

MASTER AGREEMENT

This Agreement is made and entered into this 18th day of June, 2019, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "**COUNTY**", and each CONTRACTOR listed in Exhibit A "List of Contractors", attached hereto and by this reference incorporated herein, and collectively hereinafter referred to as "**CONTRACTORS**", and such additional CONTRACTOR(S) as may, from time to time during the term of this Agreement, be added by COUNTY. Reference in this Agreement to "parties" shall be understood to refer to COUNTY and each individual CONTRACTOR, unless otherwise specified.

WITNESSETH:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH) and Department of Social Services (DSS), is in need of qualified agencies to provide outpatient specialty mental health, court-specific, and community-based support services for children and youth involved in the Child Welfare Services (CWS) system; and

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

WHEREAS, CONTRACTOR(S) are qualified and willing to provide said services pursuant to the terms and conditions of this Agreement.

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

1. SERVICES

A. CONTRACTOR(S) shall perform all services and fulfill all responsibilities identified in the Summary of Services, attached hereto as Exhibits B-1, *et seq.* and incorporated herein by reference. CONTRACTOR(S) shall align programs, services, and practices with the vision, mission, and guiding principles of the DBH, as further described in Exhibit C, "Fresno County Department of Behavioral Health Guiding Principles of Care Delivery," attached hereto and by this reference incorporated herein and made part of this Agreement.

B. CONTRACTOR shall also perform all services and fulfill all responsibilities specified in COUNTY's Request for Proposal (RFP) No. 19-036, dated December 27, 2018,

1 Addendum No. One (1) to COUNTY's RFP No. 19-036, dated January 18, 2019, Addendum No. Two
2 (2) to COUNTY's RFP No. 19-036, dated January 28, 2019, and CONTRACTOR(S) Response(s) to
3 said Revised RFP No. 19-036, all incorporated by reference and herein made part of this Agreement.

4 C. In the event of any inconsistency among these documents, the inconsistency
5 shall be resolved by giving precedence in the following order: 1) to this Agreement, including all
6 Exhibits, 2) to the COUNTY's Revised RFP No. 19-036, and 3) to the Response(s) to the COUNTY's
7 Revised RFP No. 19-036. A copy of COUNTY's Revised RFP No. 19-036, and CONTRACTOR(S)
8 Response(s) thereto, shall be retained and made available during the term of this Agreement by
9 COUNTY's Purchasing Department.

10 D. It is the expectation of the COUNTY that CONTRACTOR(S) provide timely
11 access to services that meet the State of California standards for care. CONTRACTOR(S) shall
12 provide urgent services within three (3) business days from referral to first appointment.
13 CONTRACTOR(S) shall provide non-urgent services within ten (10) business days from referral to
14 first appointment. CONTRACTOR(S) shall provide psychiatry services within fifteen (15) business
15 days from referral to first appointment. CONTRACTOR(S) shall track timeliness of services to clients
16 and provide a monthly report of the captured data. COUNTY and CONTRACTOR(S) shall meet to go
17 over this data on a monthly basis. COUNTY shall take corrective action if there is a failure to comply
18 by CONTRACTOR(S) with the above-mentioned timely access standards.

19 CONTRACTOR(S) shall also provide tracking tools and measurements for
20 effectiveness, efficiency, access, and client satisfaction indicators as required by the Commission on
21 Accreditation of Rehabilitation Facilities (CARF) standards and as further detailed in Exhibits B-1, *et*
22 *seq.*

23 E. CONTRACTOR(S) shall utilize assessment tools mandated by State
24 Department of Health Care Services (DHCS) and the California Department of Social Services
25 (CDSS). Presently, DHCS and CDSS have mandated the use of the California Child and
26 Adolescents Needs and Strengths (CANS-50) and Pediatric Symptom Checklist – parent/caregiver
27 version (PSC-35) for children and youth. These tools shall be completed at the beginning of
28 treatment, every six (6) months following the first administration, and at the end of treatment.

Facilitators of these tools shall be trained by a CANS-certified trainer approved by the State. Training for the PSC-35 is not required by the State of California.

F. It is acknowledged by all parties hereto that COUNTY's DBH and DSS Administrative units shall monitor the services provided by CONTRACTOR(S), as specified herein.

G. CONTRACTOR(S) shall participate in periodic workgroup meetings which include staff from COUNTY's DBH and DSS Administrative units. The meetings shall be held monthly, or as needed, to discuss program requirements, data reporting, outcomes measurement, training, policies and procedures, and overall program operations.

H. It is acknowledged by all parties hereto that upon execution of this Agreement, CONTRACTOR(S)' service sites shall be as identified in Exhibits B-1 *et seq.* Any change to CONTRACTOR(S) location of the service sites may be made only upon 30 (thirty) days advance written notification to COUNTY's DBH Director and upon written approval from COUNTY's DBH Director, or his or her designee.

I. CONTRACTOR(S) shall maintain requirements as Organizational Providers throughout the term of this Agreement, as described in Section Nineteen (19) of this Agreement. If for any reason, this status is not maintained, the COUNTY may terminate this Agreement pursuant to Section Three (3) of this Agreement.

J. CONTRACTOR(S) agree that prior to providing services under the terms and conditions of this Agreement, CONTRACTOR(S) shall have appropriate staff hired and in place for program services and operation or COUNTY may, in addition to other remedies it may have, suspend referrals or terminate this Agreement in accordance with Section Three (3) of this Agreement.

2. TERM

The term of this Agreement shall be for a period of three (3) years commencing July 1, 2019 through and including June 30, 2022. This Agreement may be extended for two (2) additional consecutive twelve (12) month periods upon written approval of both parties no later than thirty (30) days prior to the first day of the next twelve (12) month extension period. The DBH Director and DSS Director, or their designees, are authorized to execute such written approval on behalf of COUNTY based on CONTRACTOR's satisfactory performance.

1 CONTRACTOR(S) added to this Agreement after the execution date shall become part
2 of the Agreement effective upon the date the executed signature page is received and approved by
3 the COUNTY's DBH Director, or his or her designee, as set forth in Section Twelve (12) of this
4 Agreement.

5 The June 30 termination date specified herein shall be the termination date for all
6 CONTRACTOR(S), regardless of when CONTRACTOR is added to this Agreement. Any twelve (12)
7 month renewal period of this Agreement for any CONTRACTOR already providing services under this
8 Agreement shall commence on July 1st of the then current fiscal year.

9 **3. TERMINATION**

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

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

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

21 In no event shall any payment by the COUNTY constitute a waiver by the
22 COUNTY of any breach of this Agreement or any default which may then exist on the part of the
23 CONTRACTOR(S). Neither shall such payment impair or prejudice any remedy available to the
24 COUNTY with respect to the breach or default. The COUNTY shall have the right to demand of each
25 CONTRACTOR the repayment to the COUNTY of any funds disbursed to that CONTRACTOR under
26 this Agreement, which in the judgment of the COUNTY were not expended in accordance with the
27 terms of this Agreement. Each CONTRACTOR shall promptly refund any such funds upon demand
28 or at COUNTY's option; such repayment shall be deducted from future payments owed to that

1 CONTRACTOR under this Agreement.

2 C. Without Cause - Under circumstances other than those set forth above, this
3 Agreement may be terminated by COUNTY or COUNTY's DBH and DSS Directors, or their
4 designees, or one (1) or more CONTRACTOR(S) upon the giving of sixty (60) days advance written
5 notice of an intention to terminate.

6 **4. COMPENSATION**

7 COUNTY agrees to pay CONTRACTOR(S) and CONTRACTOR(S) agree to receive
8 compensation in accordance with the budget(s) set forth in Exhibit D-1, *et seq.*, attached hereto and
9 by this reference incorporated herein and made part of this Agreement.

10 A. Maximum Contract Amount

11 For fiscal year (FY) July 1, 2019 through June 30, 2020, in no event shall the
12 maximum compensation amount under this Agreement exceed Sixteen Million and No/100 Dollars
13 (\$16,000,000.00) for all CONTRACTOR(S) combined.

14 For FY July 1, 2020 through June 30, 2021, in no event shall the maximum
15 compensation amount under this Agreement exceed Sixteen Million and No/100 Dollars
16 (\$16,000,000.00) for all CONTRACTOR(S) combined.

17 For FY July 1, 2021 through June 30, 2022, in no event shall the maximum
18 compensation amount under this Agreement exceed Sixteen Million and No/100 Dollars
19 (\$16,000,000.00) for all CONTRACTOR(S) combined.

20 If this Agreement has been extended for an additional twelve (12) month
21 renewal period for FY July 1, 2022 through June 30, 2023, in no event shall the maximum
22 compensation amount under this Agreement exceed Sixteen Million and No/100 Dollars
23 (\$16,000,000.00) for all CONTRACTOR(S) combined.

24 If this Agreement has been extended for an additional twelve (12) month
25 renewal period for FY July 1, 2023 through June 30, 2024, in no event shall the maximum
26 compensation amount under this Agreement exceed Sixteen Million and No/100 Dollars
27 (\$16,000,000.00) for all CONTRACTOR(S) combined.

28 The maximum amounts paid to each CONTRACTOR(S) identified in this

1 Agreement shall be as stated in the individual CONTRACTOR(S)'s "Budget" documents approved by
2 the COUNTY's DBH and DSS Directors, or their designees, and attached hereto as Exhibits D-1 *et*
3 *seq.* and incorporated herein by this reference.

4 B. Maximum Compensation Amounts

5 In no event shall the total maximum compensation amount under this
6 Agreement for FY 2019-20, FY 2020-21, and FY 2021-22 combined exceed Forty-Eight Million and
7 No/100 Dollars (\$48,000,000.00) for all CONTRACTOR(S) combined.

8 If performance standards are met and this Agreement is extended for an
9 additional twelve (12) month term pursuant to Section Three (3) of this Agreement, then in no event
10 shall the total maximum compensation amount under this Agreement for FY 2019-20, FY 2020-21,
11 FY 2021-22, and FY 2022-23 combined exceed Sixty-Four Million and No/100 Dollars
12 (\$64,000,000.00) for all CONTRACTOR(S) combined.

13 If performance standards are met and this Agreement is extended for an
14 additional twelve (12) month term pursuant to Section Three (3) of this Agreement, then in no event
15 shall the total maximum compensation amount under this Agreement for FY 2019-20, FY 2020-21,
16 FY 2021-22, FY 2022-23, and FY 2023-24 combined exceed Eighty Million and No/100 Dollars
17 (\$80,000,000.00) for all CONTRACTOR(S) combined.

18 C. It is understood that all expenses incidental to CONTRACTOR(S) performance
19 of services under this Agreement shall be borne by CONTRACTOR(S). If CONTRACTOR(S) fails to
20 comply with any provision of this Agreement, COUNTY shall be relieved of its obligation for further
21 compensation.

22 D. Payments shall be made by COUNTY to CONTRACTOR(S) in arrears, for
23 services provided during the preceding month, within forty-five (45) days after the date of receipt and
24 approval by COUNTY of the monthly invoicing as described in Section Five (5) herein. Payments
25 shall be made after receipt and verification of actual expenditures incurred by CONTRACTOR(S) for
26 monthly program costs, as identified in Exhibits D-1 *et seq.*, in the performance of this Agreement in
27 accordance with Exhibits B-1 *et seq.* and shall be submitted to COUNTY on a monthly basis by the
28 tenth (10th) of the month following the month of said expenditures.

1 CONTRACTOR(S) shall submit to COUNTY by the tenth (10th) of each month a
2 detailed general ledger (GL) itemizing costs incurred in the previous month. Failure to submit GL
3 reports and supporting documentation shall be deemed sufficient cause for COUNTY to withhold
4 payments until there is compliance, as further described in Section Five (5) herein.

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

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

13 G. The services provided by CONTRACTOR(S) under this Agreement are funded
14 in whole or in part by the State of California. In the event that funding for these services is delayed by
15 the State Controller, COUNTY may defer payments to CONTRACTOR(S). The amount of the
16 deferred payment shall not exceed the amount of funding delayed by the State Controller to the
17 COUNTY. The period of time of the deferral by COUNTY shall not exceed the period of time of the
18 State Controller's delay of payment to COUNTY plus forty-five (45) days.

19 H. CONTRACTOR(S) shall be held financially liable for any and all future
20 disallowances/audit exceptions due to CONTRACTOR(S) deficiency discovered through the State's
21 audit process and COUNTY's utilization review process during the course of this Agreement. At
22 COUNTY's election, the disallowed amount will be remitted within forty-five (45) days to COUNTY
23 upon notification or shall be withheld from subsequent payments to CONTRACTOR(S).

24 CONTRACTOR(S) shall not receive reimbursement for any units of services rendered that are
25 disallowed or denied by the COUNTY's Mental Health Plan utilization review process or through the
26 State Department of Health Care Services (DHCS) cost report audit settlement process for Medi-Cal
27 eligible clients.

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1 **5. INVOICING**

2 A. CONTRACTOR(S) shall invoice COUNTY in arrears by the tenth (10th) of each
3 month for actual expenses incurred during the prior month to DBHInvoices@fresnocountyca.gov,
4 DSSInvoices@fresnocountyca.gov and a copy to the assigned DBH Mental Health Contracts Staff
5 Analyst and DSS Contracts Staff Analyst. After CONTRACTOR(S) renders service to referred
6 clients, CONTRACTOR(S) shall invoice COUNTY for payment, certify the expenditure, and submit
7 electronic claiming into COUNTY's electronic information system for all clients, including those
8 eligible for Medi-Cal as well as those that are not eligible for Medi-Cal, including contracted cost per
9 unit and actual cost per unit. Invoices and reports shall be in such detail as acceptable to COUNTY's
10 DBH, as described herein and in Section Fifteen (15) of this Agreement. Additionally, invoices and
11 supporting documentation may be mailed to: County of Fresno, Department of Behavioral Health,
12 Contracted Services Division, 3133 N. Millbrook, Fresno, CA 93703, Attention: CWMH Contract
13 Analyst. No reimbursement for services shall be made until the invoice and report is received,
14 verified and approved by COUNTY's DBH. COUNTY must pay CONTRACTOR before submitting
15 claims to DHCS for Federal and State reimbursement for Medi-Cal eligible clients.

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

27 C. Monthly invoices shall include a client roster, identifying all clients served along
28 with Katie A. class and sub-class members indicated, and provide demographic information on clients

1 served, including any payer of services rendered to client by CONTRACTOR(S)

2 D. CONTRACTOR(S) shall submit monthly invoices and general ledgers to DBH
3 and DSS that itemize the line item charges for monthly program costs, including the cost per unit
4 calculation based on the number of clients served within the month, and excluding unallowable costs.
5 Unallowable costs such as lobbying or political donations must be deducted from the monthly invoice
6 reimbursements. The invoices and general ledgers will serve as tracking tools to determine if
7 CONTRACTOR(S)' program costs are in accordance with its budgeted cost, and cost per unit as
8 negotiated by service modes, compared to actual cost per unit, as set forth in Exhibit D-1 *et seq.* The
9 actual cost per unit will be based upon total costs and total units of service. It will also serve for the
10 COUNTY to certify the public funds expended for purposes of claiming Federal and State
11 reimbursement for the cost of Medi-Cal services and activities. CONTRACTOR(S) shall remit to
12 COUNTY on a quarterly basis, a summary report of total operational costs and volume of service
13 units to report the actual costs per unit compared to the negotiated rate, as identified in Exhibits D-1
14 *et seq.*, to report interim cost per unit. The quarterly reports will be used by COUNTY to ensure
15 compliance with Federal and State reimbursements certified public expenditures.

16 E. CONTRACTOR(S) must report all third party collections from other funding
17 sources for Medicare, private insurance, client private pay or any other third party. COUNTY
18 expects the invoice for reimbursement to equal the amount due CONTRACTOR less any funding
19 sources not eligible for Federal reimbursement and any other revenues generated by
20 CONTRACTOR (i.e. private insurance, etc).

21 F. CONTRACTOR(S) shall provide a monthly activity report with each invoice,
22 further described in Section Fifteen (15). In addition, each monthly invoice will be in the format as
23 identified in Exhibits D-1 *et seq.*, showing each budget line item, expenses incurred, and the balance
24 remaining for each budget line item for all services and items as identified in Exhibits D-1 *et seq.*

25 G. CONTRACTOR(S) shall submit monthly staffing reports that identify all direct
26 service and support staff, applicable licensure/certifications, and full time hours worked to be used as
27 a tracking tool to determine if CONTRACTOR(S)'s program is staffed according to the services
28 provided under this Agreement.

1 H. CONTRACTOR(S) must maintain such financial records for a period of seven
2 (7) years, or if there a dispute, audit or inspection, until it is resolved, whichever is later.

3 CONTRACTOR(S) will be responsible for any disallowances related to inadequate documentation.

4 I. CONTRACTOR(S) is responsible for collection and managing data in a
5 manner to be determined by DHCS and the COUNTY Mental Health Plan in accordance with
6 applicable rules and regulations. COUNTY's electronic information system is a critical source of
7 information for purposes of monitoring and obtaining reimbursement. CONTRACTOR(S) must attend
8 the COUNTY DBH's Business Office training on equipment reporting for assets, intangible and
9 sensitive minor assets, COUNTY's electronic information system; and related cost reporting.

10 J. CONTRACTOR shall submit service data into COUNTY's electronic
11 information system within thirty (30) calendar days from the date of services were rendered. Federal
12 and State reimbursement for Medi-Cal specialty mental health services is based on public
13 expenditures certified by the CONTRACTOR(S). CONTRACTOR(S) must submit a signed certified
14 public expenditure report in the monthly invoice. DHCS expects the claim for Federal and State
15 reimbursement to equal the amount the COUNTY paid the CONTRACTOR(S) for the services
16 rendered less any funding sources not eligible for Federal reimbursement.

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

23 L. If a Medi-Cal client has dual coverage, such as other health coverage (OHC)
24 or Medicare, the CONTRACTOR(S) will be responsible for billing the carrier and obtaining a
25 payment/denial or have validation of claiming with no response ninety (90) days after the claim was
26 mailed before the service can be entered into COUNTY's electronic information system.

27 CONTRACTOR(S) must report all revenue collected from OHC, third-party, client-pay, or private-pay
28 in each monthly invoice and in the cost report that is required to be submitted. A copy of explanation

1 of benefits or CWM 1500 is required as documentation. CONTRACTOR(S) must comply with all laws
2 and regulations governing Medicare program, including, but not limited to: 1) the requirement of the
3 Medicare Act, 42 U.S.C. section 1395 *et seq*; and 2) the regulation and rules promulgated by the
4 Centers for Medicare and Medicaid Services as they related participation, coverage and claiming
5 reimbursement. CONTRACTOR(S) will be responsible for compliance as of the effective date of
6 each federal, state or local law or regulation specified.

7 M. Data entry into the COUNTY's electronic information system shall be the
8 responsibility of the CONTRACTOR(S). The direct specialty mental health services data must be
9 reconciled by the CONTRACTOR(S) to the monthly invoices submitted for payment. COUNTY shall
10 monitor the volume of services and cost of services entered into the COUNTY's electronic information
11 system. Any and all audit exceptions resulting from the provision and reporting of Medi-Cal services
12 by CONTRACTOR(S) shall be the sole responsibility of the CONTRACTOR(S). CONTRACTOR(S)
13 will comply with all applicable policies, procedures, directives and guidelines regarding the use
14 COUNTY's electronic information system.

15 N. Medi-Cal Certification and Mental Health Plan Compliance

16 CONTRACTOR(S) will establish and maintain Medi-Cal certification or become
17 certified within ninety (90) days of the start of each CONTRACTOR's term within this Agreement
18 through COUNTY's MHP. In addition, CONTRACTOR(S) shall work with COUNTY's DBH to execute
19 the process if not currently certified by COUNTY for credentialing of staff. Service location must be
20 approved by COUNTY's DBH during the Medi-Cal certification process. During this process, the
21 CONTRACTOR(S) will obtain a legal entity number established by DHCS, a requirement for
22 maintaining COUNTY's MHP organizational provider status throughout the term of this Agreement.
23 CONTRACTOR(S) will be required to become Medi-Cal certified prior to providing services to Medi-
24 Cal eligible clients and seeking reimbursement from the COUNTY. CONTRACTOR(S) will not be
25 reimbursed by COUNTY for any services rendered prior to certification.

26 CONTRACTOR(S) shall provide specialty mental health services in accordance
27 with the COUNTY's MHP. CONTRACTOR(S) must comply with the "Fresno County Mental Health
28 Plan Compliance Program and Code of Conduct" set forth in Exhibit E, attached hereto and

1 incorporated herein by reference.

2 CONTRACTOR(S) may provide direct specialty mental health services using
3 unlicensed staff as long as the individual is approved as an Organizational Provider by the
4 COUNTY's MHP, is supervised by licensed staff who meet the Board of Behavioral Sciences
5 requirements for supervision, works within his/her scope, and only delivers allowable direct specialty
6 mental health services. Unlicensed staff must also be credentialed by COUNTY'S MHP.

