0	0	0	0

**Triage Enrolled Reporting
Unduplicated and Duplicated**

County: Fresno
Triage Program Name: Triage Program 123

State Fiscal Year 2014/15

**Enrolled In Mental Health Services
(Unduplicated)**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Yes					
No					
Unknown					
Total	0	0	0	0	0

State Fiscal Year 2015/16

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
	0	0	0	0	0

State Fiscal Year 2014/15

**Type of Mental Health Services
(Duplicated)**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Full Service Partnership					
Prevention Program					
Early Intervention Program					
Outpatient Clinic/Services					
Wellness Center					
Employment Program					
MH/BH Practitioner					
Workforce Education and Training					
Medication Management					
Peer Services					
Other					

State Fiscal Year 2015/16

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year

County: Fresno
Triage Program Name: Triage Program 123

State Fiscal Year 2014/15

State Fiscal Year 2015/16

Unduplicated Totals

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Total Persons Served	0	0	0	0	0
Age Group	0	0	0	0	0
Gender	0	0	0	0	0
Ethnicity	0	0	0	0	0
Race	0	0	0	0	0
Language	0	0	0	0	0
LGBQ	0	0	0	0	0
Military Status	0	0	0	0	0
Enrolled In Mental Health Services	0	0	0	0	0

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0

Mandatory Fields Error					
Optional Fields Error					

**RURAL MENTAL HEALTH TRIAGE - East
Kings View**

FYS 2015 - 2016 THROUGH 2019-2020

Line Item Description	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
PERSONNEL SALARIES:					
0001 Executive Director (Licensed) 0.02 FTE	\$3,066	\$3,158	\$3,253	\$3,601	\$3,709
0002 Program Director (Licensed) 0.08 FTE	\$7,488	\$7,713	\$7,944	\$10,052	\$10,354
0009 Clinical Director (Licensed) 0.33 FTE				\$40,000	\$41,200
0003 Program Manager (Licensed) .50 FTE	\$46,800	\$48,204	\$49,650	\$57,363	\$59,084
0004 UR Specialist (Licensed) .40 FTE	\$20,800	\$21,424	\$22,067	\$37,133	\$38,247
0005 Licensed Clinician 7 FTE	\$553,280	\$569,878	\$586,975	\$596,960	\$614,869
0006 Program Support 0.83 FTE	\$19,760	\$20,353	\$20,963	\$46,005	\$47,385
0007 Medical Director (on-call) Per Diem Team responders (Licensed) 1,000 hours/year	\$6,240	\$6,427	\$6,620	\$0	\$0
0008	\$40,000	\$41,200	\$42,436	\$28,709	\$29,570
SALARY TOTAL	\$697,434	\$718,357	\$739,908	\$819,823	\$844,418
PAYROLL TAXES:					
0031 FICA/MEDICARE	\$53,354	\$54,954	\$56,603	\$62,716	\$64,598
0032 U.I.	\$6,974	\$7,184	\$7,399	\$8,198	\$8,444
0033 Workers Compensation	\$27,897	\$28,734	\$29,596	\$22,793	\$23,777
PAYROLL TAX TOTAL	\$88,225	\$90,872	\$93,598	\$93,708	\$96,819
EMPLOYEE BENEFITS:					
0040 Retirement		\$14,367	\$14,798	\$8,198	\$8,444
0041 Health Insurance (medical vision, life, dental)	\$118,564	\$122,121	\$125,784	\$122,973	\$126,663
EMPLOYEE BENEFITS TOTAL	\$118,564	\$136,488	\$140,582	\$131,172	\$135,107
SALARY & BENEFITS GRAND TOTAL	\$904,223	\$945,717	\$974,089	\$1,044,702	\$1,076,343
FACILITIES/EQUIPMENT EXPENSES:					
1010 Rent/Lease Building	\$12,000	\$12,360	\$12,731	\$19,113	\$19,686
1011 Rent/Lease Equipment (copier)	\$1,800	\$1,854	\$1,910	\$1,967	\$2,026
1012 Utilities	\$3,000	\$3,090	\$3,183	\$3,278	\$3,377
1013 Janitorial/Building	\$1,500	\$1,545	\$1,591	\$7,639	\$7,868
1015 Other - Vehicle Leasing (4 vehicles)	\$22,000	\$17,600	\$17,600	\$17,600	\$17,600
FACILITY/EQUIPMENT TOTAL	\$40,300	\$36,449	\$37,014	\$49,597	\$50,557

**RURAL MENTAL HEALTH TRIAGE - East
Kings View**

FYS 2015 - 2016 THROUGH 2019-2020

OPERATING EXPENSES:						
1060	Telephone	\$14,640	\$15,079	\$15,532	\$3,998	\$4,117
1062	Postage	\$125	\$125	\$125	\$125	\$125
1063	Printing/Reproduction	\$2,500	\$1,500	\$1,500	\$2,059	\$1,422
1066	Office Supplies & Equipment	\$7,500	\$4,000	\$4,120	\$4,244	\$4,371
1069	Program Supplies	\$5,000	\$5,150	\$5,305	\$2,964	\$3,053
1072	Staff Mileage/vehicle maintenance	\$5,000	\$5,150	\$5,305	\$5,464	\$5,628
1074	Staff Training/Registration	\$10,000	\$10,000	\$10,000	\$5,000	\$8,000
1077	Other - Miscellaneous	\$1,800	\$800	\$800	\$800	\$800
1078	Staff Recruitment/background checks	\$7,550	\$2,250	\$2,250	\$2,250	\$2,250
1079	Communications (cell phone & mobile internet)	\$14,550	\$12,600	\$12,600	\$16,000	\$15,100
OPERATING EXPENSES TOTAL		\$68,665	\$56,654	\$57,536	\$42,902	\$44,865
FINANCIAL SERVICES EXPENSES:						
1082	Liability Insurance (Auto, Property, General)	\$8,200	\$8,446	\$8,699	\$10,960	\$11,289
1083	Other - Professional Liability	\$3,600	\$3,708	\$3,819	\$3,934	\$4,052
1084	Other - Administrative Overhead (11%)	\$111,148	\$110,096	\$113,446	\$135,530	\$138,942
FINANCIAL SERVICES TOTAL		\$122,948	\$122,250	\$125,965	\$150,424	\$154,283
SPECIAL EXPENSES (Consultant/Etc.):						
1090	Consultant (network & data management)	\$77,804	\$77,067	\$79,412	\$70,000	\$70,000
1091	Translation Services	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
1092	CVSPH Dispatcher services 6,570 hrs. (50%)	\$53,381	\$43,986	\$45,306	\$0	\$0
1093	Avatar License Fee				\$8,327	\$8,327
SPECIAL EXPENSES TOTAL		\$133,185	\$123,053	\$126,718	\$80,327	\$80,327
FIXED ASSETS:						
2000	Computers & Software	\$23,610	\$4,000	\$6,000	\$8,000	\$4,000
2001	Furniture & Fixtures	\$7,500	\$0	\$0	\$0	\$0
2002	Other	\$0	\$0	\$0	\$0	\$0
2003	Other	\$0	\$0	\$0	\$0	\$0
FIXED ASSETS TOTAL		\$31,110	\$4,000	\$6,000	\$8,000	\$4,000
		\$1,300,431	\$1,288,124	\$1,327,322	\$1,375,952	\$1,410,375