7 It is understood that each service is subject to audit for compliance with Federal
8 and State regulations and that COUNTY may be making payments in advance of said review. In the
9 event that a service is disapproved, COUNTY may, at its sole discretion, withhold compensation or
10 offset from other payments due the amount of said disapproved services. CONTRACTOR(S) shall be
11 responsible for audit exceptions to ineligible dates of services or incorrect application of utilization
12 review requirements.

13 **6. INDEPENDENT CONTRACTOR**

14 In performance of the work, duties, and obligations assumed by CONTRACTOR(S)
15 under this Agreement, it is mutually understood and agreed that CONTRACTOR(S), including any
16 and all of CONTRACTOR(S)'s officers, agents, and employees will at all times be acting and
17 performing as independent contractors, and shall act in an independent capacity and not as an
18 officer, agent, servant, employee, joint venture, partner, or associate of COUNTY. Furthermore,
19 COUNTY shall have no right to control or supervise or direct the manner or method by which
20 CONTRACTOR(S) shall perform its work and function. However, COUNTY shall retain the right to
21 administer this Agreement so as to verify that CONTRACTOR(S) is performing their obligations in
22 accordance with the terms and conditions thereof. CONTRACTOR(S) and COUNTY shall comply
23 with all applicable provisions of law and the rules and regulations, if any, of governmental authorities
24 having jurisdiction over matters which are directly or indirectly the subject of this Agreement.

25 Because of its status as an independent contractor, CONTRACTOR(S) shall have
26 absolutely no right to employment rights and benefits available to COUNTY employees.
27 CONTRACTOR(S) shall be solely liable and responsible for providing to, or on behalf of, its
28 employees all legally-required employee benefits. In addition, CONTRACTOR(S) shall be solely

1 responsible and save COUNTY harmless from all matters relating to payment of CONTRACTOR(S')
2 employees, including compliance with Social Security, withholding, and all other regulations
3 governing such matters. It is acknowledged that during the term of this Agreement,
4 CONTRACTOR(S) may be providing services to others unrelated to COUNTY or to this Agreement.

5 **7. SUBCONTRACTS**

6 CONTRACTOR(S) shall obtain written approval from COUNTY or COUNTY'S DBH and
7 DSS Directors, or their designees, before subcontracting any of the services delivered under this
8 Agreement. Any transferee, assignee, or subcontractor will be subject to all applicable provisions of
9 this Agreement, and all applicable State and Federal regulations, CONTRACTOR(S) shall be held
10 primarily responsible by COUNTY for the performance of any transferee, assignee, or subcontractor
11 unless otherwise expressly agreed to in writing by COUNTY. The use of subcontractor by
12 CONTRACTOR(S) shall not entitle CONTRACTOR(S) to any additional compensation than is
13 provided for under this Agreement.

14 **8. MODIFICATION**

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

17 Notwithstanding the above, changes to services, staffing, and responsibilities of the
18 CONTRACTOR(S), as needed, to accommodate changes in the laws relating to specialty mental
19 health treatment, may be made with the signed written approval of COUNTY's DBH Director, or his or
20 her designee, and CONTRACTOR(S) through an amendment approved by COUNTY's County
21 Counsel and the COUNTY's Auditor-Controller/Treasurer-Tax Collector's Office.

22 In addition, changes to expense category subtotals (i.e. Salary & Benefits,
23 Facilities/Equipment, Operating, Financial Services, Special Expenses, Fixed Assets, etc.) identified
24 in Exhibits D-1 *et seq.* that do not exceed ten percent (10%) of the individual CONTRACTOR's total
25 annual maximum compensation, changes to the volume of units of services/types of service units to
26 be provided, and changes to service rates as set forth in Exhibits D-1 *et seq.*, may be made with the
27 written approval of COUNTY's DBH Director, or his or her designee.

28 Changes to expense category subtotals that exceed ten percent (10%) of the

individual CONTRACTOR's total annual maximum compensation may be made with the signed written approval of COUNTY's DBH Director, or his or her designee, through an amendment approved by COUNTY's County Counsel and COUNTY's Auditor-Controller/Treasurer-Tax Collector's Office. Maximum compensation amounts payable to each CONTRACTOR may be modified with the written approval of COUNTY's DBH Director, or his or her designee.

Said modifications to budget expense categories, service volume/types of service units, summary of services, and maximum compensation amounts payable to each CONTRACTOR shall not result in any change to the total combined maximum compensation amount payable to all CONTRACTORS under this Master Agreement, as stated herein.

9. NON-ASSIGNMENT

COUNTY and CONTRACTOR(S) shall not assign, transfer or subcontract this Agreement nor their rights or duties under this Agreement without the prior written consent of COUNTY and the individual CONTRACTOR seeking to make such assignment.

10. HOLD-HARMLESS

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

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

11. INSURANCE

Without limiting COUNTY's right to obtain indemnification from CONTRACTOR(S) or any third parties, each CONTRACTOR, at its sole expense, shall maintain in full force and effect the

following insurance policies throughout the term of this Agreement:

A. Commercial General Liability

Commercial General Liability Insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000). This policy shall be issued on a per occurrence basis. COUNTY may require specific coverages including completed operations, product liability, contractual liability, Explosion-Collapse-Underground, fire legal liability or any other liability insurance deemed necessary because of the nature of the Agreement.

B. Automobile Liability

ISO Form Number CA 00 01 covering any auto (Code 1), or if CONTRACTOR has no owned autos, covering hired, (Code 8) and non-owned autos (Code 9), with limits no less than \$1,000,000 per accident for bodily injury and property damage. If CONTRACTOR(S)' employees are not covered by CONTRACTOR(S)' automobile liability insurance policy, CONTRACTOR shall ensure that each employee as part of this Agreement procures and maintains their own private vehicle coverage in force during the term of this Agreement, at the employee's sole cost and expense.

C. Professional Liability

If CONTRACTOR(S) employs licensed professional staff (e.g. Ph.D., R.N., L.C.S.W., L.M.F.T.) in providing services, Professional Liability Insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence, Three Million Dollars (\$3,000,000) annual aggregate. CONTRACTOR agrees that it shall maintain, at its sole expense, in full force and effect for a period of five (5) years following the termination of this Agreement, one or more policies of professional liability insurance with limits of coverage as specified herein.

D. Real and Property Insurance

CONTRACTOR(S) shall maintain a policy of insurance for all risk personal property coverage which shall be endorsed naming the County of Fresno as an additional loss payee. The personal property coverage shall be in an amount that will cover the total of the COUNTY purchase and owned property, at a minimum, as discussed in Section Twenty-Three (23) of this Agreement.

All Risk Property Insurance

As applicable, CONTRACTOR(S) will provide property coverage for the full replacement value of the COUNTY's personal property in possession of CONTRACTOR(S) and/or used in the execution of this Agreement. COUNTY will be identified on an appropriate certificate of insurance as the certificate holder and will be named as an Additional Loss Payee on the Property Insurance Policy.

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1 E. Worker's Compensation

2 A policy of Worker's Compensation Insurance as may be required by the
3 California Labor Code.

4 F. Child Abuse/Molestation and Social Services Coverage

5 Each CONTRACTOR shall have either separate policies or an umbrella policy
6 with endorsements covering Child Abuse/Molestation and Social Services
7 Liability coverage or have a specific endorsement on their General Commercial
8 liability policy covering Child Abuse/Molestation and Social Services Liability.
9 The policy limits for these policies shall be One Million Dollars (\$1,000,000) per
10 occurrence with a Two Million Dollars (\$2,000,000) annual aggregate. The
11 policies are to be on a per occurrence basis.

12 G. Waiver of Subrogation

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

20 H. Cyber Liability

21 Cyber Liability Insurance, with limits not less than Two Million Dollars
22 (\$2,000,000) per occurrence or claim, Two Million Dollars (\$2,000,000)
23 aggregate. Coverage shall be sufficiently broad to respond to the duties and
24 obligations as is undertaken by CONTRACTOR in this Agreement and shall
25 include, but not be limited to, claims involving infringement of intellectual
26 property, including but not limited to infringement of copyright, trademark, trade
27 dress, invasion of privacy violations, information theft, damage to or destruction
28 of electronic information, release of private information, alteration of electronic
information, extortion and network security. The policy shall provide coverage
for breach response costs as well as regulatory fines and penalties as well as
credit monitoring expenses with limits sufficient to respond to these obligations.

CONTRACTOR(S) shall obtain endorsements to the Commercial General Liability
insurance naming the County of Fresno, its officers, agents, and employees, individually and
collectively, as additional insured, but only insofar as the operations under this Agreement are
concerned. Such coverage for additional insured shall apply as primary insurance and any other
insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees shall be
excess only and not contributing with insurance provided under CONTRACTOR(S') policies herein.

1 This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance
2 written notice given to COUNTY.

3 Within thirty (30) days from the date each CONTRACTOR signs this Agreement,
4 CONTRACTOR(S) shall provide certificates of insurance and endorsements as stated above for all of
5 the foregoing policies, as required herein, to the County of Fresno, Department of Behavioral Health,
6 Contracted Services Division, 3133 N. Millbrook Ave, Fresno, California, 93703, Attention: CWMH
7 Contract Analyst, stating that such insurance coverages have been obtained and are in full force; that
8 the County of Fresno, its officers, agents and employees will not be responsible for any premiums on
9 the policies; that such Commercial General Liability insurance names the County of Fresno, its
10 officers, agents and employees, individually and collectively, as additional insured, but only insofar as
11 the operations under this Agreement are concerned; that such coverage for additional insured shall
12 apply as primary insurance and any other insurance, or self-insurance, maintained by COUNTY, its
13 officers, agents and employees, shall be excess only and not contributing with insurance provided
14 under CONTRACTOR(S)'s policies herein; and that this insurance shall not be cancelled or changed
15 without a minimum of thirty (30) days advance, written notice given to COUNTY.

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

19 All policies shall be with admitted insurers licensed to do business in the State of
20 California. Insurance purchased shall be from companies possessing a current A.M. Best, Inc. rating
21 of A FSC VII or better.

22 **12. ADDITIONS/DELETIONS OF CONTRACTORS**

23 COUNTY's DBH and DSS Directors, or designees, reserve the right at any time during
24 the term of this Agreement to add new CONTRACTOR(S) to those listed in Exhibit A. It is
25 understood any such additions will not affect compensation paid to any other CONTRACTOR, and
26 therefore such additions may be made by COUNTY without notice to or approval of the other
27 CONTRACTOR(S) under this Agreement. These same provisions shall apply to the deletion of any
28 CONTRACTOR(S) contained in Exhibit A, except that deletions shall be by written mutual agreement

1 between the COUNTY and the particular CONTRACTOR to be deleted, or shall be in accordance
2 with the provisions of Section Three (3) of this Agreement.

3 **13. LICENSES/CERTIFICATES**

4 Throughout the term of this Agreement, CONTRACTOR(S) and CONTRACTOR(S)'s
5 staff shall maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions
6 necessary for the provision of the services hereunder and required by the laws and regulations of the
7 United States of America, State of California, the County of Fresno, and any other applicable
8 governmental agencies. CONTRACTOR(S) shall notify COUNTY immediately in writing of its inability
9 to obtain or maintain such licenses, permits, approvals, certificates, waivers and exemptions
10 irrespective of the pendency of any appeal related thereto. Additionally, CONTRACTOR(S) and
11 CONTRACTOR(S)'s staff shall comply with all applicable laws, rules or regulations, as may now exist
12 or be hereafter changed.

13 **14. RECORDS**

14 CONTRACTOR(S) shall maintain records in accordance with COUNTY's
15 "Documentation Standards for Client Records," attached hereto as Exhibit F and incorporated herein
16 by reference. During site visits, COUNTY shall be allowed to review records of services provided,
17 including but not limited to the goals and objectives of the treatment plan, and how the therapy
18 provided is achieving the goals and objectives. All medical records shall be maintained for a
19 minimum of ten (10) years from the date of the end of the Agreement.

20 **15. REPORTS**

21 A. Activity Reports

22 CONTRACTOR(S) shall submit to COUNTY's DBH and DSS by the 10th of each
23 month all monthly activity and budget reports for the preceding month.

24 B. Cost Report

25 CONTRACTOR(S) agrees to submit a complete and accurate detailed cost
26 report on an annual basis for each fiscal year ending June 30th in the format prescribed by the DHCS
27 for the purposes of Short Doyle Medi-Cal reimbursements and total costs for programs. The cost
28 report will be the source document for several phases of settlement with the DHCS for the purposes

1 of Short Doyle Medi-Cal reimbursement. CONTRACTOR(S) shall report costs under their approved
2 legal entity number established during the Medi-Cal certification process. The information provided
3 applies to CONTRACTOR(S) for program related costs for services rendered to Medi-Cal and non-
4 Medi-Cal clients. CONTRACTOR(S) will remit a schedule to provide the required information on
5 published charges (PC) for all authorized services. The report will serve as a source document to
6 determine their usual and customary charge prevalent in the public mental health sector that is used
7 to bill the general public, insurers, or other non-Medi-Cal third party payers during the course of
8 business operations. CONTRACTOR(S) must report all collections for Medi-Cal/Medicare services
9 and collections. The CONTRACTOR(S) shall also submit with the cost report a copy of the
10 CONTRACTOR(S)' general ledger that supports revenues and expenditures and reconciled detailed
11 report of reported total units of services rendered under this Agreement to the units of services
12 reported by CONTRACTOR(S) to COUNTY'S data system.

13 Cost Reports must be submitted to the COUNTY as a hard copy with a signed
14 cover letter and electronic copy of completed DHCS cost report form along with requested support
15 documents following each fiscal year ending June 30th. During the month of September of each year
16 this Agreement is effective, COUNTY will issue instructions of the annual cost report which indicates
17 the training session, DHCS cost report template worksheets, and deadlines to submit, as determined
18 by State annually. CONTRACTOR(S) shall remit a hard copy of cost report to County of Fresno,
19 Attention: Cost Report Team, PO BOX 45003, Fresno CA 93718. CONTRACTOR(S) shall remit the
20 electronic copy or any inquiries to DBHcostreportteam@co.fresno.ca.us.

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

25 If the CONTRACTOR(S) does not submit the cost report by the deadline,
26 including any extension period granted by the COUNTY, the COUNTY may withhold payments of
27 pending invoicing under compensation until the cost report has been submitted and clears COUNTY
28 desk audit for completeness.

1 C. Settlements with State Department of Health Care Services (DHCS)

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

18 If at the end of the audit settlement process the COUNTY determines that it
19 overpaid the CONTRACTOR(S), it will require the CONTRACTOR(S) to repay the Medi-Cal related
20 overpayment.

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

25 D. Outcome Reports

26 CONTRACTOR(S) shall submit to COUNTY's DBH and DSS service outcome
27 reports, as requested.

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1 E. Additional Reports

2 In addition, CONTRACTOR(S) shall also furnish to COUNTY such statements,
3 records, reports, data, and other information as COUNTY may request pertaining to matters covered
4 by this Agreement. In the event that CONTRACTOR(S) fails to provide such reports or other
5 information required hereunder, it shall be deemed sufficient cause for COUNTY to withhold monthly
6 payments until there is compliance. In addition, CONTRACTOR(S) shall provide written notification
7 and explanation to COUNTY within five (5) days of any funds received from another source to
8 conduct the same services covered by this Agreement.

9 **16. MONITORING**

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

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

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

19 **18. COMPLIANCE WITH STATE REQUIREMENTS**

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

25 **19. COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS**

26 CONTRACTOR(S) shall be required to maintain organizational provider certification by
27 Fresno County. CONTRACTOR(S) must meet Medi-Cal organizational provider standards as listed
28 in Exhibit H, "Medi-Cal Organizational Provider Standards," attached hereto and by this reference

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

11 **20. CONFIDENTIALITY**

12 All services performed by CONTRACTOR(S) under this Agreement shall be in strict
13 conformance with all applicable Federal, State of California and/or local laws and regulations relating
14 to confidentiality.

15 **21. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

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

19 COUNTY and CONTRACTOR(S) acknowledge that the exchange of protected health
20 information (PHI) between them is only for treatment, payment, and health care operations.

21 COUNTY and CONTRACTOR(S) intend to protect the privacy and provide for the
22 security of PHI pursuant to this Agreement in compliance with HIPAA, the Health Information
23 Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH), and regulations
24 promulgated thereunder by the U.S. Department of Health and Human Services (HIPAA Regulations)
25 and other applicable laws. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule
26 require CONTRACTOR(S) to enter into a contract containing specific requirements prior to the
27 disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and
28 164.504(e) of the Code of Federal Regulations (CFR).

1 **22. DATA SECURITY**

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

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

9 CONTRACTOR(S) may not connect to COUNTY networks via personally-
10 owned mobile, wireless or handheld devices, unless the following conditions are met:

- 11 1) CONTRACTOR(S) has received authorization by COUNTY for
12 telecommuting purposes;
13 2) Current virus protection software is in place;
14 3) Mobile device has the remote wipe feature enabled/ and
15 4) A secure connection is used.

16 B. CONTRACTOR-Owned Computers or Computer Peripherals

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

23 C. COUNTY-Owned Computer Equipment

24 CONTRACTOR(S) may not use COUNTY computers or computer peripherals
25 on non-COUNTY premises without prior authorization from the COUNTY's Chief Information Officer,
26 and/or designee(s).

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

1 E. CONTRACTOR(S) shall be responsible to employ strict controls to ensure the
2 integrity and security of COUNTY's confidential information and to prevent unauthorized access,
3 viewing, use or disclosure of data maintained in computer files, program documentation, data
4 processing systems, data files and data processing equipment which stores or processes COUNTY
5 data internally and externally.

6 F. Confidential client information transmitted to one party by the other by means of
7 electronic transmissions must be encrypted according to Advanced Encryption Standards (AES) of
8 128 BIT or higher. Additionally, a password or passphrase must be utilized.

9 G. CONTRACTOR(S) is responsible to immediately notify COUNTY of any
10 violations, breaches or potential breaches of security related to COUNTY's confidential information,
11 data maintained in computer files, program documentation, data processing systems, data files and
12 data processing equipment which stores or processes COUNTY data internally or externally.

13 H. COUNTY shall provide oversight to CONTRACTOR(S)' response to all incidents
14 arising from a possible breach of security related to COUNTY's confidential client information
15 provided to CONTRACTOR(S). CONTRACTOR(S) will be responsible to issue any notification to
16 affected individuals as required by law or as deemed necessary by COUNTY in its sole discretion.
17 CONTRACTOR(S) will be responsible for all costs incurred as a result of providing the required
18 notification.

19 **23. PROPERTY OF COUNTY**

20 A. COUNTY and CONTRACTOR(S) recognize that fixed assets are tangible and
21 intangible property obtained or controlled under COUNTY for use in operational capacity and will
22 benefit COUNTY for a period more than one (1) year. Depreciation of the qualified items will be on a
23 straight-line basis.

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

- 25 1) Asset must have life span of over one (1) year.
- 26 2) The asset is not a repair part.
- 27 3) The asset must be valued at or greater than the capitalization thresholds
28 for the asset type.

Asset type	Threshold
• 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	
• capital lease equipment	\$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", attached hereto as Exhibit K and by this reference incorporated herein, 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 less than Five Thousand and No/100 Dollars (\$5,000.00) 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 his or her designee. CONTRACTOR(S) maintains a tracking system on the items that 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(S) agrees to participate in an annual inventory of all COUNTY fixed and inventoried assets. Upon termination or expiration of this Agreement, CONTRACTOR(S) shall be physically present when fixed and inventoried assets are returned to COUNTY possession. CONTRACTOR(S) is responsible for returning to COUNTY all COUNTY owned undepreciated fixed and inventoried assets, or the

1 monetary value of said assets if unable to produce the assets at the expiration or termination of this
2 Agreement.

3 CONTRACTOR(S) further agrees to the following:

4 1) To maintain all items of equipment in good working order and condition,
5 normal wear and tear is expected;

6 2) To label all items of equipment with COUNTY assigned program
7 number, to perform periodic inventories as required by COUNTY and to maintain an inventory list
8 showing where and how the equipment is being used, in accordance with procedures developed by
9 COUNTY. All such lists shall be submitted to COUNTY within ten (10) days of any request therefore;
10 and

11 3) To report in writing to COUNTY immediately after discovery, the loss or
12 theft of any items of equipment. For stolen items, the local law enforcement agency must be
13 contacted and a copy of the police report submitted to COUNTY.