RURAL MENTAL HEALTH TRIAGE - East

Kings View

FYS 2015 - 2016 THROUGH 2019-2020

FY 2015-16 MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)		\$2.40	\$0
3100	Case Management	72,800	\$1.86	\$135,408
3200	Crisis Services	218,400	\$3.58	\$781,872
3300	Medication Support		\$0.00	\$0
3400	Collateral		\$0.00	\$0
3500	Plan Development		\$2.40	\$0
3600	Assessment	87,360	\$2.40	\$209,664
3700	Rehabilitation		\$0.00	\$0
Estimated Medi-Cal Billing Totals		378,560		\$1,126,944
Estimated % of Federal Financial Participation Reimbursement			50.00%	\$563,472
Estimated % of Clients Served that will be Medi-Cal Eligible			80.00%	
MEDI-CAL REVENUE TOTAL				\$450,778
OTHER REVENUE:				
4000	Other - SB 82 Grant			\$849,653
4100	Other -			
OTHER REVENUE TOTAL				\$849,653
MHTSA FUNDS:				
5100	Prevention and Early Intervention			\$0
MHTSA FUNDS TOTAL				\$0
TOTAL PROGRAM REVENUE				\$1,300,431

FY 2016-2017 MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)		\$2.38	\$0
3100	Case Management	72,800	\$1.84	\$133,952
3200	Crisis Services	218,400	\$3.54	\$773,136
3300	Medication Support		\$0.00	\$0
3400	Collateral		\$0.00	\$0
3500	Plan Development		\$2.38	\$0
3600	Assessment	87,360	\$2.38	\$207,917
3700	Rehabilitation		\$0.00	\$0
Estimated Medi-Cal Billing Totals		378,560		\$1,115,005
Estimated % of Federal Financial Participation Reimbursement			50.00%	\$557,502
Estimated % of Clients Served that will be Medi-Cal Eligible			80.00%	
MEDI-CAL REVENUE TOTAL				\$446,002
OTHER REVENUE:				
4000	Other - SB 82 Grant			\$842,122
4100	Other -			
OTHER REVENUE TOTAL				\$842,122
MHTSA FUNDS:				
5100	Prevention and Early Intervention			\$0
MHTSA FUNDS TOTAL				\$0
TOTAL PROGRAM REVENUE				\$1,288,124

FY 2017-2018 MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)		\$2.46	\$0
3100	Case Management	72,800	\$1.90	\$138,320
3200	Crisis Services	218,400	\$3.65	\$797,160
3300	Medication Support		\$0.00	\$0

RURAL MENTAL HEALTH TRIAGE - East

Kings View

FYS 2015 - 2016 THROUGH 2019-2020

3400	Collateral		\$0.00	\$0
3500	Plan Development		\$2.46	\$0
3600	Assessment	87,360	\$2.46	\$214,906
3700	Rehabilitation		\$0.00	\$0
Estimated Medi-Cal Billing Totals		378,560		\$1,150,386
Estimated % of Federal Financial Participation Reimbursement			50.00%	\$575,193
Estimated % of Clients Served that will be Medi-Cal Eligible			80.00%	
MEDI-CAL REVENUE TOTAL				\$460,154
OTHER REVENUE:				
4000	Other - SB 82 Grant			\$867,168
4100	Other -			
OTHER REVENUE TOTAL				\$867,168
MHSA FUNDS:				
5100	Prevention and Early Intervention			\$0
MHSA FUNDS TOTAL				\$0
TOTAL PROGRAM REVENUE				\$1,327,322

FY 2018-2019 MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)		\$3.26	\$0
3100	Case Management	15,000	\$2.76	\$41,400
3200	Crisis Services	125,000	\$5.35	\$668,750
3300	Medication Support		\$0.00	\$0
3400	Collateral		\$0.00	\$0
3500	Plan Development		\$3.26	\$0
3600	Assessment	12,500	\$3.26	\$40,750
3700	Rehabilitation		\$0.00	\$0
Estimated Medi-Cal Billing Totals		152,500		\$750,900
Estimated % of Federal Financial Participation Reimbursement			50.00%	\$375,450
Estimated % of Clients Served that will be Medi-Cal Eligible			80.00%	
MEDI-CAL REVENUE TOTAL				\$300,360
OTHER REVENUE:				
4000	Other -			
4100	Other -			
OTHER REVENUE TOTAL				\$0
MHSA FUNDS:				
5100	Prevention and Early Intervention			\$1,075,592
MHSA FUNDS TOTAL				\$1,075,592
TOTAL PROGRAM REVENUE				\$1,375,952

FY 2019-2020 MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)		\$3.26	\$0
3100	Case Management	15,000	\$2.76	\$41,400
3200	Crisis Services	125,000	\$5.35	\$668,750
3300	Medication Support		\$0.00	\$0
3400	Collateral		\$0.00	\$0
3500	Plan Development		\$3.26	\$0
3600	Assessment	12,500	\$3.26	\$40,750
3700	Rehabilitation		\$0.00	\$0
Estimated Medi-Cal Billing Totals		152,500		\$750,900

**RURAL MENTAL HEALTH TRIAGE - East
Kings View**

FYS 2015 - 2016 THROUGH 2019-2020

	Estimated % of Federal Financial Participation Reimbursement	50.00%	\$375,450
	Estimated % of Clients Served that will be Medi-Cal Eligible	80.00%	
MEDI-CAL REVENUE TOTAL			\$300,360
OTHER REVENUE:			
4000	Other -		
4100	Other -		
OTHER REVENUE TOTAL			\$0
MHSA FUNDS:			
5100	Prevention and Early Intervention		\$1,110,015
MHSA FUNDS TOTAL			\$1,110,015
TOTAL PROGRAM REVENUE			\$1,410,375

**RURAL MENTAL HEALTH TRIAGE - West
Kings View
FYS 2015 - 2016 THROUGH 2019-2020**

Line Item Description	FY 2015-2016 (9 Months)	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
PERSONNEL SALARIES:					
0001 Executive Director (Licensed) 0.02 FTE	\$2,300	\$3,158	\$3,253	\$3,601	\$3,709
0002 Program Director (Licensed) 0.08 FTE	\$5,616	\$7,713	\$7,944	\$10,052	\$10,354
0009 Clinical Director (Licensed) 0.33 FTE				\$40,000	\$41,200
0003 Program Manager (Licensed) .50 FTE	\$46,800	\$48,204	\$49,650	\$57,363	\$59,084
0004 UR Specialist (Licensed) .40 FTE	\$15,600	\$21,424	\$22,067	\$37,133	\$38,247
0005 Clinician (2 Licensed, 5 Unlicensed) 7 FTE	\$330,720	\$440,960	\$454,189	\$433,680	\$446,691
0006 Program Support 0.5 FTE	\$19,760	\$20,353	\$20,963	\$46,005	\$47,385
0007 Medical Director (on-call) Per Diem Team responders (Licensed) 1,000 hours/year	\$4,680	\$6,427	\$6,620	\$0	\$0
0008	\$30,000	\$41,200	\$42,436	\$39,709	\$38,400
SALARY TOTAL	\$455,476	\$589,439	\$607,122	\$667,543	\$685,070
PAYROLL TAXES:					
0031 FICA/MEDICARE	\$34,844	\$45,092	\$46,445	\$51,067	\$52,408
0032 U.I.	\$4,555	\$5,894	\$6,071	\$6,675	\$6,851
0033 Workers Compensation	\$18,219	\$23,578	\$24,285	\$16,702	\$17,403
PAYROLL TAX TOTAL	\$57,618	\$74,564	\$76,801	\$74,444	\$76,661
EMPLOYEE BENEFITS:					
0040 Retirement		\$11,789	\$12,142	\$6,675	\$6,851
0041 Health Insurance (medical vision, life, dental)	\$77,431	\$100,205	\$103,211	\$100,131	\$102,760
EMPLOYEE BENEFITS TOTAL	\$77,431	\$111,993	\$115,353	\$106,807	\$109,611
SALARY & BENEFITS GRAND TOTAL	\$590,524	\$775,996	\$799,276	\$848,794	\$871,342
FACILITIES/EQUIPMENT EXPENSES:					
1010 Rent/Lease Building	\$12,000	\$12,360	\$12,731	\$17,113	\$19,626
1011 Rent/Lease Equipment (copier)	\$1,800	\$1,854	\$1,910	\$1,967	\$2,026
1012 Utilities	\$3,000	\$3,090	\$3,183	\$3,278	\$3,377
1013 Janitorial/Building	\$1,500	\$1,545	\$1,591	\$9,639	\$10,787
1015 Other - Vehicle Leasing (4 vehicles)	\$22,000	\$17,600	\$17,600	\$17,600	\$17,600
FACILITY/EQUIPMENT TOTAL	\$40,300	\$36,449	\$37,014	\$49,597	\$53,416
OPERATING EXPENSES:					
1060 Telephone	\$14,640	\$15,079	\$15,532	\$3,998	\$4,117
1062 Postage	\$125	\$125	\$125	\$125	\$125
1063 Printing/Reproduction	\$2,500	\$1,500	\$1,500	\$1,356	\$1,500
1066 Office Supplies & Equipment	\$7,500	\$4,000	\$4,120	\$4,244	\$4,371
1069 Program Supplies	\$5,000	\$5,150	\$5,305	\$2,964	\$3,053
1072 Staff Mileage/vehicle maintenance	\$5,000	\$5,150	\$5,305	\$13,464	\$13,868
1074 Staff Training/Registration	\$10,000	\$10,000	\$10,000	\$5,000	\$5,000
1077 Other - Miscellaneous	\$1,800	\$800	\$800	\$800	\$800
1078 Staff Recruitment/background checks	\$7,550	\$2,250	\$2,250	\$2,250	\$2,250
1079 Communications (cell phone & mobile internet)	\$14,550	\$12,600	\$12,600	\$12,600	\$12,600
OPERATING EXPENSES TOTAL	\$68,665	\$56,654	\$57,536	\$46,799	\$47,683
FINANCIAL SERVICES EXPENSES:					
1082 Liability Insurance (Auto, Property, General)	\$8,200	\$8,446	\$8,699	\$8,960	\$9,229
1083 Other - Professional Liability	\$3,600	\$3,708	\$3,819	\$3,934	\$4,052

**RURAL MENTAL HEALTH TRIAGE - West
Kings View
FYS 2015 - 2016 THROUGH 2019-2020**

1084	Other - Administrative Overhead (11%)	\$77,643	\$93,124	\$95,965	\$114,654	\$117,438
FINANCIAL SERVICES TOTAL		\$89,443	\$105,278	\$108,484	\$127,548	\$130,719
SPECIAL EXPENSES (Consultant/Etc.):						
1090	Consultant (network & data management)	\$54,350	\$65,187	\$67,176	\$75,220	\$76,901
1091	Translation Services	\$2,000	\$2,000	\$2,000	\$1,000	\$1,000
1092	CVSPH Dispatcher services 6,570 hrs. (50%)	\$32,029	\$43,986	\$45,306	\$0	\$0
1093	Avatar License Fee				\$8,327	\$8,327
SPECIAL EXPENSES TOTAL		\$88,379	\$111,173	\$114,481	\$84,547	\$86,228
FIXED ASSETS:						
2000	Computers & Software	\$23,610	\$4,000	\$6,000	\$8,000	\$4,000
2001	Furniture & Fixtures	\$7,500	\$0	\$0	\$0	\$0
2002	Other	\$0	\$0	\$0	\$0	\$0
2003	Other	\$0	\$0	\$0	\$0	\$0
FIXED ASSETS TOTAL		\$31,110	\$4,000	\$6,000	\$8,000	\$4,000
		\$908,420	\$1,089,550	\$1,122,791	\$1,165,286	\$1,193,388

FY 2015-2016 MEDI-CAL REVENUE:

Units of Service	Rate	\$ Amount
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RURAL MENTAL HEALTH TRIAGE - West
Kings View
FYS 2015 - 2016 THROUGH 2019-2020

3000	Mental Health Services (Individual/Family/Group Therapy)		\$2.56	\$0
3100	Case Management	54,600	\$1.98	\$108,108
3200	Crisis Services	163,800	\$3.81	\$624,078
3300	Medication Support		\$0.00	\$0
3400	Collateral		\$0.00	\$0
3500	Plan Development		\$2.56	\$0
3600	Assessment	65,520	\$2.56	\$167,731
3700	Rehabilitation		\$0.00	\$0
Estimated Medi-Cal Billing Totals		283,920		\$899,917
Estimated % of Federal Financial Participation Reimbursement			50.00%	\$449,959
Estimated % of Clients Served that will be Medi-Cal Eligible			80.00%	
MEDI-CAL REVENUE TOTAL				\$359,967
OTHER REVENUE:				
4000	Other - Public Safety Realignment Funds			\$350,000
4100	Other -			
OTHER REVENUE TOTAL				\$350,000
MHSA FUNDS:				
5100	Prevention and Early Intervention			\$198,455
MHSA FUNDS TOTAL				\$198,455
TOTAL PROGRAM REVENUE				\$908,422

FY 2016-2017 MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)		\$2.38	\$0
3100	Case Management	72,800	\$1.84	\$133,952
3200	Crisis Services	218,400	\$3.54	\$773,136
3300	Medication Support		\$0.00	\$0
3400	Collateral		\$0.00	\$0
3500	Plan Development		\$2.38	\$0
3600	Assessment	87,360	\$2.38	\$207,917
3700	Rehabilitation		\$0.00	\$0
Estimated Medi-Cal Billing Totals		378,560		\$1,115,005
Estimated % of Federal Financial Participation Reimbursement			50.00%	\$557,503
Estimated % of Clients Served that will be Medi-Cal Eligible			80.00%	
MEDI-CAL REVENUE TOTAL				\$446,002
OTHER REVENUE:				
4000	Other - Public Safety Realignment (if allocated) or PEI			\$350,000
4100	Other -			
OTHER REVENUE TOTAL				\$350,000
MHSA FUNDS:				
5100	Prevention and Early Intervention			\$293,548
MHSA FUNDS TOTAL				\$293,548
TOTAL PROGRAM REVENUE				\$1,089,550

FY 2017-2018 MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)		\$2.46	\$0
3100	Case Management	72,800	\$1.90	\$138,320
3200	Crisis Services	218,400	\$3.65	\$797,160