14 D. The purchase of any equipment by CONTRACTOR(S) with funds provided
15 hereunder shall require the prior written approval of COUNTY's DBH, shall fulfill the provisions of this
16 Agreement as appropriate, and must be directly related to CONTRACTOR(S)' services or activity
17 under the terms of this Agreement. COUNTY's DBH may refuse reimbursement for any costs
18 resulting from equipment purchased, which are incurred by CONTRACTOR(S), if prior written
19 approval has not been obtained from COUNTY.

20 E. CONTRACTOR(S) must obtain prior written approval from COUNTY's DBH
21 whenever there is any modification or change in the use of any property acquired or improved, in
22 whole or in part, using funds under this Agreement. If any real or personal property acquired, or
23 improved with said funds identified herein, is sold and/or is utilized by CONTRACTOR(S) for a use
24 which does not qualify under this Agreement, CONTRACTOR(S) shall reimburse COUNTY in an
25 amount equal to the current fair market value of the property, less any portion thereof attributable to
26 expenditures of funds not provided under this Agreement. These requirements shall continue in
27 effect for the life of the property. In the event this Agreement expires, or terminates, the requirements
28 for this Section shall remain in effect for activities or property funded with said funds, unless action is

1 taken by the State government to relieve COUNTY of these obligations

2 **24. NON-DISCRIMINATION**

3 During the performance of this Agreement, CONTRACTOR(S) and its subcontractors
4 shall not deny the contract's benefits to any person on the basis of race, religious creed, color,
5 national origin, ancestry, physical disability, mental disability, medical condition, genetic information,
6 marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military
7 and veteran status, not shall they discriminate unlawfully against any employee or applicant for
8 employment because of race, religious creed, color, national origin, ancestry, physical disability,
9 mental disability, medical condition, genetic information, marital status, sex, gender identity, gender
10 expression, age, sexual orientation, or military and veteran status.

11 CONTRACTOR(S) shall insure that the evaluation and treatment of employees and
12 applicants for employment are free of such discrimination. CONTRACTOR(S) and subcontractors
13 shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12800 et
14 seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions
15 of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §11135-
16 11139.5), and the regulations or standards adopted by the awarding state agency to implement such
17 article. CONTRACTOR(S) shall permit access by representatives of the Department of Fair
18 Employment and Housing and the awarding state agency upon reasonable notice at any time during
19 the normal business hours, but in no case less than twenty-four (24) hours notice, to such of its
20 books, records, accounts, and all other sources of information and its facilities as said Department or
21 Agency shall require to ascertain compliance with this clause. CONTRACTOR(S) and its
22 subcontractors shall give written notice of their obligations under this clause to labor organizations
23 with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2,
24 §11105) CONTRACTOR(S) shall include the Non-Discrimination and compliance provisions of this
25 clause in all subcontracts to perform work under this Agreement.

26 **25. CULTURAL COMPETENCY**

27 As related to Cultural and Linguistic Competence:

28 A. CONTRACTOR(S) shall not discriminate against beneficiaries based on race,

1 color, national origin, sex, disability, or religion. CONTRACTOR(S) shall ensure that a limited and/or no
2 English proficient beneficiary is entitled to equal access and participation in federally funded programs
3 through the provision of comprehensive and quality bilingual services pursuant to Title 6 of the Civil
4 Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and Executive Order 12250 of
5 1979.

6 B. CONTRACTOR(S) shall comply with requirements of policies and procedures for
7 ensuring access and appropriate use of trained interpreters and material translation services for all
8 limited and/or no English proficient beneficiaries, including, but not limited to, assessing the cultural and
9 linguistic needs of the beneficiaries, training of staff on the policies and procedures, and monitoring its
10 language assistance program. CONTRACTOR(S)' policies and procedures shall ensure compliance of
11 any subcontracted providers with these requirements.

12 C. CONTRACTOR(S) shall notify its beneficiaries that oral interpretation is available
13 for any language and written translation is available in prevalent languages and that auxiliary aids and
14 services are available upon request, at no cost and in a timely manner for limited and/or no English
15 proficient beneficiaries and/or beneficiaries with disabilities. CONTRACTOR(S) shall avoid relying on an
16 adult or minor child accompanying the beneficiary to interpret or facilitate communication; however, if the
17 beneficiary refuses language assistance services, the CONTRACTOR(S) must document the offer,
18 refusal and justification in the beneficiary's file.

19 D. CONTRACTOR(S) shall ensure that employees, agents, subcontractors, and/or
20 partners who interpret or translate for a beneficiary or who directly communicate with a beneficiary in a
21 language other than English (1) have completed annual training provided by COUNTY at no cost to
22 CONTRACTOR(S); (2) have demonstrated proficiency in the beneficiary's language; (3) can effectively
23 communicate any specialized terms and concepts specific to CONTRACTOR(S)' services; and (4)
24 adheres to generally accepted interpreter ethic principles. As requested by COUNTY,
25 CONTRACTOR(S) shall identify all who interpret for or provide direct communication to any program
26 beneficiary in a language other than English, and identify when the CONTRACTOR last monitored the
27 interpreter for language competence.

28 E. CONTRACTOR(S) shall submit to COUNTY for approval, within ninety (90)

1 days from date of contract execution, CONTRACTOR(S)' plan to address all fifteen (15) National
2 Standards for Culturally and Linguistically Appropriate Service (CLAS), as published by the Office of
3 Minority Health. As the CLAS standards are updated, CONTRACTOR(S)' plan must be updated
4 accordingly. As requested by COUNTY, CONTRACTOR(S) shall be responsible for conducting an
5 annual CLAS self-assessment, and providing the results of the self-assessment to the COUNTY. The
6 annual CLAS self-assessment instruments shall be reviewed by the COUNTY and revised as
7 necessary to meet the approval of the COUNTY.

8 F. Cultural competency training for CONTRACTOR(S) staff should be
9 substantively integrated into health professions education and training at all levels, both academically
10 and functionally, including core curriculum, professional licensure, and continuing professional
11 development programs. As requested by COUNTY, CONTRACTOR(S) shall report on the
12 completion of cultural competency trainings to ensure direct service providers are completing a
13 minimum of eight (8) hours of cultural competency training annually.

14 G. CONTRACTOR(S) shall create and sustain a forum that includes staff at all
15 agency levels to discuss cultural competence. COUNTY encourages a representative from
16 CONTRACTOR(S)' forum to attend COUNTY's Cultural Humility Committee.

17 **26. AMERICANS WITH DISABILITIES ACT**

18 CONTRACTOR(S) agrees to ensure that deliverables developed and produced,
19 pursuant to this Agreement shall comply with the accessibility requirements of Section 508 of the
20 Rehabilitation Act and the Americans with Disabilities Act of 19373 as amended (29 U.S.C. §794 (d)),
21 and regulations implementing that Act as set forth in Part 1194 of the Title 36 of the Code of Federal
22 Regulations. In 1998, Congress amended the Rehabilitation Act of 1973 to require Federal agencies
23 to make their electronic and information technology (EIT) accessible to people with disabilities.
24 California Government Code Section 11135 codifies Section 508 of the Act requiring accessibility of
25 electronic and information technology.

26 **27. CONFLICT OF INTEREST**

27 No officer, agent, or employee of COUNTY who exercises any function or responsibility
28 for planning and carrying out the services provided under this Agreement shall have any direct or

indirect personal financial interest in this Agreement. In addition, no employee of COUNTY shall be employed by CONTRACTOR(S) to fulfill any contractual obligations with COUNTY.

CONTRACTOR(S) shall also comply with all Federal, State of California, and local conflict of interest laws, statutes, and regulations, which shall be applicable to all parties and beneficiaries under this Agreement and any officer, agent, or employee of COUNTY.

28. CHARITABLE CHOICE

CONTRACTOR(S) may not discriminate in its program delivery against a client or potential client on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. Any specifically religious activity or service made available to individuals by CONTRACTOR(S) must be voluntary as well as separate in time and location from COUNTY-funded activities and services. CONTRACTOR(S) shall inform COUNTY as to whether it is faith-based. If CONTRACTOR(S) identifies as faith-based it must submit to COUNTY'S DBH and DSS a copy of its policy on referring individuals to an alternate treatment provider, and include a copy of this policy in its client admission forms. The policy must inform individuals that they may be referred to an alternative provider if they object to the religious nature of the program, and include a notice to COUNTY's DBH and DSS. Adherence to this policy will be monitored during annual site reviews and reviews of client files. If CONTRACTOR(S) identifies as faith-based, by July 1 of each year, CONTRACTOR will be required to report to COUNTY's DBH and DSS the number of individuals who requested referrals to alternate providers based on religious objection.

29. TAX EQUITY AND FISCAL RESPONSIBILITY ACT

To the extent necessary to prevent disallowance of reimbursement under section 1861(v) (1) (I) of the Social Security Act, (42 U.S.C. § 1395x, subd. (v)(1)[I]), until the expiration of four (4) years after the furnishing of services under this Agreement, CONTRACTOR(S) shall make available, upon written request to the Secretary of the United States Department of Health and Human Services, or upon request to the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of this Agreement and such books, documents, and records as are necessary to certify the nature and extent of the costs of these

1 services provided by CONTRACTOR(S) under this Agreement. CONTRACTOR(S) further agrees
2 that in the event CONTRACTOR(S) carries out any of its duties under this Agreement through a
3 subcontract, with a value or cost of Ten Thousand and No/100 Dollars (\$10,000.00) or more over a
4 twelve (12) month period, with a related organization, such Agreement shall contain a clause to the
5 effect that until the expiration of four (4) years after the furnishing of such services pursuant to such
6 subcontract, the related organizations shall make available, upon written request to the Secretary of
7 the United States Department of Health and Human Services, or upon request to the Comptroller
8 General of the United States General Accounting Office, or any of their duly authorized
9 representatives, a copy of such subcontract and such books, documents, and records of such
10 organization as are necessary to verify the nature and extent of such costs.

11 **30. SINGLE AUDIT CLAUSE**

12 A. If CONTRACTOR(S) expends Seven Hundred Fifty Thousand and No/100
13 Dollars (\$750,000.00) or more in Federal and Federal flow-through monies, CONTRACTOR(S)
14 agrees to conduct an annual audit in accordance with the requirements of the Single Audit Standards
15 as set forth in Office of Management and Budget (OMB) 2 CFR 200. CONTRACTOR(S) shall submit
16 said audit and management letter to COUNTY. The audit must include a statement of findings or a
17 statement that there were no findings. If there were negative findings, CONTRACTOR(S) must
18 include a corrective action plan signed by an authorized individual. CONTRACTOR(S) agrees to take
19 action to correct any material non-compliance or weakness found as a result of such audit. Such
20 audit shall be delivered to COUNTY's DBH Business Office for review within nine (9) months of the
21 end of any fiscal year in which funds were expended and/or received for the program. Failure to
22 perform the requisite audit functions as required by this Agreement may result in COUNTY
23 performing the necessary audit tasks, or at COUNTY's option, contracting with a public accountant to
24 perform said audit, or, may result in the inability of COUNTY to enter into future agreements with
25 CONTRACTOR(S). All audit costs related to this Agreement are the sole responsibility of
26 CONTRACTOR(S).

27 B. A single audit report is not applicable if CONTRACTOR(S)'s Federal contracts
28 do not exceed the Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) requirement or

1 CONTRACTOR(S)' only funding is through drug-related Medi-Cal. If a single audit is not applicable,
2 a program audit must be performed and a program audit report with management letter shall be
3 submitted by CONTRACTOR(S) to COUNTY as a minimum requirement to attest to
4 CONTRACTOR's solvency. Said audit report shall be delivered to COUNTY's DBH Business Office
5 for review, no later than nine (9) months after the close of the fiscal year in which the funds supplied
6 through this Agreement are expended. Failure to comply with this act may result in COUNTY
7 performing the necessary audit tasks or contracting with a qualified accountant to perform said audit.
8 All audit costs related to this Agreement are the sole responsibility of CONTRACTOR(S) who agrees
9 to take corrective action to eliminate any material noncompliance or weakness found as a result of
10 such audit. Audit work performed by COUNTY under this section shall be billed to the
11 CONTRACTOR(S) at COUNTY's cost, as determined by COUNTY's Auditor-Controller/Treasurer-
12 Tax Collector.

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

18 **31. COMPLIANCE**

19 CONTRACTOR(S) agrees to comply with the COUNTY's Contractor Code of Conduct
20 and Ethics and the COUNTY's Compliance Program in accordance with Exhibit E, as described
21 herein and in Section Five (5) above. Within thirty (30) days of entering into this Agreement with the
22 COUNTY, CONTRACTOR(S) shall have all of CONTRACTOR(S)' employees, agents and
23 subcontractors providing services under this Agreement certify in writing, that he or she has received,
24 read, understood, and shall abide by the Contractor Code of Conduct and Ethics. CONTRACTOR(S)
25 shall ensure that within thirty (30) days of hire, all new employees, agents and subcontractors
26 providing services under this Agreement shall certify in writing that he or she has received, read,
27 understood, and shall abide by the Contractor Code of Conduct and Ethics. CONTRACTOR(S)
28 understands that the promotion of and adherence to the Code of Conduct is an element in evaluating

1 the performance of CONTRACTOR(S) and its employees, agents and subcontractors.

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

13 **32. ASSURANCES**

14 In entering into this Agreement, CONTRACTOR(S) certifies that it is not currently
15 excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health Care
16 Programs: that it has not been convicted of a criminal offense related to the provision of health care
17 items or services; nor has it been reinstated to participation in the Federal Health Care Programs
18 after a period of exclusion, suspension, debarment, or ineligibility. If COUNTY learns, subsequent to
19 entering into a contract, that CONTRACTOR(S) is ineligible on these grounds, COUNTY will remove
20 CONTRACTOR(S) from responsibility for, or involvement with, COUNTY's business operations
21 related to the Federal Health Care Programs and shall remove such CONTRACTOR(S) from any
22 position in which CONTRACTOR(S)' compensation, or the items or services rendered, ordered or
23 prescribed by CONTRACTOR(S) may be paid in whole or part, directly or indirectly, by Federal
24 Health Care Programs or otherwise with Federal Funds at least until such time as CONTRACTOR(S)
25 is reinstated into participation in the Federal Health Care Programs.

26 A. If COUNTY has notice that CONTRACTOR(S) has been charged with a criminal
27 offense related to any Federal Health Care Program, or is proposed for exclusion during the term of
28 any contract, CONTRACTOR(S) and COUNTY shall take all appropriate actions to ensure the

1 accuracy of any claims submitted to any Federal Health Care Program. At its discretion given such
2 circumstances, COUNTY may request that CONTRACTOR(S) cease providing services until
3 resolution of the charges or the proposed exclusion.

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

11 1) In the event the potential employee or subcontractor informs
12 CONTRACTOR(S) that he or she is excluded, suspended, debarred or otherwise ineligible, or has
13 been convicted of a criminal offense relating to the provision of health care services, and
14 CONTRACTOR(S) hires or engages such potential employee or subcontractor, CONTRACTOR(S)
15 will ensure that said employee or subcontractor does no work, either directly or indirectly relating to
16 services provided to COUNTY.

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

23 C. CONTRACTOR(S) shall verify (by asking the applicable employees and
24 subcontractors) that all current employees and existing subcontractors who, in each case, are
25 expected to perform professional services under this Agreement: (1) are not currently excluded,
26 suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (2)
27 have not been convicted of a criminal offense related to the provision of health care items or services;
28 and (3) have not been reinstated to participation in the Federal Health Care Program after a period of

1 exclusion, suspension, debarment, or ineligibility. In the event any existing employee or
2 subcontractor informs CONTRACTOR(S) that he or she is excluded, suspended, debarred or
3 otherwise ineligible to participate in the Federal Health Care Programs, or has been convicted of a
4 criminal offense relating to the provision of health care services, CONTRACTOR(S) will ensure that
5 said employee or subcontractor does no work, either direct or indirect, relating to services provided to
6 COUNTY.

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

12 2) Notwithstanding the above, COUNTY at its discretion may terminate this
13 Agreement in accordance with Section Three (3) of this Agreement, or require adequate assurance
14 (as defined by COUNTY) that no excluded, suspended or otherwise ineligible employee or
15 subcontractor of CONTRACTOR(S) will perform work, either directly or indirectly, relating to services
16 provided to COUNTY. Such demand for adequate assurance shall be effective upon a timeframe to
17 be determined by COUNTY to protect the interests of COUNTY consumers.

18 D. CONTRACTOR(S) agrees to cooperate fully with any reasonable requests for
19 information from COUNTY, which may be necessary to complete any internal or external audits
20 relating to CONTRACTOR(S)'s compliance with the provisions of this Section.

21 E. CONTRACTOR(S) agrees to reimburse COUNTY for the entire cost of any
22 penalty imposed upon COUNTY by the Federal Government as a result of CONTRACTOR(S)'
23 violation of CONTRACTOR(S)' obligations as described in this Section.

24 **33. PUBLICITY PROHIBITION**

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

28 Notwithstanding the above, publicity of the services described in Section One (1) of this Agreement

shall be allowed as necessary to raise public awareness about the availability of such specific services when approved in advance by COUNTY's DBH Director, or his or her designee, and at a cost to be provided in Exhibits C-1 *et seq.* for such items as written/printed materials, the use of media (i.e., radio, television, newspapers) and any other related expense(s).

34. COMPLAINTS

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

Within ten (10) days after each incident or complaint affecting COUNTY-sponsored clients, CONTRACTOR(S) shall provide COUNTY with information relevant to the complaint, investigative details of the complaint, the complaint and CONTRACTOR(S)' disposition of, or corrective action taken to resolve the complaint. In addition, CONTRACTOR(S) shall inform every client of their rights as set forth in Exhibits I and J, described herein and in Section Nineteen (19) above.

35. CHILD ABUSE REPORTING ACT

CONTRACTOR(S) shall establish a procedure acceptable to the COUNTY's DBH and DSS Directors, or their designees, to ensure that all of the CONTRACTOR(S)' employees, consultants, subcontractors or agents described in the Child Abuse Reporting Act, section 11164, *et seq* of the Penal Code, and performing services under this Agreement shall report all known or suspected child abuse or neglect to a child protective agency as defined in Penal Code section 11165.9. This procedure shall include:

A. A requirement that all CONTRACTOR(S)' employees, consultants, subcontractors or agents performing services shall sign a statement that he or she knows of and will

1 comply with the reporting requirements as defined in Penal Code section 11166(a).

2 B. Establishing procedures to ensure reporting even when employees, consultants,
3 subcontractors, or agents who are not required to report child abuse under Penal Code section
4 11166(a), gain knowledge of or reasonably suspect that a child has been a victim of abuse or neglect.

5 **36. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST**
6 **INFORMATION**

7 This provision is only applicable if CONTRACTOR(S) is a disclosing entity, fiscal agent,
8 or managed care entity as defined in Code of Federal Regulations (C.F.R), Title 42 § 455.101
9 455.104, and 455.106(a)(1),(2).

10 In accordance with C.F.R., Title 42 §§ 455.101, 455.104, 455.105 and
11 455.106(a)(1),(2), the following information must be disclosed by CONTRACTOR(S) by completing
12 Exhibit L "Disclosure of Ownership and Control Interest Statement", attached hereto and by this
13 reference incorporated herein and made part of this Agreement. CONTRACTOR(S) shall submit this
14 form to COUNTY's DBH within thirty (30) days of the effective date of this Agreement. Additionally,
15 CONTRACTOR(S) shall report any changes to this information within thirty-five (35) days of
16 occurrence by completing Exhibit L. Submissions shall be scanned pdf copies and are to be sent via
17 email to COUNTY's DBH Contracted Services CWMH Staff Analyst.

18 **37. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS**

19 CONTRACTOR(S) is required to disclose if any of the following conditions apply to
20 them, their owners, officers, corporate managers and partners (hereinafter collectively referred to as
21 "CONTRACTOR(S)");

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

- 24 1) Fraud or a criminal offense in connection with obtaining, attempting to
25 obtain, or performing a public (federal, state, or local) transaction or
26 contract under a public transaction;
27 2) Violation of a federal or state antitrust statute;
28 3) Embezzlement, theft, forgery, bribery, falsification, or destruction of

1 records; or

2 4) False statements or receipt of stolen property.

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

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

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

23 **38. DISCLOSURE OF SELF-DEALING TRANSACTIONS**

24 This provision is only applicable if the CONTRACTOR(S) is operating as a corporation
25 (a for-profit or non-profit corporation) or if during the term of this Agreement, the CONTRACTOR(S)
26 changes its status to operate as a corporation.

27 Members of the CONTRACTOR(S)' Board of Directors shall disclose any self-dealing
28 transactions that they are a party to while CONTRACTOR(S) is providing goods or performing

services under this Agreement. A self-dealing transaction shall mean a transaction to which the CONTRACTOR(S) is a party and in which one or more of its directors has a material financial interest. Members of the Board of Directors shall disclose any self-dealing transactions that they are a party to by completing and signing a Self-Dealing Transaction Disclosure Form, attached hereto as Exhibit N and incorporated herein by reference and made part of this Agreement, and submitting it to the COUNTY prior to commencing with the self-dealing transaction or immediately thereafter.