**RURAL MENTAL HEALTH TRIAGE - West
Kings View
FYS 2015 - 2016 THROUGH 2019-2020**

3300	Medication Support		\$0.00	\$0
3400	Collateral		\$0.00	\$0
3500	Plan Development		\$2.46	\$0
3600	Assessment	87,360	\$2.46	\$214,906
3700	Rehabilitation		\$0.00	\$0
Estimated Medi-Cal Billing Totals		378,560		\$1,150,386
Estimated % of Federal Financial Participation Reimbursement			50.00%	\$575,193
Estimated % of Clients Served that will be Medi-Cal Eligible			80.00%	
MEDI-CAL REVENUE TOTAL				\$460,154
OTHER REVENUE:				
4000	Other - Public Safety Realignment (if allocated) or PEI			\$350,000
4100	Other -			
OTHER REVENUE TOTAL				\$350,000
MHSA FUNDS:				
5100	Prevention and Early Intervention			\$312,638
MHSA FUNDS TOTAL				\$312,638
TOTAL PROGRAM REVENUE				\$1,122,792

FY 2018-2019 MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)		\$3.59	\$0
3100	Case Management	6,000	\$3.03	\$18,202
3200	Crisis Services	40,000	\$5.83	\$233,200
3300	Medication Support		\$0.00	\$0
3400	Collateral		\$0.00	\$0
3500	Plan Development		\$3.59	\$0
3600	Assessment	6,500	\$3.59	\$23,335
3700	Rehabilitation		\$0.00	\$0
Estimated Medi-Cal Billing Totals		52,500		\$274,737
Estimated % of Federal Financial Participation Reimbursement			50.00%	\$137,369
Estimated % of Clients Served that will be Medi-Cal Eligible			80.00%	
MEDI-CAL REVENUE TOTAL				\$109,895
OTHER REVENUE:				
4000	Other			
4100	Other -			
OTHER REVENUE TOTAL				\$0
MHSA FUNDS:				
5100	Prevention and Early Intervention			\$1,055,391
MHSA FUNDS TOTAL				\$1,055,391
TOTAL PROGRAM REVENUE				\$1,165,286

FY 2019-2020 MEDI-CAL REVENUE:		Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)		\$3.59	\$0
3100	Case Management	6,000	\$3.03	\$18,202
3200	Crisis Services	40,000	\$5.83	\$233,200
3300	Medication Support		\$0.00	\$0
3400	Collateral		\$0.00	\$0
3500	Plan Development		\$3.59	\$0

RURAL MENTAL HEALTH TRIAGE - West
Kings View
FYS 2015 - 2016 THROUGH 2019-2020

3600	Assessment	6,500	\$3.59	\$23,335
3700	Rehabilitation		\$0.00	\$0
Estimated Medi-Cal Billing Totals		52,500		\$274,737
Estimated % of Federal Financial Participation Reimbursement			50.00%	\$137,369
Estimated % of Clients Served that will be Medi-Cal Eligible			80.00%	
MEDI-CAL REVENUE TOTAL				\$109,895
OTHER REVENUE:				
4000	Other			
4100	Other -			
OTHER REVENUE TOTAL				\$0
MHSA FUNDS:				
5100	Prevention and Early Intervention			\$1,083,493
MHSA FUNDS TOTAL				\$1,083,493
TOTAL PROGRAM REVENUE				\$1,193,388

Rural Mental Health Triage - East
Kings View Corporation
Fiscal Year (FY 2020-21)

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Oversight	0.27	\$ -	\$ 33,553	\$ 33,553
1102	Clinical Supervisor	0.55		58,779	58,779
1103	Program Manager	0.55	-	71,523	71,523
1104	Clinician (2 unlicensed, 5 Licensed)	7.00	-	641,516	641,516
1105	Per Diem Team Responders (Licensed)	0.45	-	37,137	37,137
1106	Program Staff Accountant	0.11	-	5,967	5,967
1107	Administrative Support	0.40	-	19,427	19,427
1108			-		-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal		9.33	\$ -	\$ 867,902	\$ 867,902
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ -	\$ 15,364	\$ 15,364
1202	Worker's Compensation		-	25,883	25,883
1203	Health Insurance		-	111,259	111,259
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ -	\$ 152,506	\$ 152,506
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1301	OASDI		\$ -	\$ -	\$ -
1302	FICA/MEDICARE		-	66,395	66,395
1303	SUI		-	6,509	6,509
1304	Other (Specify)		-	-	-
1305	Other (Specify)		-	-	-
1306	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ -	\$ 72,904	\$ 72,904
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ -	\$ 1,093,312	\$ 1,093,312

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

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 10,200
3002	Printing/Postage	1,847
3003	Office, Household & Program Supplies	10,350
3004	Advertising	-
3005	Staff Development & Training	6,500
3006	Staff Mileage	3,500
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	27,200
3009	Other (Miscellaneous)	150
3010	Other (Staff Recruitment/Background Checks)	650
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 60,397

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 9,500
4002	Rent/Lease Building	26,500
4003	Rent/Lease Equipment	3,526
4004	Rent/Lease Vehicles	25,400
4005	Security	-
4006	Utilities	6,650
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 71,576

5000: SPECIAL EXPENSES		
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Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 38,118
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	100
5005	Other (Avatar License Fee)	8,577
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 46,795

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 143,960
6002	Professional Liability Insurance	6,940
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Liability):	18,500
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		\$ 169,400

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 7,706
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	500
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		\$ 11,206

TOTAL PROGRAM EXPENSES		\$ 1,452,686
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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	25,000	3.26	\$ 81,498
8002	Case Management	32,474	2.50	81,184
8003	Crisis Services	225,000	5.00	1,125,000
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
Estimated Specialty Mental Health Services Billing Totals:		282,473		\$ 1,287,682
Estimated % of Clients who are Medi-Cal Beneficiaries				75%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				965,762
Federal Financial Participation (FFP) %				50%
MEDI-CAL FFP TOTAL				\$ 482,881

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

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		
8302	PEI - Prevention & Early Intervention		969,805
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 969,805