39. AUDITS AND INSPECTIONS

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

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

40. NOTICES

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

<u>COUNTY</u>	<u>CONTRACTOR(S)</u>
Director, Fresno County Department of Behavioral Health 3133 N. Millbrook Ave. Fresno, CA 93703	SEE EXHIBIT A
Director, County of Fresno Department of Social Services PO Box 1912 Fresno, CA 93718-1912	

All notices between COUNTY and CONTRACTOR(S) provided for or permitted under this Agreement or by law shall be in writing and delivered either by personal service, by first-class

1 United States mail, by an overnight commercial courier service, or by telephonic facsimile
2 transmission. A notice delivered by personal service is effective upon service to the recipient. A
3 notice delivered by first-class United States mail is effective three (3) COUNTY business days after
4 deposit in the United States mail, postage prepaid, addressed to the recipient. A notice delivered by
5 an overnight commercial courier service is effective one (1) COUNTY business day after deposit with
6 the overnight commercial courier service, delivery fees prepaid, with delivery instructions given for
7 next day delivery, addressed to the recipient. A notice delivered by telephonic facsimile is effective
8 when transmission to the recipient is completed (but, if such transmission is completed outside of
9 COUNTY business hours, then such delivery shall be deemed to be effective at the next beginning of
10 a COUNTY business day), provided that the sender maintains a machine record of the completed
11 transmission. For all claims arising out of or related to this Agreement, nothing in this Section
12 establishes, waives, or modifies any claims presentation requirements or procedures provided by law,
13 including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government
14 Code, beginning with Section 810).

15 **41. SEVERABILITY**

16 If any non-material term, provision, covenant, or condition of this Agreement is held by
17 a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions
18 shall remain in full force and effect, and shall in no way be affected, impaired or invalidated.

19 **42. SEPARATE AGREEMENT**

20 It is mutually understood by the parties that this Agreement does not, in any way, create
21 a joint venture among the individual CONTRACTORS. By execution of this Agreement,
22 CONTRACTORS understand that a separate Agreement is formed between each individual
23 CONTRACTOR and COUNTY.

24 **43. GOVERNING LAW**

25 The parties agree that for the purpose of venue, performance under this Agreement is
26 in Fresno County, California.

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

1 **44. ENTIRE AGREEMENT**

2 This Agreement, including all Exhibits (listed below), COUNTY's Revised RFP No. 19-
3 036, and CONTRACTOR(S) Response(s) to COUNTY's Revised RFP No. 19-036 constitutes the
4 entire agreement between CONTRACTOR(S) and COUNTY with respect to the subject matter hereof
5 and supersedes all previous agreement negotiations, proposals, commitments, writings,
6 advertisements, publications, and understandings of any nature whatsoever unless expressly
7 included in this Agreement.

8 Exhibit A -- List of Contractors
9 Exhibit B-1, *et seq.* -- Summary of Services
10 Exhibit C -- Guiding Principles of Care Delivery
11 Exhibit D-1, *et seq.* -- Budgets
12 Exhibit E -- Fresno County Mental Health Plan Compliance
13 and Code of Conduct
14 Exhibit F -- Documentation Standards for Client Records
15 Exhibit G -- State Mental Health Requirements
16 Exhibit H -- Medi-Cal Organizational Provider Standards
17 Exhibit I -- Fresno County Mental Health Plan Grievances and Appeals
18 Process
19 Exhibit J -- Incident Reporting and Intensive Analysis Policy and Procedure
20 Guide
21 Exhibit K -- Fixed Asset Log
22 Exhibit L -- Disclosure of Ownership and Control Interest Statement
23 Exhibit M -- Certification Regarding Debarment, Suspension, and Other
24 Responsibility Matters – Primary Covered Transactions
25 Exhibit N -- Self-Dealing Transaction Form

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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.
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4 COUNTY OF FRESNO

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7
8 Nathan Magsig, Chairman of the
9 Board of Supervisors of the
County of Fresno

10 Date: 6-18-19

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13 **ATTEST:**

14 BERNICE E. SEIDEL
15 Clerk of the Board of Supervisors
County of Fresno, State of California

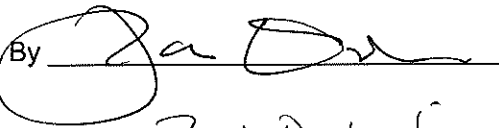
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SIGNATURE PAGES ATTACHED**

1 **CONTRACTOR:**

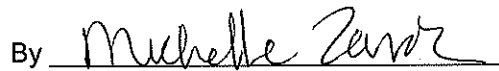
2 **CALIFORNIA PSYCHOLOGICAL INSTITUTE**

3
4 By 

5 Print Name: Paul Dwhadi

6
7 Title: CEO

8 Chairman of the Board, or
9 President or any Vice President

10 By 

11
12 Print Name: Michelle Zarate

13
14 Title: Secretary of Corp

15 Secretary of Corporation, or
16 Any Assistant Secretary, or
17 Chief Financial Officer, or
18 Any Assistant Treasurer

19
20 Date: 5-23-19

21
22 **PLEASE SEE ADDITIONAL
23 SIGNATURE PAGE ATTACHED**

24 **Mailing Address:**

25 1470 W. Herndon Avenue, Suite 300

26 Fresno, CA 93711

27 Phone No.: (559) 256-2000

28 Contact: Administrative Director

1 **CONTRACTOR:**

2 **CENTRAL STAR BEHAVIORAL HEALTH**

3
4 By 

5 Print Name: Kent Dunlap

6
7 Title: President & CEO

8 Chairman of the Board, or
9 President or any Vice President

10
11 By 

12 Print Name: Olivia Aranda

13
14 Title: VP & CFO

15 Secretary of Corporation, or
16 Any Assistant Secretary, or
17 Chief Financial Officer, or
18 Any Assistant Treasurer

19
20 Date: May 30, 2019

21 **PLEASE SEE ADDITIONAL**
22 **SIGNATURE PAGES ATTACHED**

23
24 **Mailing Address:**

25 1501 Hughes Way, Suite 150
26 Long Beach, Ca. 90810

27 Phone No.: (310) 221-6336 ext. 125
28 Contact: Senior Vice President

1 **CONTRACTOR:**

2 **UPLIFT FAMILY SERVICES**

3
4 By 

5 Print Name: Darrell Evora

6
7 Title: CEO & President

8 Chairman of the Board, or
9 President or any Vice President

10
11 By 

12 Print Name: Jason S. Gurahoo

13
14 Title: CFO

15 Secretary of Corporation, or
16 Any Assistant Secretary, or
17 Chief Financial Officer, or
18 Any Assistant Treasurer

19
20 Date: 5-23-19

21 Mailing Address:
22 251 Llewellyn Avenue
23 Campbell, Ca. 9500-1940
24 Phone No.: (310) 221-6336 ext. 125
25 Contact: Senior Vice President
26
27
28

**CHILD WELFARE MENTAL HEALTH
MASTER AGREEMENT
LIST OF CONTRACTORS**

1. CALIFORNIA PSYCHOLOGICAL INSTITUTE (Exhibits B-1; C-1)

1470 W. Herndon Avenue, Suite 300

Fresno, CA 93711

Phone #: (559) 256-2000

Contact for Notices: Administrative Director

2. CENTRAL STAR BEHAVIORAL HEALTH, INC. (Exhibits B-2; C-2)

1501 Hughes Way, Suite 150

Long Beach, CA 90810

Phone #: (310) 221-6336 ext. 125

Contact for Notices: Senior Vice President

3. UPLIFT FAMILY SERVICES (Exhibits B-3; C-3)

251 Llewellyn Avenue

Campbell, CA 95008

Phone #: (408) 379-3790

Contact for Notices: Executive Director

**CHILD WELFARE MENTAL HEALTH (CWMH)
SUMMARY OF SERVICES**

ORGANIZATION: **California Psychological Institute**

ADDRESS: 1470 W. Herndon Avenue, Suite #300
Fresno, CA 93711

TELEPHONE: (559) 256-2000

CONTACT PERSON: Michelle Zavala, Administrative Director

CONTRACT PERIOD: July 1, 2019 – June 30, 2022
with two (2) optional twelve (12) month renewals

CONTRACT AMOUNT: \$4,750,000 (July 1, 2019 – June 30, 2020);
\$4,750,000 (July 1, 2020 – June 30, 2021);
\$4,750,000 (July 1, 2021 – June 30, 2022);
\$4,750,000 (July 1, 2022 – June 30, 2023)
\$4,750,000 (July 1, 2023 – June 30, 2024)

SUMMARY OF SERVICES:

California Psychological Institute, henceforth referred to as CONTRACTOR, will be responsible for providing medically necessary outpatient specialty mental health services for children, youth, and their parents who meet medical necessity, as well as court-specific services to children and families involved in Fresno County's Child Welfare Services (CWS) system. The majority of outpatient specialty mental health services, such as assessments, plan development, therapy, rehabilitation services, crisis intervention, case management, intensive home-based services and intensive care coordination are expected to be community-based and provided in the family's home or in the community, whenever possible.

SCHEDULE OF SERVICES:

The CONTRACTOR's office(s) shall be open Monday through Thursday, 7:30am to 7:00pm, and Friday to Saturday, 7:00am to 6:00pm. Clinicians will be available to see clients and families for in-home and community-based appointments during the day, weekend, and evening hours, up to 7:00 pm. Group services will be provided during the day and evening hours, up to 7:00 pm, on a scheduled basis, at CONTRACTOR's offices. The CONTRACTOR's office will be located at a site in the metropolitan and/or rural community that offers public transportation in close proximity, adequate parking, and a secure setting. In addition to the Fresno metropolitan area, CONTRACTOR shall serve the rural areas of Fresno County as needed. Any addition or change to the location of office-based services must be approved by the COUNTY in advance of such a change.

TARGET POPULATION:

CONTRACTOR shall provide specialty mental health services to all referred children, youth, parents, guardians, and foster parents involved with a child's CWS case. The target population includes children and youth as referred to in the *Katie A. Settlement Agreement* as members of the "class" and "subclass."

1. Katie A. "Class" is defined as children in California who:
 - A. Are in foster care or are at imminent risk of foster care placement, and
 - B. Have a mental illness or condition that has been documented or had an assessment already conducted, and
 - C. Need individualized mental health services, including but not limited to, mental health assessments, outpatient specialty mental health services, case management services, family support, crisis intervention, and other medically necessary services in the home or in a home-like setting, to treat mental illness or condition.

Imminent Risk of foster care placement means that within the last 180 days a child has been participating in voluntary family maintenance or family reunification services and/or has been the subject of either a telephone call to the Child Protective Services hotline or some other documented communication made to a local Child Protective Services agency regarding suspicions of abuse, neglect or abandonment.

Members of this class include children living with their parents, relatives, or in any variety of placements, such as group homes, short-term residential therapeutic programs (STRTPs), or foster homes.

2. "Katie A. Subclass" is identified as children in California who:
 - A. Have an open CWS case; and
 - B. Are full-scope Medi-Cal (Title XIX) eligible; and
 - C. Meet the medical necessity criteria for Medi-Cal Outpatient Specialty Mental Health Services (SMHS) as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210; and
 - D. Are currently in or being considered for a Wraparound program, Therapeutic Foster Care, or specialized care rate due to behavioral health needs or other intensive Early and Periodic Screening Diagnostic and Treatment (EPSDT) services, including but not limited to Therapeutic Behavioral Services or crisis stabilization/intervention; or
 - E. Are currently in or being considered for placement in a group home (Rate Classification 10 or above) or STRTP, psychiatric hospital, 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community

residential treatment facility); or has experienced three (3) or more placements within 24 months due to behavioral health needs.

I. CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

A. Referrals and Engagement

1. CONTRACTOR will provide an array of outpatient specialty mental health services to all referrals received from the Department of Behavioral Health's (DBH) CWMH Team. CONTRACTOR shall accept the adequate number of referrals to meet CWMH demand and to cover program costs. Referral priority is determined by the CWMH Team and assessments should be completed within the following designated timeframes:
 - a. Crisis Referrals – Three (3) days
 - b. Standard Referrals – Ten (10) days
 - c. Psychiatric Referrals – Fifteen (15) days
2. CONTRACTOR shall make every attempt to engage clients in service. CONTRACTOR is expected to make at least four (4) contact attempts (in-person or via phone), at minimum one (1) attempt each week, over the course of thirty (30) days and then send a letter to the client if CONTRACTOR is still unable to engage them in services. CONTRACTOR must also maintain regular contact with DSS Social Workers, Supervisors, and Program Managers if they are unable to contact or engage a client. If still unable to reach client, CONTRACTOR must submit a Notice of Action to Managed Care and the CWMH Team. A Notice of Action is not required if the referral packet received by CONTRACTOR is incomplete.

B. Outpatient Specialty Mental Health Services

1. CONTRACTOR shall provide the following specialty mental health services for the appropriate duration, frequency, and intensity based upon the needs of the individual receiving services, as determined to be clinically appropriate by a licensed/waivered mental health clinician and the fidelity of the therapeutic intervention provided. It is understood that a child who meets the definition of "Katie A. Subclass" does not, in and of itself, require a higher level or intensity of mental health treatment absent a clinical determination by the treating mental health clinician:
 - a. **Mental Health Assessments**
Clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and use of testing procedures. A comprehensive assessment shall be

completed by a designated licensed or registered/waivered staff within thirty (30) days from the initial contact date. When a person remains in continuous services, an update/re-assessment shall be completed at least every two (2) years. The clinician may complete a comprehensive assessment instead of an update/re-assessment if it is determined to be the more appropriate clinical decision for the person served. Additionally, current State mandates require that the CANS-50 and PSC-35 are part of the assessment at the beginning of treatment and are administered every six (6) months and at the end of treatment. These will be shared with the Child and Family Team (CFT). If a current assessment has been completed by another CFT team member, it will be accepted in lieu of an assessment completed by the clinician.

b. Therapy

A therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries (see below) and may include family therapy at which the beneficiary is present.

- 1) Individual
- 2) Collateral
- 3) Conjoint
- 4) Family therapy
- 5) Group therapy
 - i. Groups will be led by clinicians and supervised by a licensed clinician. Larger groups may be co-facilitated by two (2) unlicensed clinicians. Licensed Clinical Supervisors will provide in-vivo training, co-facilitation and supervision to ensure group facilitation is high quality, clinically effective, and appropriate.

c. Crisis Intervention

A service lasting less than 24 hours, to or on behalf of a beneficiary, for a condition which requires more timely response than a regularly scheduled visit. Activities may include, but are not limited to, assessment, therapy and service access to any significant support person in the beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary.

d. Case Management

Any service that assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community service. Services may

include, but are not limited to, communication, coordination, and referral to available resources. CONTRACTOR will be responsible for monitoring service delivery to beneficiary by third parties, beneficiary progress, and plan development.

e. Rehabilitation

Any activity that seeks to improve, maintain, or restore a beneficiary's functional, daily living, social, leisure, grooming, personal hygiene, and meal preparation skills while also providing access to support resources and medication education.

f. Plan Development

The development of individual treatment plans, approval of said treatment plans, and/or monitoring of a beneficiary's progress.

g. Medication Support

Any service that includes prescribing, administering, dispensing, and monitoring psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. Services may also include evaluation for the need of medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, medication education and plan development related to the delivery of the service, and/or assessment of the beneficiary. CONTRACTOR shall have a plan in place to ensure medication support coverage, in the event that the Psychiatrist is unavailable to provide services for an extended period of time.

2. CONTRACTOR shall be responsible to provide and appropriately bill for the following services for referred clients, including Katie A. Subclass members, if medically necessary and provided within the California Integrated Core Practice Model and Pathways to Mental Health Core Practice Model, and in accordance with the "Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) & Therapeutic Foster Care (TFC) for Medi-Cal Beneficiaries":

a. IHBS may include, but are not limited to:

- 1) Skill-based interventions for the remediation of behaviors or improvement of symptoms;
- 2) Development of functional skills to improve self-care, self-regulation, or other functional impairments by intervening to decrease or replace non-functional behavior that interferes with daily living tasks or the avoidance of exploitation by others;

- 3) Development of skills or replacement behaviors that allow the child/youth to fully participate in the teaming process and service plans including but not limited to the treatment plan and/or child welfare case plan;
 - 4) Improvement in self-management of symptoms, including self-administration of medications, as appropriate;
 - 5) Education of the child/youth and/or their family or caregiver(s) about how to manage the child/youth's mental health disorder or symptoms;
 - 6) Support of the development, maintenance and use of social networks, including the use of natural and community resources;
 - 7) Support to address behaviors that interfere with the achievement of a stable and permanent family life;
 - 8) Support to address behaviors that interfere with seeking and maintaining a job, if applicable;
 - 9) Support to address behaviors that interfere with a child/youth's success in achieving educational objectives.
 - b. IHBS can be provided by more than one (1) agency when multiple agencies are serving a client. A minimum of 15% of all services provided by CONTRACTOR must be IHBS. It is expected that CONTRACTOR will provide IHBS, unless clinical justification is provided. Clinical justification must be documented in the client's mental health record (this will be reviewed and audited by the COUNTY).
 - c. CONTRACTOR is required to attend ICC meetings and any teaming processes scheduled by other agencies, CWS, or by the DBH CWMH Team to ensure coordination of all mental health treatment services that may involve one (1) or more provider agencies, no less than every ninety (90) days for the child/youth.
 - d. ICC service components/activities include comprehensive assessment and periodic reassessment, development and periodic revision of the plan, referral, monitoring, follow-up activities, and transition.
3. CONTRACTOR will be responsible for providing services in either an office-based or community-based setting. The location of service delivery will be determined based on the needs of the client, preference of the client, and clinical appropriateness. Based on current data, clients prefer or require that their services are provided in a community-based setting. The expectation is that, at minimum, 70% of all CONTRACTOR's client services will be provided in the home or a community-based setting. Location of service delivery should be clinically justified and documented in the client record.

4. CONTRACTOR will be responsible to work cooperatively and collaboratively with CWS staff, DBH staff, CWMH Team staff, and all treatment providers, caregivers, and Foster Family Agencies to achieve the individual and collective treatment goals. Providers are to support the CWS case plan, communicate/resolve barriers to care, and provide continuity and warm hand-offs whenever possible as individuals transition from higher to lower or lower to higher levels of care within or outside of Fresno County.
5. CONTRACTOR will be able to refer to other Fresno County Mental Health Plan (MHP) providers, Managed Care Medi-Cal Health Plans, and other community providers as may be appropriate and in concurrence with the DBH CWMH Team. CONTRACTOR shall provide case management services until client is properly linked with another provider.
6. CONTRACTOR must use evidence-based practices (EBPs) found effective in serving this target population. This includes the provision of training, ongoing sustainability and fidelity to a core competency for CONTRACTOR's mental health clinicians. To date, CONTRACTOR and COUNTY have agreed upon the provision of the following evidence-based practices:
 - a. Infant-Family and Early Childhood Mental Health/Infant Mental Health (IMH)
 - b. Child Parent Psychotherapy (CPP)
 - c. Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
 - d. Motivational Interviewing (MI)
 - e. Eye Movement Desensitization and Reprocessing (EMDR)
 - f. Dialectical Behavioral Therapy (DBT)

Any additional evidence-based practices CONTRACTOR would like to utilize will require review and consultation with COUNTY.

COUNTY requires CONTRACTOR to ensure their staff pursue certification/accreditation in the agreed upon evidence-based practices, as appropriate, during the first year term, and demonstrate to COUNTY that they are moving toward successful completion. CONTRACTOR is required to explain in writing their plan to require/support staff in this regard, and their expected timeframe for completion of the certification/accreditation process within the first year term.

C. Court-Specific Mental Health Services

1. CONTRACTOR will provide the following court-ordered mental health services to children and families in CWS:

a. Court-Ordered Mental Health Assessments

Clinical analysis of the history and current status of an individual's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and use of testing procedures.

b. Psychological and Neuropsychological Evaluations

A structured, analytical interview with the individual (i.e., minor, parent, or guardian) which consists of a clinical assessment, the use of testing instruments, a mental status examination, and a clinical diagnosis (as defined/ruled out using the ICD-10) that is performed only by a Licensed Psychologist with at least five (5) years of postgraduate experience. Services also include a review of CPS and mental health services received to date and contact with relevant others, as necessary. A second psychological or neuropsychological evaluation may be ordered and must be performed by a different Licensed Psychologist and independent of the first evaluation.

c. Bonding Studies

A structured, forensic, analytic interview that includes a mental health assessment (in order to define or rule out clinical diagnosis using the ICD-10) for either parent(s) or whomever has been identified by the court to participate in the study, and the child(ren). The study includes assessment of the interaction between the parent(s) and the child(ren) and may include the use of testing instruments (as needed) to more accurately gauge the strength of the bond between parent and child. It may also include the current care provider(s) or prospective adoptive parent(s) when ordered by the court. These studies are to be performed only by a Licensed Mental Health Clinician with appropriate experience or a Waivered Psychologist working under a qualified Licensed Psychologist. A qualified clinician will have completed twenty (20) hours of training in Child Custody as required by the California Board of Psychology (if the child is 0-36 months), training in the Marshak Interaction Method, and training or experience in providing forensic evaluations for the court.

d. Court Reports And Court Testimony

CONTRACTOR is responsible for any court reports and/or necessary testimony.

1) **Court Reports**

Documented report of assessment and evaluation findings, progress in treatment, recommendations for treatment, and service plan regarding reunification, maintenance and termination of parental rights, and justification for recommendations. CONTRACTOR shall provide the DBH CWMH Team with a copy of the reports, for tracking purposes.

2) **Court Testimony**

On-site court testimony of assessment and evaluation findings, treatment and service plan recommendations regarding reunification, maintenance and termination of parental rights, and justification for recommendations.

D. Staffing

1. CONTRACTOR shall ensure staff are qualified in education, experience, and clinical competencies.
2. CONTRACTOR shall maintain adequate staffing levels in relation to the number of open client cases at any given point to ensure quality service. CONTRACTOR shall not go over a 1:20 staffing ratio.
3. CONTRACTOR will ensure that Clinical Supervisors oversee the work of the Clinicians, including oversight of documentation and claiming in the electronic medical record. Clinical Supervisors who provide mentorship to Clinicians shall be two (2) years post licensure and able to provide Board of Behavioral Sciences (BBS) supervision.
4. CONTRACTOR's Clinicians must be post-graduate and registered with their local licensing board.
5. Assessments must be completed by Licensed Practitioners of the Healing Arts (LPHA), which includes both licensed mental health professionals and registered associates.
6. Interns, including graduate student interns, may be utilized by CONTRACTOR to provide case management-type services, including ICC and IHBS.
7. CONTRACTOR's clinical staff are required to go through the credentialing process through DBH's Managed Care Division. Interns are required to go through the non-credentialing application process through DBH's Managed Care Division.

8. If CONTRACTOR has other agreements with COUNTY to provide specialty mental health treatment services, it will establish criteria and protocols via a Child and Family Team (CFT) meeting, to ensure referral to services are therapeutically appropriate, benefits the client and caregiver, achieves the client's treatment goals, supports the success of the CWS case plan, and avoids any potential for perceived or actual conflict of interest or self-referral.
9. CONTRACTOR shall have established clinical competency standards when hiring direct service staff and a staff development and training program. CONTRACTOR will provide appropriate training for all staff to include but not limited to trauma-informed practice, EBPs utilized, working with specialized populations such as Infant Mental Health (IMH) and Commercially Sexually Exploited Children (CSEC), and co-occurring competence to serve individuals with mental health and substance use/abuse disorders.

E. Affordable Care Act and Medi-Cal Managed Care Plan requirements

1. CONTRACTOR understands that effective January 1, 2014, Medi-Cal managed care health plans (MCHPs) are required to serve Medi-Cal beneficiaries with **mild to moderate** impairment of mental, emotional, or behavioral functioning resulting from a mental health condition defined by the current Diagnostic and Statistical Manual. Outpatient benefits available through MCHPs include:
 - a. Individual and group mental health evaluation and treatment (psychotherapy)
 - b. Psychological testing, when clinically indicated to evaluate a mental health condition;
 - c. Outpatient services for the purposes of monitoring drug therapy;
 - d. Psychiatric consultation; and
 - e. Outpatient laboratory, drugs, supplies and supplements (excluding medications as described in the forthcoming "Medi-Cal Managed Care Plan Responsibilities for Outpatient Mental Health Services and Coordination with County Mental Health Plans").
2. CONTRACTOR will comply with all requirements established by the California Department of Health Care Services (DHCS), Fresno County MHP, and Medi-Cal MCHPs for screening, referral, and coordination of care for mild to moderate cases, when clinically appropriate.

F. Administrative Requirements

1. CONTRACTOR shall meet with COUNTY staff monthly, or as often as needed, for monitoring of program services, client capacity, staffing

levels and to exchange pertinent operational information, resolve problems, and coordinate services.

2. CONTRACTOR shall participate in a joint meeting with COUNTY staff and other vendors for CWMH services on a quarterly basis, or as often as needed, to discuss program trends and resolution of concerns and problems across all vendors.
3. CONTRACTOR shall attend bi-monthly Mental Health Contracted Provider Meetings held by DBH.
4. CONTRACTOR will complete and submit monthly activity reports in a manner determined by DBH and DSS.
5. CONTRACTOR will provide annual Civil Rights training to their staff in the first quarter of every calendar year and will provide relevant proof to DBH and DSS by April 1, for each year of the contract.

G. Data and Reporting

1. CONTRACTOR shall maintain and provide the COUNTY with monthly statistics on the number of individuals/families to include, but not limited to:
 - a. Number of clients referred for mental health assessments; average time between referral and contact with caregiver; average time between referral and assessment; number of assessments completed, number of missed/no-show appointments, number that did not meet Medi-Cal medical necessity criteria;
 - b. Number of clients referred for court-ordered services including type of service, average time between referral and contact with the caregiver to schedule the appointment, average number of days between the referral and the court-ordered service, number of missed/no-show appointments;
 - c. Average wait time between assessment and first visit with assigned therapist;
 - d. Average wait time between referral and provision of medication evaluation;
 - e. Unique clients served; units and dollars of services billed, average cost per client;
 - f. Number and reasons for discharge from care;

g. Number of active clients in ongoing treatment;

This information, in addition to the outcome measures to be developed, will be provided to COUNTY on a monthly basis via an activity report template developed by the COUNTY and due no later than the 10th of each month.

2. Maintain case files on each individual/family, including, but not limited to the following information:
 - a. Documentation of referrals to/from COUNTY, self-referrals, and others;
 - b. Chronological record of individual and family services provided including relevant contact dates, incidents, actions taken, and results; and,
 - c. Case closure summary, indicating the reasons for closure and the results of the services provided.
3. CONTRACTOR shall maintain secure case files with limited access only to designated staff to ensure confidentiality.
4. CONTRACTOR shall submit a monthly staffing report, due no later than the 10th of each month, detailing the total number of positions by classification in the approved budget, number of staff hired (including licensure, ethnicity, bilingual language capability, clinical training/certification in EBPs), and number of vacancies.

II. COUNTY SHALL BE RESPONSIBLE FOR THE FOLLOWING:

- A. Provide mental health service referrals to CONTRACTOR for children and families involved in the CWS system.
- B. Designate a contact person from DSS and DBH for CONTRACTOR to communicate with, when necessary.
- C. Meet with CONTRACTOR monthly, or as often as needed, to exchange pertinent information, resolve problems, and work together to coordinate referrals and services.
- D. Support coordination of ICC meetings initially and no less than every ninety (90) days for a child/youth.
- E. Convene team meetings in alignment with the Continuum of Care Reform (CCR), Child and Family Teaming, Senate Bill 163 Wraparound, and the Integrated Core

Practice models for which CONTRACTOR will be required to participate when appropriate.

- F. Provide education and training on CWS, practice models and Medi-Cal licensing, documentation and billing requirements, as needed.

III. PERFORMANCE MEASUREMENTS

Overall Service Objective:

CONTRACTOR will adhere to the outcome measures developed by COUNTY and any requirements established by the California Department of Social Services (CDSS) and DHCS. County may adjust these outcome measurements, periodically, so as to best measure the success of the program. These outcome measurements and indicators will continue to be developed in conjunction with the CONTRACTOR, COUNTY, and the State Departments.

Services provided by the CONTRACTOR will align and support the principles of Fresno County's child welfare practice model, the Katie A Settlement Agreement, as well as other relevant laws, regulations, statutes, and effective operating principles required to provide the services. Specialty mental health services will be integrated, timely, ongoing, and uninterrupted in a family-focused, trauma-informed delivery model that supports the goals of the client plan developed by COUNTY. Intensive home-based mental health services are expected to provide children and families in the CWS system with effective treatment, improve outcomes, promote wellness, aid in resiliency, and maintain family relationships conducive to healthy emotional development.

Performance Outcomes and Measures:

Under the Katie A. Settlement Agreement and Implementation Plan, DHCS and CDSS are collectively working to adopt statewide use of a data-informed system of performance oversight, accountability, and communication that efficiently monitors, measures, and evaluates access, quality, satisfaction, effectiveness, costs, and outcomes at the individual, program, and system levels.

CONTRACTOR is required to submit measureable outcomes on a semi-annual basis, as identified in the DBH's Policy and Procedure Guide (PPG) 1.2.7 Performance Outcomes Measures. Performance outcome measures must be approved by DBH and satisfy all State and local mandates. DBH will provide technical assistance and support in defining measureable outcomes. All performance indicators will reflect the four (4) domains identified by the Commission Accreditation of Rehabilitation Facilities (CARF).

DBH collects data about the characteristics of the persons served and measures service delivery performance indicators in each of the following CARF domains.

- A. Effectiveness - A performance dimension that assesses the degree to which an intervention or series have achieved the desired outcome/result/quality of

care through measuring change over time. The results achieved and outcomes observed are for persons served.

- B. Efficiency** - Relationship between results and resources used, such as time, money, and staff. The demonstration of the relationship between results and the resources used to achieve them. A performance dimension addressing the relationship between the outputs/results of the resources used to deliver the service.
- C. Access** - Organizations' capacity to provide services to those who desire or need services. Barriers or lack thereof for persons obtaining services. The ability of clients to receive the right service at the right time. A performance dimension addressing the degree to which a person needing services is able to access those services.
- D. Satisfaction** - Satisfaction measures are usually oriented towards clients, family, staff, and stakeholders. The degree to which the clients, the COUNTY, and other stakeholders are satisfied with services. A performance dimension that describes reports or ratings from persons served about services received from an organization.

DBH may adjust the performance and outcome measures periodically throughout the duration of the Agreement, as needed, to best measure the program as determined by COUNTY. CONTRACTOR must utilize a computerized tracking system with which performance and outcome measures and other relevant client data, such as demographics, will be maintained.

The outcome measures and indicators provided below represent COUNTY DBH and DSS program goals to be achieved by the CONTRACTOR in addition to CONTRACTOR's developed outcomes.

- A. Timeliness of Service** – CONTRACTOR will respond to referrals within the timeframes required by the Final Rule, in order to engage with the clients as soon as possible.
 - 1.** Timely access to services from referral to assessment.
 - a.** Crisis referrals: within three (3) days
 - b.** Standard referrals: within ten (10) days
 - c.** Psychiatric referrals: within fifteen (15) days
 - 2.** 100% of all assessments will be signed/completed within thirty (30) days.
 - 3.** Timely access to service from assessment to ongoing treatment
 - 4.** Timely access to services from referral to medication evaluation, when appropriate

B. Access and Engagement – CONTRACTOR will ensure that clients have access to treatment, that the client is actively involved in treatment, and that every effort is made to aid the client in successfully completing treatment.

1. CONTRACTOR will provide services in a location determined by the needs/preference of the client and clinical appropriateness. The expectation is that 70% of client services will be provided in the home or a community-based setting.
2. CONTRACTOR will track the number, type, and location of services per client.
3. CONTRACTOR will actively provide ICC and IHBS services. The expectation is that a minimum of fifteen percent (15%) of the CONTRACTOR's services will be IHBS.
4. Clinician attendance at 100% of teaming meetings.
5. CONTRACTOR will track the "no-show" and cancellation (by client or provider) rates for treatment. The expectation is that the "no-show" and cancellation rates will be ten percent (10%) or less.
6. CONTRACTOR will track the number and reasons for discharge. The expectation is that there will be a low number of discharges due to "no-shows" and a low number of discharges in which the client has not successfully completed treatment.
7. Seventy percent (70%) of individuals with an open child welfare case will successfully complete treatment.

C. Wellness, Recovery, and Resiliency Supports – a collaborative approach to treatment strategies to aid in the successful completion of treatment, reunification, and reduction in recidivism.

1. Improved Child Functioning
Improvement in relationships, behavior, and academic achievements, as demonstrated through the tracking tools, CANS 50 and PSC-35, implemented by the CONTRACTOR and caregivers, respectively.
2. Improved Family Functioning
Improvement in ability to provide for and maintain a safe and stable environment for the child, as demonstrated through tracking tool, CANS 50, implemented by the CONTRACTOR.

3. Improved Parent Functioning
Improvement in relationships, behavior, and sustaining basic needs, as demonstrated through tracking tool, CANS 50, implemented by the CONTRACTOR.
4. Effectiveness of discharge planning as demonstrated by referral and linkage to other COUNTY programs, community providers, and community resources.
5. Placement, Stability, & Permanency
 - a. Number of placement changes while in treatment
 - b. Permanency status of clients

IV. Cultural Competency

In alignment with the County's DBH Mental Health Services Act Three-Year Plan, Mental Health Plan, and Cultural Competency Plan, CONTRACTOR shall provide culturally competent and culturally responsive services. CONTRACTOR's responsibilities shall include:

- A. Mental Health and Substance Use Disorder direct service providers must complete eight (8) hours of annual cultural competency training. Training hours may include completing culturally competent courses through DBH Learning Management System or attending cultural awareness events. DBH will provide opportunities and track completion of training hours through its Learning Management System.
- B. When providing interpretation services for DBH clients, CONTRACTOR must utilize interpreters who have received annual training and have been monitored for language competence. By July 1st of each year, CONTRACTOR shall provide DBH with its current list of interpreters, which includes training dates and monitoring results. CONTRACTOR shall not utilize any interpreter who has not received annual training and/or has not demonstrated language competence. CONTRACTOR shall have access to DBH approved translators via DBH's established protocol.
- C. In order for DBH to ensure a cultural, racial/ethnic, and linguistic group of direct service providers representative of the population needing services and being served, CONTRACTOR shall complete and email the Monthly Staffing Report, which includes gender, ethnicity, and bilingual language capacity by the tenth (10th) of every month.
- D. CONTRACTOR shall provide a plan to address cultural competency standards as set forth in the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

- E.** CONTRACTOR shall provide services within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the target population.
- F.** CONTRACTOR shall distribute literature/information brochures in appropriate languages and request feedback as to how access to care could be improved for culturally diverse communities. Distributed information will be approved by DBH and/or DSS designee and translated as needed via DBH protocols.

**CHILD WELFARE MENTAL HEALTH (CWMH)
SUMMARY OF SERVICES**

ORGANIZATION: **Central Star Behavioral Health, Inc.**

ADDRESS: 1501 Hughes Way, Suite 150
Long Beach, CA 90810

TELEPHONE: (310) 221-6336 (x125)

CONTACT PERSON: Kent Dunlap, Senior Vice President

CONTRACT PERIOD: July 1, 2019 – June 30, 2022
with two (2) optional twelve (12) month renewals

CONTRACT AMOUNT: \$4,750,000 (July 1, 2019 – June 30, 2020);
\$4,750,000 (July 1, 2020 – June 30, 2021);
\$4,750,000 (July 1, 2021 – June 30, 2022);
\$4,750,000 (July 1, 2022 – June 30, 2023)
\$4,750,000 (July 1, 2023 – June 30, 2024)

SUMMARY OF SERVICES:

Central Star Behavioral Health, Inc., henceforth referred to as CONTRACTOR, will be responsible for providing medically necessary outpatient specialty mental health services for children, youth, and their parents who meet medical necessity, as well as court-specific services to children and families involved in Fresno County's Child Welfare Services (CWS) system. The majority of outpatient specialty mental health services, such as assessments, plan development, therapy, rehabilitation services, crisis intervention, case management, intensive home-based services and intensive care coordination are expected to be community-based and provided in the family's home or in the community, whenever possible.

SCHEDULE OF SERVICES:

The CONTRACTOR's office(s) shall be open Monday through Friday, 9:00am to 5:00pm. Clinicians (Mental Health Specialists) will be available to see clients and families for in-home and community-based appointments during the day, weekend, and evening hours, up to 8:00 pm. Group services will be provided during the day and evening hours, up to 8:00 pm, on a scheduled basis, at CONTRACTOR's offices. The CONTRACTOR's office will be located at a site in the metropolitan and/or rural community that offers public transportation in close proximity, adequate parking, and a secure setting. In addition to the Fresno metropolitan area, CONTRACTOR shall serve the rural areas of Fresno County as needed. Any addition or change to the location of office-based services must be approved by the COUNTY in advance of such a change.

TARGET POPULATION:

CONTRACTOR shall provide specialty mental health services to all referred children, youth, parents, guardians, and foster parents involved with a child's CWS case. The target population includes children and youth as referred to in the *Katie A. Settlement Agreement* as members of the "class" and "subclass."

1. Katie A. "Class" is defined as children in California who:
 - A. Are in foster care or are at imminent risk of foster care placement, and
 - B. Have a mental illness or condition that has been documented or had an assessment already conducted, and
 - C. Need individualized mental health services, including but not limited to, mental health assessments, outpatient specialty mental health services, case management services, family support, crisis intervention, and other medically necessary services in the home or in a home-like setting, to treat mental illness or condition.

Imminent Risk of foster care placement means that within the last 180 days a child has been participating in voluntary family maintenance or family reunification services and/or has been the subject of either a telephone call to the Child Protective Services hotline or some other documented communication made to a local Child Protective Services agency regarding suspicions of abuse, neglect or abandonment.

Members of this class include children living with their parents, relatives, or in any variety of placements, such as group homes, short-term residential therapeutic programs (STRTPs), or foster homes.

2. "Katie A. Subclass" is identified as children in California who:
 - A. Have an open CWS case; and
 - B. Are full-scope Medi-Cal (Title XIX) eligible; and
 - C. Meet the medical necessity criteria for Medi-Cal Outpatient Specialty Mental Health Services (SMHS) as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210; and
 - D. Are currently in or being considered for a Wraparound program, Therapeutic Foster Care, or specialized care rate due to behavioral health needs or other intensive Early and Periodic Screening Diagnostic and Treatment (EPSDT) services, including but not limited to Therapeutic Behavioral Services or crisis stabilization/intervention; or
 - E. Are currently in or being considered for placement in a group home (Rate Classification 10 or above) or STRTP, psychiatric hospital, 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community

residential treatment facility); or has experienced three (3) or more placements within 24 months due to behavioral health needs.

I. CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

A. Referrals and Engagement

1. CONTRACTOR will provide an array of outpatient specialty mental health services to all referrals received from the Department of Behavioral Health's (DBH) CWMH Team. CONTRACTOR shall accept the adequate number of referrals to meet CWMH demand and to cover program costs. Referral priority is determined by the CWMH Team and assessments should be completed within the following designated timeframes:
 - a. Crisis Referrals – Three (3) days
 - b. Standard Referrals – Ten (10) days
 - c. Psychiatric Referrals – Fifteen (15) days
2. CONTRACTOR shall make every attempt to engage clients in service. CONTRACTOR is expected to make at least four (4) contact attempts (in-person or via phone), at minimum one (1) attempt each week, over the course of thirty (30) days and then send a letter to the client if CONTRACTOR is still unable to engage them in services. CONTRACTOR must also maintain regular contact with DSS Social Workers, Supervisors, and Program Managers if they are unable to contact or engage a client. If still unable to reach client, CONTRACTOR must submit a Notice of Action to Managed Care and the CWMH Team. A Notice of Action is not required if the referral packet received by CONTRACTOR is incomplete.

B. Outpatient Specialty Mental Health Services

1. CONTRACTOR shall provide the following specialty mental health services for the appropriate duration, frequency, and intensity based upon the needs of the individual receiving services, as determined to be clinically appropriate by a licensed/waivered mental health clinician and the fidelity of the therapeutic intervention provided. It is understood that a child who meets the definition of "Katie A. Subclass" does not, in and of itself, require a higher level or intensity of mental health treatment absent a clinical determination by the treating mental health clinician:
 - a. **Mental Health Assessments**
Clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and use of testing procedures. A comprehensive assessment shall be completed by a designated licensed or registered/waivered

staff within thirty (30) days from the initial contact date. When a person remains in continuous services, an update/re-assessment shall be completed at least every two (2) years. The clinician may complete a comprehensive assessment instead of an update/re-assessment if it is determined to be the more appropriate clinical decision for the person served. Additionally, current State mandates require that the CANS-50 and PSC-35 are part of the assessment at the beginning of treatment and are administered every six (6) months and at the end of treatment. These will be shared with the Child and Family Team (CFT). If a current assessment has been completed by another CFT team member, it will be accepted in lieu of an assessment completed by the clinician.

b. Therapy

A therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries (see below) and may include family therapy at which the beneficiary is present.