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

TOTAL PROGRAM FUNDING SOURCES:	\$ 1,452,686
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NET PROGRAM COST:	\$ 0
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**Rural Mental Health Triage - East
Kings View Corporation
Fiscal Year (FY 2020-21) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		1,093,312	
Employee Salaries		867,902	
1101	Program Oversight	33,553	Positions will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies. Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1102	Clinical Supervisor	58,779	Provides supervision of all licenced and unlicensed clinical staff.
1103	Program Manager	71,523	Provides supervision of all staff and direct oversight of program management.
1104	Clinician (2 unlicensed, 5 Licensed)	641,516	Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages.
1105	Per Diem Team Responders (Licensed)	37,137	Per Diem-Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages.
1106	Program Staff Accountant	5,967	Provides budget guidance, monthly invoicing and other fiscal services.
1107	Administrative Support	19,427	Provides administrative support for the program and assist with medical billing and records.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		152,506	
1201	Retirement	15,364	Cost of 401K
1202	Worker's Compensation	25,883	Workers Comp Insurance
1203	Health Insurance	111,259	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
Payroll Taxes & Expenses:		72,904	
1301	OASDI	-	
1302	FICA/MEDICARE	66,395	Cost of FICA/Medicare
1303	SUI	6,509	Cost of SUI
1304	Other (Specify)	-	
1305	Other (Specify)	-	
1306	Other (Specify)	-	
2000: CLIENT SUPPORT		-	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (Specify)	-	
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2016	Other (Specify)	-	
3000: OPERATING EXPENSES		60,397	
3001	Telecommunications	10,200	Cost of telephone services, cell phones service, data connectivity.
3002	Printing/Postage	1,847	Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office, Household & Program Supplies	10,350	Includes all supplies used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	6,500	Cost of continuation of staff development and training.
3006	Staff Mileage	3,500	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	27,200	Auto repairs & maintenance required to maintain leased vehicles for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS, vehicle tracking service.
3009	Other (Miscellaneous)	150	Anticipating minor expense that would not fall under any other category.
3010	Other (Staff Recruitment/Background Checks)	650	Thorough background checks and drug testing.
3011	Other (Specify)	-	
3012	Other (Specify)	-	
4000: FACILITIES & EQUIPMENT		71,576	
4001	Building Maintenance	9,500	Copier maintenance, inspection services, pest control, alarm services, janitorial services and minor building repairs and maintenance.
4002	Rent/Lease Building	26,500	Building space lease.
4003	Rent/Lease Equipment	3,526	Copier lease and water dispenser rental.
4004	Rent/Lease Vehicles	25,400	The cost of lease vehicles to assist with program and client needs.
4005	Security	-	
4006	Utilities	6,650	The cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	
5000: SPECIAL EXPENSES		46,795	
5001	Consultant (Network & Data Management)	38,118	Kings View Information Technology Department (KVIT) will provide hardware and software support for successful data collection. A database will be designed for this program. KVIT will procure equipment, software & other services from approved & authorized vendors. Provide online, onsite, or phone-based emergency support-24/7 from the KVIT Help Desk.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	100	Anticipating need of outsource translation services.
5005	Other (Avatar License Fee)	8,577	Estimated cost of Avatar fees.
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	
6000: ADMINISTRATIVE EXPENSES		169,400	
6001	Administrative Overhead	143,960	Expenses provides program management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
6002	Professional Liability Insurance	6,940	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	18,500	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		11,206	
7001	Computer Equipment & Software	7,706	Anticipating additional computer equipment needed for new staff and or replacement. Duo factor licensing and other computer software.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	500	Anticipating additional equipment cost for new staff and or replacement.
7003	Furniture & Fixtures	3,000	Anticipating additional furniture cost for new staff and or replacement.
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)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,452,686

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,452,686

Rural Mental Health Triage- West
Kings View
Fiscal Year (FY 2020-21)

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Oversight	0.23	\$ -	\$ 27,387	\$ 27,387
1102	Clinical Supervisor	0.45		48,092	48,092
1103	Program Manager	0.45	-	58,519	58,519
1104	Clinician (2 Licensed, 5 Unlicensed)	7.00	-	555,944	555,944
1105	Per Diem Team Responders (Licensed)	0.38	-	32,919	32,919
1106	Program Staff Accountant	0.09	-	4,842	4,842
1107	Administrative Support	0.26	-	12,628	12,628
1108			-		-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal		8.86	\$ -	\$ 740,331	\$ 740,331
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ -	\$ 13,083	\$ 13,083
1202	Worker's Compensation		-	22,078	22,078
1203	Health Insurance		-	94,739	94,739
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ -	\$ 129,900	\$ 129,900
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1301	OASDI		\$ -	\$ -	\$ -
1302	FICA/MEDICARE		-	56,635	56,635
1303	SUI		-	5,553	5,553
1304	Other (Specify)		-	-	-
1305	Other (Specify)		-	-	-
1306	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ -	\$ 62,188	\$ 62,188
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ -	\$ 932,419	\$ 932,419

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

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 9,591
3002	Printing/Postage	1,500
3003	Office, Household & Program Supplies	6,500
3004	Advertising	-
3005	Staff Development & Training	5,000
3006	Staff Mileage	1,600
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	20,218
3009	Other (Miscellaneous)	150
3010	Other (Staff Recruitment/Background Checks)	450
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 45,009

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 8,000
4002	Rent/Lease Building	23,000
4003	Rent/Lease Equipment	2,200
4004	Rent/Lease Vehicles	23,176
4005	Security	-
4006	Utilities	4,800
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 61,176

5000: SPECIAL EXPENSES		
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Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 32,400
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	100
5005	Other (Avatar License Fee)	8,577
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 41,077

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 116,801
6002	Professional Liability Insurance	5,940
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Liability):	17,500
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		\$ 140,241

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 7,768
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	500
7003	Furniture & Fixtures	1,000
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		\$ 9,268

TOTAL PROGRAM EXPENSES		\$ 1,229,190
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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	15,955	3.26	\$ 52,013
8002	Case Management	15,000	2.50	37,500
8003	Crisis Services	80,000	5.00	400,000
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
Estimated Specialty Mental Health Services Billing Totals:		110,955		\$ 489,513
Estimated % of Clients who are Medi-Cal Beneficiaries				75%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				367,135
Federal Financial Participation (FFP) %				50%
				183,567
MEDI-CAL FFP TOTAL				\$ 183,567

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

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention		1,045,623
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 1,045,623

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

TOTAL PROGRAM FUNDING SOURCES: \$ 1,229,190

NET PROGRAM COST: \$ (0)

**Rural Mental Health Triage- West
Kings View
Fiscal Year (FY 2020-21) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		932,419	
Employee Salaries		740,331	
1101	Program Oversight	27,387	Positions will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies. Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1102	Clinical Supervisor	48,092	Provides supervision of all licenced and unlicensed clinical staff.
1103	Program Manager	58,519	Provides supervision of all staff and direct oversight of program management.
1104	Clinician (2 Licensed, 5 Unlicensed)	555,944	Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages.
1105	Per Diem Team Responders (Licensed)	32,919	Per Diem-Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages.
1106	Program Staff Accountant	4,842	Provides budget guidance, monthly invoicing and other fiscal services.
1107	Administrative Support	12,628	Provides administrative support for the program and assist with medical billing and records.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		129,900	
1201	Retirement	13,083	Cost of 401K
1202	Worker's Compensation	22,078	Workers Comp Insurance
1203	Health Insurance	94,739	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
Payroll Taxes & Expenses:		62,188	
1301	OASDI	-	
1302	FICA/MEDICARE	56,635	Cost of FICA/Medicare
1303	SUI	5,553	Cost of SUI
1304	Other (Specify)	-	
1305	Other (Specify)	-	
1306	Other (Specify)	-	
2000: CLIENT SUPPORT		-	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (Specify)	-	
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2016	Other (Specify)	-	
3000: OPERATING EXPENSES		45,009	
3001	Telecommunications	9,591	Cost of telephone services, cell phones service, data connectivity.
3002	Printing/Postage	1,500	Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office, Household & Program Supplies	6,500	Includes all supplies used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	5,000	Cost of continuation of staff development and training.
3006	Staff Mileage	1,600	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	20,218	Auto repairs & maintenance required to maintain leased vehicles for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS, vehicle tracking service.
3009	Other (Miscellaneous)	150	Anticipating minor expense that would not fall under any other category.
3010	Other (Staff Recruitment/Background Checks)	450	Thorough background checks and drug testing.
3011	Other (Specify)	-	
3012	Other (Specify)	-	
4000: FACILITIES & EQUIPMENT		61,176	
4001	Building Maintenance	8,000	Copier maintenance, inspection services, pest control, alarm services, janitorial services and minor building repairs and maintenance.
4002	Rent/Lease Building	23,000	Building space lease.
4003	Rent/Lease Equipment	2,200	Copier lease and water dispenser rental.
4004	Rent/Lease Vehicles	23,176	The cost of lease vehicles to assist with program and client needs.
4005	Security	-	
4006	Utilities	4,800	The cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	
5000: SPECIAL EXPENSES		41,077	
5001	Consultant (Network & Data Management)	32,400	Kings View Information Technology Department (KVIT) will provide hardware and software support for successful data collection. A database will be designed for this program. KVIT will procure equipment, software & other services from approved & authorized vendors. Provide online, onsite, or phone-based emergency support-24/7 from the KVIT Help Desk.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	100	Anticipating need of outsource translation services.
5005	Other (Avatar License Fee)	8,577	Estimated cost of Avatar fees.
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	
6000: ADMINISTRATIVE EXPENSES		140,241	
6001	Administrative Overhead	116,801	Expenses provides program management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
6002	Professional Liability Insurance	5,940	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	17,500	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		9,268	
7001	Computer Equipment & Software	7,768	Anticipating additional computer equipment needed for new staff and or replacement. Duo factor licensing and other computer software.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	500	Anticipating additional equipment cost for new staff and or replacement.
7003	Furniture & Fixtures	1,000	Anticipating additional furniture cost for new staff and or replacement.
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)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,229,190
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,229,190