- 1) Individual
- 2) Collateral
- 3) Conjoint
- 4) Family therapy
- 5) Group therapy

i. Groups will be led by clinicians and supervised by a licensed clinician. Larger groups may be co-facilitated by two (2) unlicensed clinicians. Licensed Clinical Supervisors will provide in-vivo training, co-facilitation and supervision to ensure group facilitation is high quality, clinically effective, and appropriate.

c. Crisis Intervention

A service lasting less than 24 hours, to or on behalf of a beneficiary, for a condition which requires more timely response than a regularly scheduled visit. Activities may include, but are not limited to, assessment, therapy and service access to any significant support person in the beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary.

d. Case Management

Any service that assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community service. Services may

include, but are not limited to, communication, coordination, and referral to available resources. CONTRACTOR will be responsible for monitoring service delivery to beneficiary by third parties, beneficiary progress, and plan development.

e. Rehabilitation

Any activity that seeks to improve, maintain, or restore a beneficiary's functional, daily living, social, leisure, grooming, personal hygiene, and meal preparation skills while also providing access to support resources and medication education.

f. Plan Development

The development of individual treatment plans, approval of said treatment plans, and/or monitoring of a beneficiary's progress.

g. Medication Support

Any service that includes prescribing, administering, dispensing, and monitoring psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. Services may also include evaluation for the need of medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, medication education and plan development related to the delivery of the service, and/or assessment of the beneficiary. CONTRACTOR shall have a plan in place to ensure medication support coverage, in the event that the Psychiatrist is unavailable to provide services for an extended period of time.

2. CONTRACTOR shall be responsible to provide and appropriately bill for the following services for referred clients, including Katie A. Subclass members, if medically necessary and provided within the California Integrated Core Practice Model and Pathways to Mental Health Core Practice Model, and in accordance with the "Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) & Therapeutic Foster Care (TFC) for Medi-Cal Beneficiaries":

a. IHBS may include, but are not limited to:

- 1) Skill-based interventions for the remediation of behaviors or improvement of symptoms;
- 2) Development of functional skills to improve self-care, self-regulation, or other functional impairments by intervening to decrease or replace non-functional behavior that interferes with daily living tasks or the avoidance of exploitation by others;

- 3) Development of skills or replacement behaviors that allow the child/youth to fully participate in the teaming process and service plans including but not limited to the treatment plan and/or child welfare case plan;
 - 4) Improvement in self-management of symptoms, including self-administration of medications, as appropriate;
 - 5) Education of the child/youth and/or their family or caregiver(s) about how to manage the child/youth's mental health disorder or symptoms;
 - 6) Support of the development, maintenance and use of social networks, including the use of natural and community resources;
 - 7) Support to address behaviors that interfere with the achievement of a stable and permanent family life;
 - 8) Support to address behaviors that interfere with seeking and maintaining a job, if applicable;
 - 9) Support to address behaviors that interfere with a child/youth's success in achieving educational objectives.
 - b. IHBS can be provided by more than one (1) agency when multiple agencies are serving a client. A minimum of 15% of all services provided by CONTRACTOR must be IHBS. It is expected that CONTRACTOR will provide IHBS, unless clinical justification is provided. Clinical justification must be documented in the client's mental health record (this will be reviewed and audited by the COUNTY).
 - c. CONTRACTOR is required to attend ICC meetings and any teaming processes scheduled by other agencies, CWS, or by the DBH CWMH Team to ensure coordination of all mental health treatment services that may involve one (1) or more provider agencies, no less than every ninety (90) days for the child/youth.
 - d. ICC service components/activities include comprehensive assessment and periodic reassessment, development and periodic revision of the plan, referral, monitoring, follow-up activities, and transition.
3. CONTRACTOR will be responsible for providing services in either an office-based or community-based setting. The location of service delivery will be determined based on the needs of the client, preference of the client, and clinical appropriateness. Based on current data, clients prefer or require that their services are provided in a community-based setting. The expectation is that, at minimum, 70% of all CONTRACTOR's client services will be provided in the home or a community-based setting. Location of service delivery should be clinically justified and documented in the client record.

4. CONTRACTOR will be responsible to work cooperatively and collaboratively with CWS staff, DBH staff, CWMH Team staff, and all treatment providers, caregivers, and Foster Family Agencies to achieve the individual and collective treatment goals. Providers are to support the CWS case plan, communicate/resolve barriers to care, and provide continuity and warm hand-offs whenever possible as individuals transition from higher to lower or lower to higher levels of care within or outside of Fresno County.
5. CONTRACTOR will be able to refer to other Fresno County Mental Health Plan (MHP) providers, Managed Care Medi-Cal Health Plans, and other community providers as may be appropriate and in concurrence with the DBH CWMH Team. CONTRACTOR shall provide case management services until client is properly linked with another provider.
6. CONTRACTOR must use evidence-based practices (EBPs) found effective in serving this target population. This includes the provision of training, ongoing sustainability and fidelity to a core competency for CONTRACTOR's mental health clinicians. To date, CONTRACTOR and COUNTY have agreed upon the provision of the following evidence-based practices:
 - a. Motivational Interviewing (MI)
 - b. Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
 - c. Dialectical Behavioral Therapy (DBT)
 - d. Triple P Positive Parenting Program (Triple P)
 - e. Alternatives for Families Cognitive Behavioral Therapy (AF-CBT)
 - f. Seeking Safety

Any additional evidence-based practices CONTRACTOR would like to utilize will require review and consultation with COUNTY.

COUNTY requires CONTRACTOR to ensure their staff pursue certification/accreditation in the agreed upon evidence-based practices, as appropriate, during the first year term, and demonstrate to COUNTY that they are moving toward successful completion. CONTRACTOR is required to explain in writing their plan to require/support staff in this regard, and their expected timeframe for completion of the certification/accreditation process within the first year term.

C. Court-Specific Mental Health Services

1. CONTRACTOR will provide the following court-ordered mental health services to children and families in CWS:

a. Court-Ordered Mental Health Assessments

Clinical analysis of the history and current status of an individual's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and use of testing procedures.

b. Psychological and Neuropsychological Evaluations

A structured, analytical interview with the individual (i.e., minor, parent, or guardian) which consists of a clinical assessment, the use of testing instruments, a mental status examination, and a clinical diagnosis (as defined/ruled out using the ICD-10) that is performed only by a Licensed Psychologist with at least five (5) years of postgraduate experience. Services also include a review of CPS and mental health services received to date and contact with relevant others, as necessary. A second psychological or neuropsychological evaluation may be ordered and must be performed by a different Licensed Psychologist and independent of the first evaluation.

c. Bonding Studies

A structured, forensic, analytic interview that includes a mental health assessment (in order to define or rule out clinical diagnosis using the ICD-10) for either parent(s) or whomever has been identified by the court to participate in the study, and the child(ren). The study includes assessment of the interaction between the parent(s) and the child(ren) and may include the use of testing instruments (as needed) to more accurately gauge the strength of the bond between parent and child. It may also include the current care provider(s) or prospective adoptive parent(s) when ordered by the court. These studies are to be performed only by a Licensed Mental Health Clinician with appropriate experience or a Waivered Psychologist working under a qualified Licensed Psychologist. A qualified clinician will have completed twenty (20) hours of training in Child Custody as required by the California Board of Psychology (if the child is 0-36 months), training in the Marshak Interaction Method, and training or experience in providing forensic evaluations for the court.

d. Court Reports And Court Testimony

CONTRACTOR is responsible for any court reports and/or necessary testimony.

1) **Court Reports**

Documented report of assessment and evaluation findings, progress in treatment, recommendations for treatment, and service plan regarding reunification, maintenance and termination of parental rights, and justification for recommendations. CONTRACTOR shall provide the DBH CWMH Team with a copy of the reports, for tracking purposes.

2) **Court Testimony**

On-site court testimony of assessment and evaluation findings, treatment and service plan recommendations regarding reunification, maintenance and termination of parental rights, and justification for recommendations.

D. Staffing

1. CONTRACTOR shall ensure staff are qualified in education, experience, and clinical competencies.
2. CONTRACTOR shall maintain adequate staffing levels in relation to the number of open client cases at any given point to ensure quality service. CONTRACTOR shall not go over a 1:20 staffing ratio.
3. CONTRACTOR will ensure that Clinical Supervisors oversee the work of the Clinicians, including oversight of documentation and claiming in the electronic medical record. Clinical Supervisors who provide mentorship to Clinicians shall be two (2) years post licensure and able to provide Board of Behavioral Sciences (BBS) supervision.
4. CONTRACTOR's Clinicians must be post-graduate and registered with their local licensing board.
5. Assessments must be completed by Licensed Practitioners of the Healing Arts (LPHA), which includes both licensed mental health professionals and registered associates.
6. Interns, including graduate student interns, may be utilized by CONTRACTOR to provide case management-type services, including ICC and IHBS.
7. CONTRACTOR's clinical staff are required to go through the credentialing process through DBH's Managed Care Division. Interns are required to go through the non-credentialing application process through DBH's Managed Care Division.

8. If CONTRACTOR has other agreements with COUNTY to provide specialty mental health treatment services, it will establish criteria and protocols via a Child and Family Team (CFT) meeting, to ensure referral to services are therapeutically appropriate, benefits the client and caregiver, achieves the client's treatment goals, supports the success of the CWS case plan, and avoids any potential for perceived or actual conflict of interest or self-referral.
9. CONTRACTOR shall have established clinical competency standards when hiring direct service staff and a staff development and training program. CONTRACTOR will provide appropriate training for all staff to include but not limited to trauma-informed practice, EBPs utilized, working with specialized populations such as Infant Mental Health (IMH) and Commercially Sexually Exploited Children (CSEC), and co-occurring competence to serve individuals with mental health and substance use/abuse disorders.

E. Affordable Care Act and Medi-Cal Managed Care Plan requirements

1. CONTRACTOR understands that effective January 1, 2014, Medi-Cal managed care health plans (MCHPs) are required to serve Medi-Cal beneficiaries with **mild to moderate** impairment of mental, emotional, or behavioral functioning resulting from a mental health condition defined by the current Diagnostic and Statistical Manual. Outpatient benefits available through MCHPs include:
 - a. Individual and group mental health evaluation and treatment (psychotherapy)
 - b. Psychological testing, when clinically indicated to evaluate a mental health condition;
 - c. Outpatient services for the purposes of monitoring drug therapy;
 - d. Psychiatric consultation; and
 - e. Outpatient laboratory, drugs, supplies and supplements (excluding medications as described in the forthcoming "Medi-Cal Managed Care Plan Responsibilities for Outpatient Mental Health Services and Coordination with County Mental Health Plans").
2. CONTRACTOR will comply with all requirements established by the California Department of Health Care Services (DHCS), Fresno County MHP, and Medi-Cal MCHPs for screening, referral, and coordination of care for mild to moderate cases, when clinically appropriate.

F. Administrative Requirements

1. CONTRACTOR shall meet with COUNTY staff monthly, or as often as needed, for monitoring of program services, client capacity, staffing levels and to exchange pertinent operational information, resolve problems, and coordinate services.
2. CONTRACTOR shall participate in a joint meeting with COUNTY staff and other vendors for CWMH services on a quarterly basis, or as often as needed, to discuss program trends and resolution of concerns and problems across all vendors.
3. CONTRACTOR shall attend bi-monthly Mental Health Contracted Provider Meetings held by DBH.
4. CONTRACTOR will provide complete and submit monthly activity reports in a manner determined by DBH and DSS.
5. CONTRACTOR will provide annual Civil Rights training to their staff in the first quarter of every calendar year and will provide relevant proof to DBH and DSS by April 1, for each year of the contract.

G. Data and Reporting

1. CONTRACTOR shall maintain and provide the COUNTY with monthly statistics on the number of individuals/families to include, but not limited to:
 - a. Number of clients referred for mental health assessments; average time between referral and contact with caregiver; average time between referral and assessment; number of assessments completed, number of missed/no-show appointments, number that did not meet Medi-Cal medical necessity criteria;
 - b. Number of clients referred for court-ordered services including type of service, average time between referral and contact with the caregiver to schedule the appointment, average number of days between the referral and the court-ordered service, number of missed/no-show appointments;
 - c. Average wait time between assessment and first visit with assigned therapist;
 - d. Average wait time between referral and provision of medication evaluation;

- e. Unique clients served; units and dollars of services billed, average cost per client;
- f. Number and reasons for discharge from care;
- g. Number of active clients in ongoing treatment;

This information, in addition to the outcome measures to be developed, will be provided to COUNTY on a monthly basis via an activity report template developed by the COUNTY and due no later than the 10th of each month.

2. Maintain case files on each individual/family, including, but not limited to the following information:
 - a. Documentation of referrals to/from COUNTY, self-referrals, and others;
 - b. Chronological record of individual and family services provided including relevant contact dates, incidents, actions taken, and results; and,
 - c. Case closure summary, indicating the reasons for closure and the results of the services provided.
3. CONTRACTOR shall maintain secure case files with limited access only to designated staff to ensure confidentiality.
4. CONTRACTOR shall submit a monthly staffing report, due no later than the 10th of each month, detailing the total number of positions by classification in the approved budget, number of staff hired (including licensure, ethnicity, bilingual language capability, clinical training/certification in EBPs), and number of vacancies.

II. COUNTY SHALL BE RESPONSIBLE FOR THE FOLLOWING:

- A. Provide mental health service referrals to CONTRACTOR for children and families involved in the CWS system.
- B. Designate a contact person from DBH and DSS for CONTRACTOR to communicate with, when necessary.
- C. Meet with CONTRACTOR monthly, or as often as needed, to exchange pertinent information, resolve problems, and work together to coordinate referrals and services.

- D. Support coordination of ICC meetings initially and no less than every ninety (90) days for a child/youth.
- E. Convene team meetings in alignment with the Continuum of Care Reform (CCR), Child and Family Teaming, Senate Bill 163 Wraparound, and the Integrated Core Practice models for which CONTRACTOR will be required to participate when appropriate.
- F. Provide education and training on CWS, practice models and Medi-Cal licensing, documentation and billing requirements, as needed.

III. PERFORMANCE MEASUREMENTS

Overall Service Objective:

CONTRACTOR will adhere to the outcome measures developed by COUNTY and any requirements established by the California Department of Social Services (CDSS) and DHCS. County may adjust these outcome measurements, periodically, so as to best measure the success of the program. These outcome measurements and indicators will continue to be developed in conjunction with the CONTRACTOR, COUNTY, and the State Departments.

Services provided by the CONTRACTOR will align and support the principles of Fresno County's child welfare practice model, the Katie A Settlement Agreement, as well as other relevant laws, regulations, statutes, and effective operating principles required to provide the services. Specialty mental health services will be integrated, timely, ongoing, and uninterrupted in a family-focused, trauma-informed delivery model that supports the goals of the client plan developed by COUNTY. Intensive home-based mental health services are expected to provide children and families in the CWS system with effective treatment, improve outcomes, promote wellness, aid in resiliency, and maintain family relationships conducive to healthy emotional development.

Performance Outcomes and Measures:

Under the Katie A. Settlement Agreement and Implementation Plan, DHCS and CDSS are collectively working to adopt statewide use of a data-informed system of performance oversight, accountability, and communication that efficiently monitors, measures, and evaluates access, quality, satisfaction, effectiveness, costs, and outcomes at the individual, program, and system levels.

CONTRACTOR is required to submit measureable outcomes on a semi-annual basis, as identified in the DBH's Policy and Procedure Guide (PPG) 1.2.7 Performance Outcomes Measures. Performance outcome measures must be approved by DBH and satisfy all State and local mandates. DBH will provide technical assistance and support in defining measureable outcomes. All performance indicators will reflect the four (4) domains identified by the Commission Accreditation of Rehabilitation Facilities (CARF).

DBH collects data about the characteristics of the persons served and measures service delivery performance indicators in each of the following CARF domains.

- A. Effectiveness - A performance dimension that assesses the degree to which an intervention or series have achieved the desired outcome/result/quality of care through measuring change over time. The results achieved and outcomes observed are for persons served.
- B. Efficiency - Relationship between results and resources used, such as time, money, and staff. The demonstration of the relationship between results and the resources used to achieve them. A performance dimension addressing the relationship between the outputs/results of the resources used to deliver the service.
- C. Access - Organizations' capacity to provide services to those who desire or need services. Barriers or lack thereof for persons obtaining services. The ability of clients to receive the right service at the right time. A performance dimension addressing the degree to which a person needing services is able to access those services.
- D. Satisfaction - Satisfaction Measures are usually oriented towards clients, family, staff, and stakeholders. The degree to which the clients, the COUNTY, and other stakeholders are satisfied with services. A performance dimension that describes reports or ratings from persons served about services received from an organization.

DBH may adjust the performance and outcome measures periodically throughout the duration of the Agreement, as needed, to best measure the program as determined by the COUNTY. CONTRACTOR must utilize a computerized tracking system with which performance and outcome measures and other relevant client data, such as demographics, will be maintained.

The outcome measures and indicators provided below represent COUNTY DBH and DSS program goals to be achieved by the CONTRACTOR in addition to CONTRACTOR's developed outcomes.

- A. Timeliness of Service – CONTRACTOR will respond to referrals within the timeframes required by the Final Rule, in order to engage with the clients as soon as possible.
 - 1. Timely access to services from referral to assessment.
 - a. Crisis referrals: within three (3) days
 - b. Standard referrals: within ten (10) days
 - c. Psychiatric referrals: within fifteen (15) days
 - 2. 100% of all assessments will be signed/completed within thirty (30) days.

3. Timely access to service from assessment to ongoing treatment
4. Timely access to services from referral to medication evaluation, when appropriate

B. Access and Engagement – CONTRACTOR will ensure that clients have access to treatment, that the client is actively involved in treatment, and that every effort is made to aid the client in successfully completing treatment.

1. CONTRACTOR will provide services in a location determined by the needs/preference of the client and clinical appropriateness. The expectation is that 70% of client services will be provided in the home or a community-based setting.
2. CONTRACTOR will track the number, type, and location of services per client.
3. CONTRACTOR will actively provide ICC and IHBS services. The expectation is that a minimum of fifteen percent (15%) of CONTRACTOR's services will be IHBS.
4. Clinician attendance at 100% of teaming meetings.
5. CONTRACTOR will track the "no-show" and cancellation (by client or provider) rates for treatment. The expectation is that the "no-show" and cancellation rates will be ten percent (10%) or less.
6. CONTRACTOR will track the number and reasons for discharge. The expectation is that there will be a low number of discharges due to "no-shows" and a low number of discharges in which the client has not successfully completed treatment.
7. Seventy percent (70%) of individuals with an open child welfare case will successfully complete treatment.

C. Wellness, Recovery, and Resiliency Supports – a collaborative approach to treatment strategies to aid in the successful completion of treatment, reunification, and reduction in recidivism.

1. Improved Child Functioning
Improvement in relationships, behavior, and academic achievements, as demonstrated through the tracking tools, CANS 50 and PSC-35, implemented by the CONTRACTOR and caregivers, respectively.

2. Improved Family Functioning
Improvement in ability to provide for and maintain a safe and stable environment for the child, as demonstrated through tracking tool, CANS 50, implemented by the CONTRACTOR.
3. Improved Parent Functioning
Improvement in relationships, behavior, and sustaining basic needs, as demonstrated through tracking tool, CANS 50, implemented by the CONTRACTOR.
4. Effectiveness of discharge planning as demonstrated by referral and linkage to other COUNTY programs, community providers, and community resources.
5. Placement, Stability, & Permanency
 - a. Number of placement changes while in treatment
 - b. Permanency status of clients

IV. Cultural Competency

In alignment with the County's DBH Mental Health Services Act Three-Year Plan, Mental Health Plan, and Cultural Competency Plan, CONTRACTOR shall provide culturally competent and culturally responsive services. CONTRACTOR's responsibilities shall include:

- A. Mental Health and Substance Use Disorder direct service providers must complete eight (8) hours of annual cultural competency training. Training hours may include completing culturally competent courses through DBH Learning Management System or attending cultural awareness events. DBH will provide opportunities and track completion of training hours through its Learning Management System.
- B. When providing interpretation services for DBH clients, CONTRACTOR must utilize interpreters who have received annual training and have been monitored for language competence. By July 1st of each year, CONTRACTOR shall provide DBH with its current list of interpreters, which includes training dates and monitoring results. CONTRACTOR shall not utilize any interpreter who has not received annual training and/or has not demonstrated language competence. CONTRACTOR shall have access to DBH approved translators via DBH's established protocol.
- C. In order for DBH to ensure a cultural, racial/ethnic, and linguistic group of direct service providers representative of the population needing services and being served, CONTRACTOR shall complete and email the Monthly Staffing Report, which includes gender, ethnicity, and bilingual language capacity by the tenth (10th) of every month.

- D.** CONTRACTOR shall provide a plan to address cultural competency standards as set forth in the National Standards on Culturally and Linguistically Appropriate Services (CLAS).
- E.** CONTRACTOR shall provide services within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the target population.
- F.** CONTRACTOR shall distribute literature/information brochures in appropriate languages and request feedback as to how access to care could be improved for culturally diverse communities. Distributed information will be approved by DBH and/or DSS designee and translated as needed via DBH protocols.

**CHILD WELFARE MENTAL HEALTH (CWMH)
SUMMARY OF SERVICES**

ORGANIZATION: **Uplift Family Services**

ADDRESS: 251 Llewellyn Avenue
Campbell, CA 95008

TELEPHONE: (408) 379-3790

CONTACT PERSON: Marilyn Bamford, Executive Director, Central Region

CONTRACT PERIOD: July 1, 2019 – June 30, 2022
with two (2) optional twelve (12) month renewals

CONTRACT AMOUNT: \$4,750,000 (July 1, 2019 – June 30, 2020);
\$4,873,500 (July 1, 2020 – June 30, 2021);
\$5,000,211 (July 1, 2021 – June 30, 2022);
\$5,130,216 (July 1, 2022 – June 30, 2023)
\$5,263,602 (July 1, 2023 – June 30, 2024)

SUMMARY OF SERVICES:

Uplift Family Services, henceforth referred to as CONTRACTOR, will be responsible for providing medically necessary outpatient specialty mental health services for children, youth, and their parents who meet medical necessity, as well as court-specific services to children and families involved in Fresno County's Child Welfare Services (CWS) system. The majority of outpatient specialty mental health services, such as assessments, plan development, therapy, rehabilitation services, crisis intervention, case management, intensive home-based services and intensive care coordination are expected to be community-based and provided in the family's home or in the community, whenever possible.

SCHEDULE OF SERVICES:

The CONTRACTOR's office(s) shall be open Monday through Friday, 8:00am to 5:00pm. Clinicians will be available to see clients and families for in-home and community-based appointments during the day, weekend, and evening hours, up to 8:00 pm. Group services will be provided during the day and evening hours, up to 8:00 pm, on a scheduled basis, at CONTRACTOR's offices. The CONTRACTOR's office will be located at a site in the metropolitan and/or rural community that offers public transportation in close proximity, adequate parking, and a secure setting. In addition to the Fresno metropolitan area, CONTRACTOR shall serve the rural areas of Fresno County as needed. Any addition or change to the location of office-based services must be approved by the COUNTY in advance of such a change.

TARGET POPULATION:

CONTRACTOR shall provide specialty mental health services to all referred children, youth, parents, guardians, and foster parents involved with a child's CWS case. The target population includes children and youth as referred to in the *Katie A. Settlement Agreement* as members of the "class" and "subclass."

1. Katie A. "Class" is defined as children in California who:

- A. Are in foster care or are at imminent risk of foster care placement, and
- B. Have a mental illness or condition that has been documented or had an assessment already conducted, and
- C. Need individualized mental health services, including but not limited to, mental health assessments, outpatient specialty mental health services, case management services, family support, crisis intervention, and other medically necessary services in the home or in a home-like setting, to treat mental illness or condition.

Imminent Risk of foster care placement means that within the last 180 days a child has been participating in voluntary family maintenance or family reunification services and/or has been the subject of either a telephone call to the Child Protective Services hotline or some other documented communication made to a local Child Protective Services agency regarding suspicions of abuse, neglect or abandonment.

Members of this class include children living with their parents, relatives, or in any variety of placements, such as group homes, short-term residential therapeutic programs (STRTPs), or foster homes.

2. "Katie A. Subclass" is identified as children in California who:

- A. Have an open CWS case; and
- B. Are full-scope Medi-Cal (Title XIX) eligible; and
- C. Meet the medical necessity criteria for Medi-Cal Outpatient Specialty Mental Health Services (SMHS) as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210; and
- D. Are currently in or being considered for a Wraparound program, Therapeutic Foster Care, or specialized care rate due to behavioral health needs or other intensive Early and Periodic Screening Diagnostic and Treatment (EPSDT) services, including but not limited to Therapeutic Behavioral Services or crisis stabilization/intervention; or
- E. Are currently in or being considered for placement in a group home (Rate Classification 10 or above) or STRTP, psychiatric hospital, 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community

residential treatment facility); or has experienced three (3) or more placements within 24 months due to behavioral health needs.

I. CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING SERVICES:

A. Referrals and Engagement

1. CONTRACTOR will provide an array of outpatient specialty mental health services to all referrals received from the Department of Behavioral Health's (DBH) CWMH Team. CONTRACTOR shall accept the adequate number of referrals to meet CWMH demand and to cover program costs. Referral priority is determined by the CWMH Team and assessments should be completed within the following designated timeframes:
 - a. Crisis Referrals – Three (3) days
 - b. Standard Referrals – Ten (10) days
 - c. Psychiatric Referrals – Fifteen (15) days
2. CONTRACTOR shall make every attempt to engage clients in service. CONTRACTOR is expected to make at least four (4) contact attempts (in-person or via phone), at minimum one (1) attempt each week, over the course of thirty (30) days and then send a letter to the client if CONTRACTOR is still unable to engage them in services. CONTRACTOR must also maintain regular contact with DSS Social Workers, Supervisors, and Program Managers if they are unable to contact or engage a client. If still unable to reach client, CONTRACTOR must submit a Notice of Action to Managed Care and the CWMH Team. A Notice of Action is not required if the referral packet received by CONTRACTOR is incomplete.

B. Outpatient Specialty Mental Health Services

1. CONTRACTOR shall provide the following specialty mental health services for the appropriate duration, frequency, and intensity based upon the needs of the individual receiving services, as determined to be clinically appropriate by a licensed/waivered mental health clinician and the fidelity of the therapeutic intervention provided. It is understood that a child who meets the definition of "Katie A. Subclass" does not, in and of itself, require a higher level or intensity of mental health treatment absent a clinical determination by the treating mental health clinician:
 - a. **Mental Health Assessments**
Clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and use of testing procedures. A comprehensive assessment shall be completed by a designated licensed or registered/waivered

staff within thirty (30) days from the initial contact date. When a person remains in continuous services, an update/re-assessment shall be completed at least every two (2) years. The clinician may complete a comprehensive assessment instead of an update/re-assessment if it is determined to be the more appropriate clinical decision for the person served. Additionally, current State mandates require that the CANS-50 and PSC-35 are part of the assessment at the beginning of treatment and are administered every six (6) months and at the end of treatment. These will be shared with the Child and Family Team (CFT). If a current assessment has been completed by another CFT team member, it will be accepted in lieu of an assessment completed by the clinician.

b. Therapy

A therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries (see below) and may include family therapy at which the beneficiary is present.

- 1) Individual
- 2) Collateral
- 3) Conjoint
- 4) Family therapy
- 5) Group therapy

i. Groups will be led by clinicians and supervised by a licensed clinician. Larger groups may be co-facilitated by two (2) unlicensed clinicians. Licensed Clinical Supervisors will provide in-vivo training, co-facilitation and supervision to ensure group facilitation is high quality, clinically effective, and appropriate.

c. Crisis Intervention

A service lasting less than 24 hours, to or on behalf of a beneficiary, for a condition which requires more timely response than a regularly scheduled visit. Activities may include, but are not limited to, assessment, therapy and service access to any significant support person in the beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary.

d. Case Management

Any service that assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community service. Services may

include, but are not limited to, communication, coordination, and referral to available resources. CONTRACTOR will be responsible for monitoring service delivery to beneficiary by third parties, beneficiary progress, and plan development.

e. Rehabilitation

Any activity that seeks to improve, maintain, or restore a beneficiary's functional, daily living, social, leisure, grooming, personal hygiene, and meal preparation skills while also providing access to support resources and medication education.

f. Plan Development

The development of individual treatment plans, approval of said treatment plans, and/or monitoring of a beneficiary's progress.

g. Medication Support

Any service that includes prescribing, administering, dispensing, and monitoring psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. Services may also include evaluation for the need of medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, medication education and plan development related to the delivery of the service, and/or assessment of the beneficiary. CONTRACTOR shall have a plan in place to ensure medication support coverage, in the event that the Psychiatrist is unavailable to provide services for an extended period of time.

2. CONTRACTOR shall be responsible to provide and appropriately bill for the following services for referred clients, including Katie A. Subclass members, if medically necessary and provided within the California Integrated Core Practice Model and Pathways to Mental Health Core Practice Model, and in accordance with the "Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) & Therapeutic Foster Care (TFC) for Medi-Cal Beneficiaries":

a. IHBS may include, but are not limited to:

- 1) Skill-based interventions for the remediation of behaviors or improvement of symptoms;
- 2) Development of functional skills to improve self-care, self-regulation, or other functional impairments by intervening to decrease or replace non-functional behavior that interferes with daily living tasks or the avoidance of exploitation by others;

- 3) Development of skills or replacement behaviors that allow the child/youth to fully participate in the teaming process and service plans including but not limited to the treatment plan and/or child welfare case plan;
 - 4) Improvement in self-management of symptoms, including self-administration of medications, as appropriate;
 - 5) Education of the child/youth and/or their family or caregiver(s) about how to manage the child/youth's mental health disorder or symptoms;
 - 6) Support of the development, maintenance and use of social networks, including the use of natural and community resources;
 - 7) Support to address behaviors that interfere with the achievement of a stable and permanent family life;
 - 8) Support to address behaviors that interfere with seeking and maintaining a job, if applicable;
 - 9) Support to address behaviors that interfere with a child/youth's success in achieving educational objectives.
 - b. IHBS can be provided by more than one (1) agency when multiple agencies are serving a client. A minimum of 15% of all services provided by CONTRACTOR must be IHBS. It is expected that CONTRACTOR will provide IHBS, unless clinical justification is provided. Clinical justification must be documented in the client's mental health record (this will be reviewed and audited by the COUNTY).
 - c. CONTRACTOR is required to attend ICC meetings and any teaming processes scheduled by other agencies, CWS, or by the DBH CWMH Team to ensure coordination of all mental health treatment services that may involve one (1) or more provider agencies, no less than every ninety (90) days for the child/youth.
 - d. ICC service components/activities include comprehensive assessment and periodic reassessment, development and periodic revision of the plan, referral, monitoring, follow-up activities, and transition.
3. CONTRACTOR will be responsible for providing services in either an office-based or community-based setting. The location of service delivery will be determined based on the needs of the client, preference of the client, and clinical appropriateness. Based on current data, clients prefer or require that their services are provided in a community-based setting. The expectation is that, at minimum, 70% of all CONTRACTOR's client services will be provided in the home or a

community-based setting. Location of service delivery should be clinically justified and documented in the client record.

4. CONTRACTOR will be responsible to work cooperatively and collaboratively with CWS staff, DBH staff, CWMH Team staff, and all treatment providers, caregivers, and Foster Family Agencies to achieve the individual and collective treatment goals. Providers are to support the CWS case plan, communicate/resolve barriers to care, and provide continuity and warm hand-offs whenever possible as individuals transition from higher to lower or lower to higher levels of care within or outside of Fresno County.

CONTRACTOR will be able to refer to other Fresno County Mental Health Plan (MHP) providers, Managed Care Medi-Cal Health Plans, and other community providers as may be appropriate and in concurrence with the DBH CWMH Team. CONTRACTOR shall provide case management services until client is properly linked with another provider.

5. CONTRACTOR must use evidence-based practices (EBPs) found effective in serving this target population. This includes the provision of training, ongoing sustainability and fidelity to a core competency for CONTRACTOR's mental health clinicians. To date, CONTRACTOR and COUNTY have agreed upon the provision of the following evidence-based practices:
 - a. Managing and Adapting Practices (MAP)
 - b. Motivational Interviewing (MI)
 - c. Dialectical Behavioral Therapy (DBT)
 - d. Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
 - e. Child Parent Psychotherapy (CPP)
 - f. Infant Mental Health

Any additional evidence-based practices CONTRACTOR would like to utilize will require review and consultation with COUNTY.

COUNTY requires CONTRACTOR to ensure their staff pursue certification/accreditation in the agreed upon evidence-based practices, as appropriate, during the first year term, and demonstrate to COUNTY that they are moving toward successful completion. CONTRACTOR is required to explain in writing their plan to require/support staff in this regard, and their expected timeframe for completion of the certification/accreditation process within the first year term.

C. Court-Specific Mental Health Services

1. CONTRACTOR will provide the following court-ordered mental health services to children and families in CWS:

a. Court-Ordered Mental Health Assessments

Clinical analysis of the history and current status of an individual's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and use of testing procedures.

b. Psychological and Neuropsychological Evaluations

A structured, analytical interview with the individual (i.e., minor, parent, or guardian) which consists of a clinical assessment, the use of testing instruments, a mental status examination, and a clinical diagnosis (as defined/ruled out using the ICD-10) that is performed only by a Licensed Psychologist with at least five (5) years of postgraduate experience. Services also include a review of CPS and mental health services received to date and contact with relevant others, as necessary. A second psychological or neuropsychological evaluation may be ordered and must be performed by a different Licensed Psychologist and independent of the first evaluation.

c. Bonding Studies

A structured, forensic, analytic interview that includes a mental health assessment (in order to define or rule out clinical diagnosis using the ICD-10) for either parent(s) or whomever has been identified by the court to participate in the study, and the child(ren). The study includes assessment of the interaction between the parent(s) and the child(ren) and may include the use of testing instruments (as needed) to more accurately gauge the strength of the bond between parent and child. It may also include the current care provider(s) or prospective adoptive parent(s) when ordered by the court. These studies are to be performed only by a Licensed Mental Health Clinician with appropriate experience or a Waivered Psychologist working under a qualified Licensed Psychologist. A qualified clinician will have completed twenty (20) hours of training in Child Custody as required by the California Board of Psychology (if the child is 0-36 months), training in the Marshak Interaction Method, and training or experience in providing forensic evaluations for the court.

d. Court Reports And Court Testimony

CONTRACTOR is responsible for any court reports and/or necessary testimony.

1) Court Reports

Documented report of assessment and evaluation findings, progress in treatment, recommendations for treatment, and service plan regarding reunification, maintenance and termination of parental rights, and justification for recommendations. CONTRACTOR shall provide the DBH CWMH Team with a copy of the reports, for tracking purposes.

2) Court Testimony

On-site court testimony of assessment and evaluation findings, treatment and service plan recommendations regarding reunification, maintenance and termination of parental rights, and justification for recommendations.

D. Staffing

1. CONTRACTOR shall ensure staff are qualified in education, experience, and clinical competencies.
2. CONTRACTOR shall maintain adequate staffing levels in relation to the number of open client cases at any given point to ensure quality service. CONTRACTOR shall not go over a 1:20 staffing ratio.
3. CONTRACTOR will ensure that Clinical Supervisors oversee the work of the Clinicians, including oversight of documentation and claiming in the electronic medical record. Clinical Supervisors who provide mentorship to Clinicians shall be two (2) years post licensure and able to provide Board of Behavioral Sciences (BBS) supervision.
4. CONTRACTOR's Clinicians must be post-graduate and registered with their local licensing board.
5. Assessments must be conducted by Licensed Practitioners of the Healing Arts (LPHA), which includes licensed mental health professionals and registered associates.
6. Interns, including graduate student interns, may be utilized by CONTRACTOR to provide case management-type services, including ICC and IHBS.
7. CONTRACTOR's clinical staff are required to go through the credentialing process through DBH's Managed Care Division. Interns are required to go through the non-credentialing application process through DBH's Managed Care Division.

8. If CONTRACTOR has other agreements with COUNTY to provide specialty mental health treatment services, it will establish criteria and protocols via a Child and Family Team (CFT) meeting, to ensure referral to services are therapeutically appropriate, benefits the client and caregiver, achieves the client's treatment goals, supports the success of the CWS case plan, and avoids any potential for perceived or actual conflict of interest or self-referral.
9. CONTRACTOR shall have established clinical competency standards when hiring direct service staff and a staff development and training program. CONTRACTOR will provide appropriate training for all staff to include but not limited to trauma-informed practice, EBPs utilized, working with specialized populations such as Infant Mental Health (IMH) and Commercially Sexually Exploited Children (CSEC), and co-occurring competence to serve individuals with mental health and substance use/abuse disorders.

E. Affordable Care Act and Medi-Cal Managed Care Plan requirements

1. CONTRACTOR understands that effective January 1, 2014, Medi-Cal managed care health plans (MCHPs) are required to serve Medi-Cal beneficiaries with **mild to moderate** impairment of mental, emotional, or behavioral functioning resulting from a mental health condition defined by the current Diagnostic and Statistical Manual. Outpatient benefits available through MCHPs include:
 - a. Individual and group mental health evaluation and treatment (psychotherapy)
 - b. Psychological testing, when clinically indicated to evaluate a mental health condition;
 - c. Outpatient services for the purposes of monitoring drug therapy;
 - d. Psychiatric consultation; and
 - e. Outpatient laboratory, drugs, supplies and supplements (excluding medications as described in the forthcoming "Medi-Cal Managed Care Plan Responsibilities for Outpatient Mental Health Services and Coordination with County Mental Health Plans").
2. CONTRACTOR will comply with all requirements established by the California Department of Health Care Services (DHCS), Fresno County MHP, and Medi-Cal MCHPs for screening, referral, and coordination of care for mild to moderate cases, when clinically appropriate.

F. Administrative Requirements

1. CONTRACTOR shall meet with COUNTY staff monthly, or as often as needed, for monitoring of program services, client capacity, staffing levels and to exchange pertinent operational information, resolve problems, and coordinate services.
2. CONTRACTOR shall participate in a joint meeting with COUNTY staff and other vendors for CWMH services on a quarterly basis, or as often as needed, to discuss program trends and resolution of concerns and problems across all vendors.
3. CONTRACTOR shall attend bi-monthly Mental Health Contracted Provider Meetings held by DBH.
4. CONTRACTOR will complete and submit monthly activity reports in a manner determined by DBH and DSS.
5. CONTRACTOR will provide annual Civil Rights training to their staff in the first quarter of every calendar year and will provide relevant proof to DBH and DSS by April 1, for each year of the contract.

G. Data and Reporting

1. CONTRACTOR shall maintain and provide the COUNTY with monthly statistics on the number of individuals/families to include, but not limited to:
 - a. Number of clients referred for mental health assessments; average time between referral and contact with caregiver; average time between referral and assessment; number of assessments completed, number of missed/no-show appointments, number that did not meet Medi-Cal medical necessity criteria;
 - b. Number of clients referred for court-ordered services including type of service, average time between referral and contact with the caregiver to schedule the appointment, average number of days between the referral and the court-ordered service, number of missed/no-show appointments;
 - c. Average wait time between assessment and first visit with assigned therapist;
 - d. Average wait time between referral and provision of medication evaluation;

- e. Unique clients served; units and dollars of services billed, average cost per client;
- f. Number and reasons for discharge from care;
- g. Number of active clients in ongoing treatment

This information, in addition to the outcome measures to be developed, will be provided to COUNTY on a monthly basis via an activity report template developed by the COUNTY and due no later than the 10th of each month.

2. Maintain case files on each individual/family, including, but not limited to the following information:
 - a. Documentation of referrals to/from COUNTY, self-referrals, and others;
 - b. Chronological record of individual and family services provided including relevant contact dates, incidents, actions taken, and results; and,
 - c. Case closure summary, indicating the reasons for closure and the results of the services provided.
3. CONTRACTOR shall maintain secure case files with limited access only to designated staff to ensure confidentiality.
4. CONTRACTOR shall submit a monthly staffing report, due no later than the 10th of each month, detailing the total number of positions by classification in the approved budget, number of staff hired (including licensure, ethnicity, bilingual language capability, clinical training/certification in EBPs), and number of vacancies.

II. COUNTY SHALL BE RESPONSIBLE FOR THE FOLLOWING:

- A. Provide mental health service referrals to CONTRACTOR for children and families involved in the CWS system.
- B. Designate a contact person from DSS and DBH for CONTRACTOR to communicate with, when necessary.
- C. Meet with CONTRACTOR monthly, or as often as needed, to exchange pertinent information, resolve problems, and work together to coordinate referrals and services.

- D. Support coordination of ICC meetings initially and no less than every ninety (90) days for a child/youth.
- E. Convene team meetings in alignment with the Continuum of Care Reform (CCR), Child and Family Teaming, Senate Bill 163 Wraparound, and the Integrated Core Practice models for which CONTRACTOR will be required to participate when appropriate.
- F. Provide education and training on CWS, practice models and Medi-Cal licensing, documentation and billing requirements, as needed.

III. PERFORMANCE MEASUREMENTS

Overall Service Objective:

CONTRACTOR will adhere to the outcome measures developed by COUNTY and any requirements established by the California Department of Social Services (CDSS) and DHCS. County may adjust these outcome measurements, periodically, so as to best measure the success of the program. These outcome measurements and indicators will continue to be developed in conjunction with the CONTRACTOR, COUNTY, and the State Departments.