**Rural Mental Health Triage- East
Kings View
Fiscal Year (FY 2021-22)**

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Oversight	0.27	\$ -	\$ 33,553	\$ 33,553
1102	Clinical Supervisor	0.55		58,779	58,779
1103	Program Manager	0.55	-	71,523	71,523
1104	Clinician (2 unlicensed, 5 Licensed)	7.00	-	641,516	641,516
1105	Per Diem Team Responders (Licensed)	0.45	-	37,137	37,137
1106	Program Staff Accountant	0.11	-	5,967	5,967
1107	Administrative Support	0.40	-	19,427	19,427
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal		9.33	\$ -	\$ 867,902	\$ 867,902
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ -	\$ 15,364	\$ 15,364
1102	Worker's Compensation		-	25,883	25,883
1103	Health Insurance		-	111,259	111,259
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ -	\$ 152,506	\$ 152,506
Employee Benefits %:					0.162101432
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ -	\$ -	\$ -
1202	FICA/MEDICARE		-	66,395	66,395
1203	SUI		-	6,509	6,509
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ -	\$ 72,904	\$ 72,904
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ -	\$ 940,806	\$ 1,093,312

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

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 10,200
3002	Printing/Postage	1,847
3003	Office, Household & Program Supplies	10,350
3004	Advertising	-
3005	Staff Development & Training	6,500
3006	Staff Mileage	3,500
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	27,200
3009	Other (Miscellaneous)	150
3010	Other (Staff Recruitment/Background Checks)	650
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 60,397

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 9,500
4002	Rent/Lease Building	26,500
4003	Rent/Lease Equipment	3,526
4004	Rent/Lease Vehicles	25,400
4005	Security	-
4006	Utilities	6,650
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 71,576

5000: SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 38,118
5002	HMIS (Homeless Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	100
5005	Other (Avatar License Fee)	8,577
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 46,795

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 143,960
6002	Professional Liability Insurance	6,940
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Liability):	18,500
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		\$ 169,400

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 7,706
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	500
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		\$ 11,206

TOTAL PROGRAM EXPENSES		\$ 1,452,686
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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	25,000	3.26	\$ 81,500
8002	Case Management	32,473	2.50	81,183
8003	Crisis Services	225,000	5.00	1,125,000
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
Estimated Specialty Mental Health Services Billing Totals:		282,473		\$ 1,287,683
Estimated % of Clients who are Medi-Cal Beneficiaries				75%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				965,762
Federal Financial Participation (FFP) %			50%	482,881
MEDI-CAL FFP TOTAL				\$ 482,881

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	\$ 0
REALIGNMENT TOTAL		\$ 0

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 969,805
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 969,805

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

TOTAL PROGRAM FUNDING SOURCES: \$ 1,452,686

NET PROGRAM COST: \$ -

**Rural Mental Health Triage- East
Kings View
Fiscal Year (FY 2021-22) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		1,093,312	
Employee Salaries		867,902	
1101	Program Oversight	33,553	Positions will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies. Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1102	Clinical Supervisor	58,779	Provides supervision of all licensed and unlicensed clinical staff.
1103	Program Manager	71,523	Provides supervision of all staff and direct oversight of program management.
1104	Clinician (2 unlicensed, 5 Licensed)	641,516	Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages.
1105	Per Diem Team Responders (Licensed)	37,137	Per Diem-Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages.
1106	Program Staff Accountant	5,967	Provides budget guidance, monthly invoicing and other fiscal services.
1107	Administrative Support	19,427	Provides administrative support for the program and assist with medical billing and records.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		152,506	
1101	Retirement	15,364	Cost of 401K
1102	Worker's Compensation	25,883	Workers Comp Insurance
1103	Health Insurance	111,259	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
Payroll Taxes & Expenses:		72,904	
1201	OASDI	-	
1202	FICA/MEDICARE	66,395	Cost of FICA/Medicare
1203	SUI	6,509	Cost of SUI
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
2000: CLIENT SUPPORT		-	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (Program Supplies)	-	
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2016	Other (Specify)	-	
3000: OPERATING EXPENSES		60,397	
3001	Telecommunications	10,200	Cost of telephone services, cell phones service, data connectivity.
3002	Printing/Postage	1,847	Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office, Household & Program Supplies	10,350	Includes all supplies used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	6,500	Cost of continuation of staff development and training.
3006	Staff Mileage	3,500	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	27,200	Auto repairs & maintenance required to maintain leased vehicles for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS, vehicle tracking service.
3009	Other (Miscellaneous)	150	Anticipating minor expense that would not fall under any other category.
3010	Other (Staff Recruitment/Background Checks)	650	Thorough background checks and drug testing.
3011	Other (Specify)	-	
3012	Other (Specify)	-	
4000: FACILITIES & EQUIPMENT		71,576	
4001	Building Maintenance	9,500	Copier maintenance, inspection services, pest control, alarm services, janitorial services and minor building repairs and maintenance.
4002	Rent/Lease Building	26,500	Building space lease.
4003	Rent/Lease Equipment	3,526	Copier lease and water dispenser rental.
4004	Rent/Lease Vehicles	25,400	The cost of lease vehicles to assist with program and client needs.
4005	Security	-	
4006	Utilities	6,650	The cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	
5000: SPECIAL EXPENSES		46,795	
5001	Consultant (Network & Data Management)	38,118	Kings View Information Technology Department (KVIT) will provide hardware and software support for successful data collection. A database will be designed for this program. KVIT will procure equipment, software & other services from approved & authorized vendors. Provide online, onsite, or phone-based emergency support-24/7 from the KVIT Help Desk.
5002	HMIS (Homeless Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	100	Anticipating need of outsource translation services.
5005	Other (Avatar License Fee)	8,577	Estimated cost of Avatar fees.
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	
6000: ADMINISTRATIVE EXPENSES		169,400	
6001	Administrative Overhead	143,960	Expenses provides program management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
6002	Professional Liability Insurance	6,940	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	18,500	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		11,206	
7001	Computer Equipment & Software	7,706	Anticipating additional computer equipment needed for new staff and or replacement. Duo factor licensing and other computer software.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	500	Anticipating additional equipment cost for new staff and or replacement.
7003	Furniture & Fixtures	3,000	Anticipating additional furniture cost for new staff and or replacement.
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)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,452,686
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,452,686

Rural Mental Health Triage- West
Kings View
Fiscal Year (FY 2021-22)

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Oversight	0.23	\$ -	\$ 27,387	\$ 27,387
1102	Clinical Supervisor	0.45		48,092	48,092
1103	Program Manager	0.45	-	58,519	58,519
1104	Clinician (2 Licensed, 5 Unlicensed)	7.00	-	555,944	555,944
1105	Per Diem Team Responders (Licensed)	0.38	-	32,919	32,919
1106	Program Staff Accountant	0.09	-	4,842	4,842
1107	Administrative Support	0.26	-	12,628	12,628
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal		8.86	\$ -	\$ 740,331	\$ 740,331
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ -	\$ 13,083	\$ 13,083
1102	Worker's Compensation		-	22,078	22,078
1103	Health Insurance		-	94,739	94,739
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ -	\$ 129,900	\$ 129,900
Employee Benefits %:					0.161865327
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ -	\$ -	\$ -
1202	FICA/MEDICARE		-	56,635	56,635
1203	SUI		-	5,553	5,553
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ -	\$ 62,188	\$ 62,188
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ -	\$ 802,519	\$ 932,419

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

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 9,591
3002	Printing/Postage	1,500
3003	Office, Household & Program Supplies	6,500
3004	Advertising	-
3005	Staff Development & Training	5,000
3006	Staff Mileage	1,600
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	20,218
3009	Other (Miscellaneous)	150
3010	Other (Staff Recruitment/Background Checks)	450
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 45,009

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 8,000
4002	Rent/Lease Building	23,000
4003	Rent/Lease Equipment	2,200
4004	Rent/Lease Vehicles	23,176
4005	Security	-
4006	Utilities	4,800
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 61,176

5000: SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 32,400
5002	HMIS (Homeless Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	100
5005	Other (Avatar License Fee)	8,577
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 41,077

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 116,801
6002	Professional Liability Insurance	5,940
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Liability):	17,500
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		\$ 140,241

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 7,768
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	500
7003	Furniture & Fixtures	1,000
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		\$ 9,268

TOTAL PROGRAM EXPENSES		\$ 1,229,190
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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	15,955	3.26	\$ 52,013
8002	Case Management	15,000	2.50	37,500
8003	Crisis Services	80,000	5.00	400,000
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
Estimated Specialty Mental Health Services Billing Totals:		110,955		\$ 489,513
Estimated % of Clients who are Medi-Cal Beneficiaries				75%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				367,135
Federal Financial Participation (FFP) %			50%	183,567
MEDI-CAL FFP TOTAL				\$ 183,567

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	\$ 0
REALIGNMENT TOTAL		\$ 0

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 1,045,622
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 1,045,622

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

TOTAL PROGRAM FUNDING SOURCES:	\$ 1,229,190
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NET PROGRAM COST:	\$ -
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**Rural Mental Health Triage- West
Kings View
Fiscal Year (FY 2021-22) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		932,419	
Employee Salaries		740,331	
1101	Program Oversight	27,387	Positions will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies. Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1102	Clinical Supervisor	48,092	Provides supervision of all licensed and unlicensed clinical staff.
1103	Program Manager	58,519	Provides supervision of all staff and direct oversight of program management.
1104	Clinician (2 Licensed, 5 Unlicensed)	555,944	Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages.
1105	Per Diem Team Responders (Licensed)	32,919	Per Diem-Assist with managing the client's illness and reduce its impact on the client's life, and referrals to appropriate linkages.
1106	Program Staff Accountant	4,842	Provides budget guidance, monthly invoicing and other fiscal services.
1107	Administrative Support	12,628	Provides administrative support for the program and assist with medical billing and records.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		129,900	
1101	Retirement	13,083	Cost of 401K
1102	Worker's Compensation	22,078	Workers Comp Insurance
1103	Health Insurance	94,739	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
Payroll Taxes & Expenses:		62,188	
1201	OASDI	-	
1202	FICA/MEDICARE	56,635	Cost of FICA/Medicare
1203	SUI	5,553	Cost of SUI
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
2000: CLIENT SUPPORT		-	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (Program Supplies)	-	
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2016	Other (Specify)	-	
3000: OPERATING EXPENSES		45,009	
3001	Telecommunications	9,591	Cost of telephone services, cell phones service, data connectivity.
3002	Printing/Postage	1,500	Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office, Household & Program Supplies	6,500	Includes all supplies used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	5,000	Cost of continuation of staff development and training.
3006	Staff Mileage	1,600	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	20,218	Auto repairs & maintenance required to maintain leased vehicles for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS, vehicle tracking service.
3009	Other (Miscellaneous)	150	Anticipating minor expense that would not fall under any other category.
3010	Other (Staff Recruitment/Background Checks)	450	Thorough background checks and drug testing.
3011	Other (Specify)	-	
3012	Other (Specify)	-	
4000: FACILITIES & EQUIPMENT		61,176	
4001	Building Maintenance	8,000	Copier maintenance, inspection services, pest control, alarm services, janitorial services and minor building repairs and maintenance.
4002	Rent/Lease Building	23,000	Building space lease.
4003	Rent/Lease Equipment	2,200	Copier lease and water dispenser rental.
4004	Rent/Lease Vehicles	23,176	The cost of lease vehicles to assist with program and client needs.
4005	Security	-	
4006	Utilities	4,800	The cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	
5000: SPECIAL EXPENSES		41,077	
5001	Consultant (Network & Data Management)	32,400	Kings View Information Technology Department (KVIT) will provide hardware and software support for successful data collection. A database will be designed for this program. KVIT will procure equipment, software & other services from approved & authorized vendors. Provide online, onsite, or phone-based emergency support-24/7 from the KVIT Help Desk.
5002	HMIS (Homeless Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	100	Anticipating need of outsource translation services.
5005	Other (Avatar License Fee)	8,577	Estimated cost of Avatar fees.
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	
6000: ADMINISTRATIVE EXPENSES		140,241	
6001	Administrative Overhead	116,801	Expenses provides program management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
6002	Professional Liability Insurance	5,940	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	17,500	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		9,268	
7001	Computer Equipment & Software	7,768	Anticipating additional computer equipment needed for new staff and or replacement. Duo factor licensing and other computer software.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	500	Anticipating additional equipment cost for new staff and or replacement.
7003	Furniture & Fixtures	1,000	Anticipating additional furniture cost for new staff and or replacement.
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)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,229,190
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,229,190

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 shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County. After completion of this training, each contractor, contractor's employee and subcontractor 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 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: ____/____/____

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.

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 five axis diagnosis from the most current DSM, 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(S) 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(S) 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

Current Quarterly Progress Report Process Overview

Current Regulations

Title 9, Division 1, Chapter 14, Article 5: Quarterly Progress Reports must be submitted to the State Department of Mental Health no later than 60 days following the end of each reporting quarter and are compiled by service category for each approved program and/or service. The following information must be included in the Quarterly Progress Report:

- The *targeted* number of individuals or families to be served in each reporting quarter by each program/service during the quarter
- The *total number of individuals or families actually served* in each reporting quarter by each program/service during the quarter
- The final Quarterly Progress Report must include the total number of *unduplicated* individuals or families served by each program/service during the fiscal year

Following is a review of how to calculate individuals served within each service category (Full Service Partnerships, System Development and Outreach and Engagement).

Quarterly Counts:

The quarterly count is unduplicative within quarters but is duplicative between quarters.

The number of **actual** individuals served equals: the total number of individuals or families enrolled in the program on the first day of each quarter plus any individuals or families newly enrolled throughout the quarter.

Example:

Program	Q1	Q2	Q3	Q4
Currently enrolled on first day of quarter	10	20	20	26
Newly Enrolled	10	5	7	5
Actually Served	20	25	27	31
Disenrolled	0	(5)	(1)	0

Explanation:

Q1: At the beginning of Quarter 1, 10 people were enrolled and 10 people were newly enrolled throughout the quarter, so the total actual served for Quarter 1 would equal 20 (10 + 10 = 20).

Q2: At the beginning of Quarter 2, 20 people were currently enrolled and 5 more people were newly enrolled, so the total actual served would equal 25 (20 + 5 = 25).

Q3: At the beginning of Quarter 3, 20 people were currently enrolled and 7 more people were newly enrolled throughout the quarter, so the total actual served would equal 27 ($20 + 7 = 27$). (Five people disenrolled the previous quarter, so on the first day of Quarter 3, 20 people were currently enrolled.)

Q4: At the beginning of Quarter 4, 26 people were currently enrolled because one had disenrolled during Quarter 3, but 5 had been newly enrolled so the total actual served of 31 ($26 + 5 = 27$)

Quarterly targets: The quarterly target is an estimate of the total number of individuals you expect to serve for that quarter. Targeted counts should follow the same strategy as for actual counts described above.

Unduplicated Annual Counts:

The unduplicated annual count: Equals the total number of people served for the entire year.

Example:

Program	Q1	Q2	Q3	Q4	Total Annual
Currently enrolled on first day of quarter	10	20	20	26	
Newly Enrolled	10	5	7	5	
Total Unduplicated Actual Served	20	5	7	5	37
Disenrolled	0	(5)	(1)	0	

Q1: At the beginning of Quarter 1, 10 people were enrolled and 10 people were newly enrolled throughout the quarter, so the total unduplicated for Quarter 1 would equal 20 ($10 + 10 = 20$).

Q2: At the beginning of Quarter 2, 20 people were currently enrolled and 5 more people were newly enrolled, so the total unduplicated for quarter 2 would be 5.

Q3: At the beginning of Quarter 3, 20 people were currently enrolled and 7 more people were newly enrolled throughout the quarter, so the total unduplicated for quarter 3 would be 7.

Q4: At the beginning of Quarter 4, 26 people were currently enrolled and 5 had been newly enrolled so the total unduplicated for quarter 4 would be 5.

Total Unduplicated Annual Actual Served: $20 + 5 + 7 + 5 = 37$

Total Unduplicated Annual Targets: The unduplicated annual target is an estimate of the total number of unduplicated individuals you expect to serve annually,

Options for Improving the MHSA Quarterly Progress Reporting Process

Outreach and Engagement:

There are many different methods of providing outreach and engagement services. Some services are offered in a group or community wide forum and sometimes services are offered individually. Ideally, it would be helpful to have a combination of service based and individual level data collection that is submitted on a quarterly basis.

Potential Methods for reporting counts in these service categories:

Categories could be created based on the nature of the services provided. There are two very broad categories of services and they could be reported differently based on these categories: For instance:

Community Forum Outreach and Engagement Activities:

When conducting a community forum activity such as a county-wide presentation to a group of people about a mental health issue, a count of the number of presentations and the number of individuals that attended could be submitted. Some indication of the purpose of each event would also be helpful. For instance, broad categories such as education, workforce development, stigma reduction or outreach to engage in services could be indicated.

Individual Outreach and Engagement Services:

When conducting outreach and engagement services to individuals, you may have multiple contacts with an individual prior to engaging them into services. Counting the number of contacts rather than the number of individuals would provide more accurate information regarding individual services.

In addition, some demographic information regarding the individuals receiving services within these categories would be helpful including gender, age and race/ethnicity. In addition, information regarding the number of face-to-face contacts vs. phone contacts would also be useful.

System Development:

There are many types of services provided through this category. Some services maybe offered in a group or community wide forum and some services may be offered to individuals and families. In addition, some services center around linkage with other community based organizations. Should the services be categorized similar to what has been proposed for Outreach and Engagement or should there be different categories for System Development services?

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, sex, 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.

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 written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.
9. The organizational provider has as head of service a licensed mental health professional of other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
10. 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.
11. For organizational providers that provide day treatment intensive or day rehabilitation, the provider must have a written description of the day treatment intensive and/or day treatment rehabilitation program that complies with State Department of Mental Health's day treatment requirements. The COUNTY shall review the provider's written program description for compliance with the State Department of Mental Health's day treatment requirements.
12. 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 AND INCIDENT REPORTING

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 their clients 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 712
Fresno, CA 93712
(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.

PROTOCOL FOR COMPLETION OF INCIDENT REPORT

- The Incident Report must be completed for all incidents involving clients. The staff person who becomes aware of the incident completes this form, and the supervisor co-signs it.
- When more than one client is involved in an incident, a separate form must be completed for each client.

Where the forms should be sent - within 24 hours from the time of the incident

- Incident Report should be sent to:
- DBH Program Supervisor

INCIDENT REPORT WORKSHEET

When did this happen? (date/time) _____ Where did this happen? _____

Name/DMH # _____

1. Background information of the incident:

2. Method of investigation: (chart review, face-to-face interview, etc.)

Who was affected? (If other than consumer) _____

List key people involved. (witnesses, visitors, physicians, employees)

3. Preliminary findings: How did it happen? Sequence of events. Be specific. If attachments are needed write comments on an 8 1/2 sheet of paper and attach to worksheet.

Outcome severity: *Nonexistent* *inconsequential* *consequential* *death* *not applicable* *unknown*

4. Response: a) corrective action, b) Plan of Action, c) other

Completed by (print name) _____

Completed by (signature) _____ Date completed _____

Reviewed by Supervisor (print name) _____

Supervisor Signature _____ Date _____

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

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?
If yes, give date. _____

B. Do you anticipate any change of ownership or control within the year?.....
If yes, when? _____

C. Do you anticipate filing for bankruptcy within the year?.....
If yes, when? _____

V. Is the facility operated by a management company or leased in whole or part by another organization?.....
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?.....

VII. A. Is this facility chain affiliated?
(If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

B. If the answer to question VII.A. is NO, was the facility ever affiliated with a chain?
(If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the agency, as appropriate.

Name of authorized representative (typed)	Title
Signature	Date

Remarks

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS--PRIMARY COVERED TRANSACTIONS

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

CERTIFICATION

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature: _____

(Printed Name & Title)

Date: _____

(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:	

Electronic Health Records 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	Effective	Fee Per User	Est. Quantity of Users	Estimated Fee Per Fiscal Year	Estimated Fee Per Fiscal Year
				FY 18-19	FY 19-20
NetSmart Avatar Monthly Hosting Service (per named user per month)	07/01/2017	\$37.00	22-25	\$9,768 - \$11,100	\$9,768 - \$11,100
NetSmart Avatar Monthly Maintenance/License (per named user per month)	07/01/2017	\$14.00*	22-25	\$3,696 - \$4,200	\$3,696 - \$4,200
NetSmart Avatar Monthly Hosting Perceptive (per named user per month)	07/01/2017	\$4.66	22-25	\$1,231 - \$1,398	\$1,231 - \$1,398
Estimated Total Per Fiscal Year				\$14,695 - \$16,698	\$14,695 - \$16,698

*Monthly maintenance increases each FY on July 1st based upon the CPI rate.

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.