Services provided by the CONTRACTOR will align and support the principles of Fresno County's child welfare practice model, the Katie A Settlement Agreement, as well as other relevant laws, regulations, statutes, and effective operating principles required to provide the services. Specialty mental health services will be integrated, timely, ongoing, and uninterrupted in a family-focused, trauma-informed delivery model that supports the goals of the client plan developed by COUNTY. Intensive home-based mental health services are expected to provide children and families in the CWS system with effective treatment, improve outcomes, promote wellness, aid in resiliency, and maintain family relationships conducive to healthy emotional development.

Performance Outcomes and Measures:

Under the Katie A. Settlement Agreement and Implementation Plan, DHCS and CDSS are collectively working to adopt statewide use of a data-informed system of performance oversight, accountability, and communication that efficiently monitors, measures, and evaluates access, quality, satisfaction, effectiveness, costs, and outcomes at the individual, program, and system levels.

CONTRACTOR is required to submit measureable outcomes on a semi-annual basis, as identified in the DBH's Policy and Procedure Guide (PPG) 1.2.7 Performance Outcomes Measures. Performance outcome measures must be approved by DBH and satisfy all State and local mandates. DBH will provide technical assistance and support in defining measureable outcomes. All performance indicators will reflect the four (4) domains identified by the Commission Accreditation of Rehabilitation Facilities (CARF).

DBH collects data about the characteristics of the persons served and measures service delivery performance indicators in each of the following CARF domains.

- A. Effectiveness - A performance dimension that assesses the degree to which an intervention or series have achieved the desired outcome/result/quality of care through measuring change over time. The results achieved and outcomes observed are for persons served.
- B. Efficiency - Relationship between results and resources used, such as time, money, and staff. The demonstration of the relationship between results and the resources used to achieve them. A performance dimension addressing the relationship between the outputs/results of the resources used to deliver the service.
- C. Access - Organizations' capacity to provide services to those who desire or need services. Barriers or lack thereof for persons obtaining services. The ability of clients to receive the right service at the right time. A performance dimension addressing the degree to which a person needing services is able to access those services.
- D. Satisfaction - Satisfaction Measures are usually oriented towards clients, family, staff, and stakeholders. The degree to which the clients, the COUNTY, and other stakeholders are satisfied with services. A performance dimension that describes reports or ratings from persons served about services received from an organization.

DBH may adjust the performance and outcome measures periodically throughout the duration of the Agreement, as needed, to best measure the program as determined by COUNTY. CONTRACTOR must utilize a computerized tracking system with which performance and outcome measures and other relevant client data, such as demographics, will be maintained.

The outcome measures and indicators provided below represent COUNTY DBH and DSS program goals to be achieved by the CONTRACTOR in addition to CONTRACTOR's developed outcomes.

- A. Timeliness of Service – CONTRACTOR will respond to referrals within the timeframes required by the Final Rule, in order to engage with the clients as soon as possible.
 - 1. Timely access to services from referral to assessment.
 - a. Crisis referrals: within three (3) days
 - b. Standard referrals: within ten (10) days
 - c. Psychiatric referrals: within fifteen (15) days
 - 2. 100% of all assessments will be signed/completed within thirty (30) days.

3. Timely access to service from assessment to ongoing treatment
4. Timely access to services from referral to medication evaluation, when appropriate

B. Access and Engagement – CONTRACTOR will ensure that clients have access to treatment, that the client is actively involved in treatment, and that every effort is made to aid the client in successfully completing treatment.

1. CONTRACTOR will provide services in a location determined by the needs/preference of the client and clinical appropriateness. The expectation is that 70% of client services will be provided in the home or a community-based setting.
2. CONTRACTOR will track the number, type, and location of services per client.
3. CONTRACTOR will actively provide ICC and IHBS services. The expectation is that a minimum of fifteen percent (15%) of CONTRACTOR's services will be IHBS.
4. Clinician attendance at 100% of teaming meetings.
5. CONTRACTOR will track the "no-show" and cancellation (by client or provider) rates for treatment. The expectation is that the "no-show" and cancellation rates will be ten percent (10%) or less.
6. CONTRACTOR will track the number and reasons for discharge. The expectation is that there will be a low number of discharges due to "no-shows" and a low number of discharges in which the client has not successfully completed treatment.
7. Seventy percent (70%) of individuals with an open child welfare case will successfully complete treatment.

C. Wellness, Recovery, and Resiliency Supports – a collaborative approach to treatment strategies to aid in the successful completion of treatment, reunification, and reduction in recidivism.

1. Improved Child Functioning -
Improvement in relationships, behavior, and academic achievements, as demonstrated through the tracking tools, CANS 50 and PSC-35, implemented by the CONTRACTOR and caregivers, respectively.
2. Improved Family Functioning
Improvement in ability to provide for and maintain a safe and stable environment for the child, as demonstrated through tracking tool, CANS 50, implemented by the CONTRACTOR.

3. Improved Parent Functioning
Improvement in relationships, behavior, and sustaining basic needs, as demonstrated through tracking tool, CANS 50, implemented by the CONTRACTOR.
4. Effectiveness of discharge planning as demonstrated by referral and linkage to other COUNTY programs, community providers, and community resources.
5. Placement, Stability, & Permanency
 - a. Number of placement changes while in treatment
 - b. Permanency status of clients

IV. Cultural Competency

In alignment with the County's DBH Mental Health Services Act Three-Year Plan, Mental Health Plan, and Cultural Competency Plan, CONTRACTOR shall provide culturally competent and culturally responsive services. CONTRACTOR's responsibilities shall include:

- A. Mental Health and Substance Use Disorder direct service providers must complete eight (8) hours of annual cultural competency training. Training hours may include completing culturally competent courses through DBH Learning Management System or attending cultural awareness events. DBH will provide opportunities and track completion of training hours through its Learning Management System.
- B. When providing interpretation services for DBH clients, CONTRACTOR must utilize interpreters who have received annual training and have been monitored for language competence. By July 1st of each year, CONTRACTOR shall provide DBH with its current list of interpreters, which includes training dates and monitoring results. CONTRACTOR shall not utilize any interpreter who has not received annual training and/or has not demonstrated language competence. CONTRACTOR shall have access to DBH approved translators via DBH's established protocol.
- C. In order for DBH to ensure a cultural, racial/ethnic, and linguistic group of direct service providers representative of the population needing services and being served, CONTRACTOR shall complete and email the Monthly Staffing Report, which includes gender, ethnicity, and bilingual language capacity by the tenth (10th) of every month.
- D. CONTRACTOR shall provide a plan to address cultural competency standards as set forth in the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

- E.** CONTRACTOR shall provide services within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the target population.
- F.** CONTRACTOR shall distribute literature/information brochures in appropriate languages and request feedback as to how access to care could be improved for culturally diverse communities. Distributed information will be approved by DBH and/or DSS designee and translated as needed via DBH protocols.

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

DBH VISION:

Health and well-being for our community.

DBH MISSION:

The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

DBH GOALS:

Quadruple Aim

- Deliver quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

GUIDING PRINCIPLES OF CARE DELIVERY:

The DBH 11 principles of care delivery define and guide a system that strives for excellence in the provision of behavioral health services where the values of wellness, resiliency, and recovery are central to the development of programs, services, and workforce. The principles provide the clinical framework that influences decision-making on all aspects of care delivery including program design and implementation, service delivery, training of the workforce, allocation of resources, and measurement of outcomes.

1. Principle One - Timely Access & Integrated Services

- Individuals and families are connected with services in a manner that is streamlined, effective, and seamless
- Collaborative care coordination occurs across agencies, plans for care are integrated, and whole person care considers all life domains such as health, education, employment, housing, and spirituality
- Barriers to access and treatment are identified and addressed
- Excellent customer service ensures individuals and families are transitioned from one point of care to another without disruption of care

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

2. Principle Two - Strengths-based

- Positive change occurs within the context of genuine trusting relationships
- Individuals, families, and communities are resourceful and resilient in the way they solve problems
- Hope and optimism is created through identification of, and focus on, the unique abilities of individuals and families

3. Principle Three - Person-driven and Family-driven

- Self-determination and self-direction are the foundations for recovery
- Individuals and families optimize their autonomy and independence by leading the process, including the identification of strengths, needs, and preferences
- Providers contribute clinical expertise, provide options, and support individuals and families in informed decision making, developing goals and objectives, and identifying pathways to recovery
- Individuals and families partner with their provider in determining the services and supports that would be most effective and helpful and they exercise choice in the services and supports they receive

4. Principle Four - Inclusive of Natural Supports

- The person served identifies and defines family and other natural supports to be included in care
- Individuals and families speak for themselves
- Natural support systems are vital to successful recovery and the maintaining of ongoing wellness; these supports include personal associations and relationships typically developed in the community that enhance a person's quality of life
- Providers assist individuals and families in developing and utilizing natural supports.

5. Principle Five - Clinical Significance and Evidence Based Practices (EBP)

- Services are effective, resulting in a noticeable change in daily life that is measurable.
- Clinical practice is informed by best available research evidence, best clinical expertise, and client values and preferences
- Other clinically significant interventions such as innovative, promising, and emerging practices are embraced

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

6. Principle Six - Culturally Responsive

- Values, traditions, and beliefs specific to an individual's or family's culture(s) are valued and referenced in the path of wellness, resilience, and recovery
- Services are culturally grounded, congruent, and personalized to reflect the unique cultural experience of each individual and family
- Providers exhibit the highest level of cultural humility and sensitivity to the self-identified culture(s) of the person or family served in striving to achieve the greatest competency in care delivery

7. Principle Seven - Trauma-informed and Trauma-responsive

- The widespread impacts of all types of trauma are recognized and the various potential paths for recovery from trauma are understood
- Signs and symptoms of trauma in individuals, families, staff, and others are recognized and persons receive trauma-informed responses
- Physical, psychological and emotional safety for individuals, families, and providers is emphasized

8. Principle Eight - Co-occurring Capable

- Services are reflective of whole-person care; providers understand the influence of bio-psycho-social factors and the interactions between physical health, mental health, and substance use disorders
- Treatment of substance use disorders and mental health disorders are integrated; a provider or team may deliver treatment for mental health and substance use disorders at the same time

9. Principle Nine - Stages of Change, Motivation, and Harm Reduction

- Interventions are motivation-based and adapted to the client's stage of change
- Progression through stages of change are supported through positive working relationships and alliances that are motivating
- Providers support individuals and families to develop strategies aimed at reducing negative outcomes of substance misuse through a harm reduction approach
- Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support

Fresno County Department of Behavioral Health Guiding Principles of Care Delivery

10. Principle Ten - Continuous Quality Improvement and Outcomes-Driven

- Individual and program outcomes are collected and evaluated for quality and efficacy
- Strategies are implemented to achieve a system of continuous quality improvement and improved performance outcomes
- Providers participate in ongoing professional development activities needed for proficiency in practice and implementation of treatment models

11. Principle Eleven - Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

- The rights of all people are respected
- Behavioral health is recognized as integral to individual and community well-being
- Promotion of health and wellness is interwoven throughout all aspects of DBH services
- Specific strategies to prevent illness and harm are implemented at the individual, family, program, and community levels
- Stigma is actively reduced by promoting awareness, accountability, and positive change in attitudes, beliefs, practices, and policies within all systems
- The vision of health and well-being for our community is continually addressed through collaborations between providers, individuals, families, and community members

CHILD WELFARE MENTAL HEALTH SERVICES
California Psychological Institute
July 1, 2019 to June 30, 2020

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)		FTE %	Admin.	Direct
PERSONNEL SALARIES:				
0001	Clinical Director	1.00		\$145,000
0003	Licensed Clinicians	10.50		\$655,108
0004	Unlicensed Clinicians	12.00		\$710,320
0005	Client Care Coordinators	6.00		\$249,600
0006	COO	1.00	\$149,000	
0007	Program Manager	1.00	\$66,560	
0008	Office Manager	1.00	\$52,000	
0009	QA/Outcomes Manager	1.00	\$52,180	
0010	Controller	1.00	\$100,000	
0011	Medical Billing/AR/AP	2.00	\$110,000	
0012	Administrative Assistants	4.00	\$144,144	
0013	Patient Services Representatives	2.50	\$78,000	
SALARY TOTAL		43.00	\$751,884	\$1,760,028
PAYROLL TAXES:				
0030	OASDI		\$47,294	\$108,445
0031	FICA/MEDICARE		\$10,902	\$25,521
0032	FUTA		\$567	\$1,233
0033	SUI		\$5,859	\$12,803
PAYROLL TAX TOTAL			\$64,622	\$148,002
EMPLOYEE BENEFITS:				
0040	Retirement		62790	\$137,210
0041	Workers Compensation		3140	\$6,861
0042	Health Insurance (medical, vision, life, dental)		\$106,744	\$233,256
EMPLOYEE BENEFITS TOTAL			\$172,674	\$377,327
SALARY & BENEFITS GRAND TOTAL				\$3,274,535
FACILITIES/EQUIPMENT EXPENSES:				
1010	Rent/Lease Building			\$276,000
1011	Rent/Lease Equipment			\$1,962
1012	Utilities			\$34,500
1013	Building Maintenance			\$38,000
1014	Janitorial			\$28,200
FACILITY/EQUIPMENT TOTAL				\$378,662

OPERATING EXPENSES:

1060	Telephone	\$45,500
1061	Answering Service	\$0
1062	Postage	\$800
1063	Printing/Reproduction	\$3,000
1064	Publications	\$0
1065	Legal Notices/Advertising	\$3,150
1066	Office Supplies & Equipment	\$18,000
1067	Household Supplies	\$9,500
1068	Food	\$5,000
1069	Program Supplies - Therapeutic	\$26,000
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/vehicle maintenance	\$98,000
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$30,000
1075	Lodging	\$0
1076	Licenses/Taxes	\$4,475
OPERATING EXPENSES TOTAL		\$243,425

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$15,000
1081	External Audit	\$14,340
1082	Liability Insurance	\$27,000
1083	Administrative Overhead	\$286,238
1084	Payroll Services	\$14,000
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$356,578

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$45,000
1091	Translation Services	\$5,000
1092	Electronic Health Record	\$35,000
0004	Psychologists	\$15,000
0002	Psychiatrists	\$332,800
SPECIAL EXPENSES TOTAL		\$432,800

FIXED ASSETS:

1190	Computers & Software	\$35,000
1191	Furniture & Fixtures	\$25,000
FIXED ASSETS TOTAL		\$60,000

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2002.8 Child Care (SFC 72)	\$4,000
NON MEDI-CAL CLIENT SUPPORT TOTAL	\$4,000
TOTAL PROGRAM EXPENSES	\$4,750,000

MEDI-CAL REVENUE:

	Units of Service	Rate	\$ Amount
3000 Mental Health Services (Individual/Family/Group Therapy)	846,145	\$2.98	\$2,521,512
3100 Case Management	165,001	\$2.12	\$349,802
3200 Crisis Services	2,000	\$4.07	\$8,140
3300 Medication Support	59,200	\$5.44	\$322,048
3400 Collateral	15,000	\$2.98	\$44,700
3500 Plan Development	15,750	\$2.98	\$46,935
3600 Assessment	122,500	\$2.98	\$365,050
3700 Rehabilitation	253,000	\$2.22	\$561,660
3800 ICC	44,050	\$2.98	\$131,269
3900 IHBS	68,550	\$2.98	\$204,279
Estimated Specialty Mental Health Services Billing Totals	1,591,196		\$4,555,395
Estimated % of Clients that are Medi-Cal Beneficiaries			100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			\$4,555,395
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)		50.00%	\$2,277,698
State M/Cal Share of Cost % (BH Realignment/EPSTDT)		50.00%	\$2,277,698
MEDI-CAL REVENUE TOTAL			\$4,555,395

OTHER REVENUE:

4100 Psychological Testing	8,300	\$2.81	\$23,323
4150 Court Documentation (per report)	883	\$65.00	\$57,395
4200 Mental Health Services (Individual/Family/Group Therapy)	20,000	\$2.98	\$59,600
4250 Case Management	4,000	\$2.12	\$8,480
4300 Crisis Services	50	\$4.07	\$204
4350 Medication Support	1,700	\$5.44	\$9,248
4400 Collateral	500	\$2.98	\$1,490
4450 Plan Development	225	\$2.98	\$671
4500 Assessment	3,500	\$2.98	\$10,430
4550 Rehabilitation	7,000	\$2.22	\$15,540
4600 ICC	1,500	\$2.98	\$4,470
4650 IHBS	1,260	\$2.98	\$3,755
OTHER REVENUE TOTAL			\$194,605
TOTAL PROGRAM REVENUE			\$4,750,000

CHILD WELFARE MENTAL HEALTH SERVICES
California Psychological Institute
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PAYROLL TAXES:				
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0031 FICA/MEDICARE		\$10,902	\$25,521	\$36,423
0032 FUTA		\$567	\$1,233	\$1,800
0033 SUI		\$5,859	\$12,803	\$18,662
PAYROLL TAX TOTAL		\$64,622	\$148,002	\$212,623
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CHILD WELFARE MENTAL HEALTH SERVICES
California Psychological Institute
July 1, 2021 to June 30, 2022

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)		FTE %	Admin.	Direct
PERSONNEL SALARIES:				
0001	Clinical Director	1.00		\$145,000
0003	Licensed Clinicians	10.50		\$655,108
0004	Unlicensed Clinicians	12.00		\$710,320
0005	Client Care Coordinators	6.00		\$249,600
0006	COO	1.00	\$149,000	
0007	Program Manager	1.00	\$66,560	
0008	Office Manager	1.00	\$52,000	
0009	QA/Outcomes Manager	1.00	\$52,180	
0010	Controller	1.00	\$100,000	
0011	Medical Billing/AR/AP	2.00	\$110,000	
0012	Administrative Assistants	4.00	\$144,144	
0013	Patient Services Representatives	2.50	\$78,000	
SALARY TOTAL		43.00	\$751,884	\$1,760,028
PAYROLL TAXES:				
0030	OASDI		\$47,294	\$108,445
0031	FICA/MEDICARE		\$10,902	\$25,521
0032	FUTA		\$567	\$1,233
0033	SUI		\$5,859	\$12,803
PAYROLL TAX TOTAL			\$64,622	\$148,002
EMPLOYEE BENEFITS:				
0040	Retirement		62790	\$137,210
0041	Workers Compensation		3140	\$6,861
0042	Health Insurance (medical, vision, life, dental)		\$106,744	\$233,256
EMPLOYEE BENEFITS TOTAL			\$172,674	\$377,327
SALARY & BENEFITS GRAND TOTAL				\$3,274,535
FACILITIES/EQUIPMENT EXPENSES:				
1010	Rent/Lease Building			\$276,000
1011	Rent/Lease Equipment			\$1,962
1012	Utilities			\$34,500
1013	Building Maintenance			\$38,000
1014	Janitorial			\$28,200
FACILITY/EQUIPMENT TOTAL				\$378,662

OPERATING EXPENSES:

1060	Telephone	\$45,500
1061	Answering Service	\$0
1062	Postage	\$800
1063	Printing/Reproduction	\$3,000
1064	Publications	\$0
1065	Legal Notices/Advertising	\$3,150
1066	Office Supplies & Equipment	\$18,000
1067	Household Supplies	\$9,500
1068	Food	\$5,000
1069	Program Supplies - Therapeutic	\$26,000
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/vehicle maintenance	\$98,000
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$30,000
1075	Lodging	\$0
1076	Licenses/Taxes	\$4,475
OPERATING EXPENSES TOTAL		\$243,425

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$15,000
1081	External Audit	\$14,340
1082	Liability Insurance	\$27,000
1083	Administrative Overhead	\$286,238
1084	Payroll Services	\$14,000
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$356,578

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$45,000
1091	Translation Services	\$5,000
1092	Electronic Health Record	\$35,000
0004	Psychologists	\$15,000
0002	Psychiatrists	\$332,800
SPECIAL EXPENSES TOTAL		\$432,800

FIXED ASSETS:

1190	Computers & Software	\$35,000
1191	Furniture & Fixtures	\$25,000
FIXED ASSETS TOTAL		\$60,000

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2002.8 Child Care (SFC 72)	\$4,000
NON MEDI-CAL CLIENT SUPPORT TOTAL	\$4,000
TOTAL PROGRAM EXPENSES	\$4,750,000

MEDI-CAL REVENUE:

	Units of Service	Rate	\$ Amount
3000 Mental Health Services (Individual/Family/Group Therapy)	846,145	\$2.98	\$2,521,512
3100 Case Management	165,001	\$2.12	\$349,802
3200 Crisis Services	2,000	\$4.07	\$8,140
3300 Medication Support	59,200	\$5.44	\$322,048
3400 Collateral	15,000	\$2.98	\$44,700
3500 Plan Development	15,750	\$2.98	\$46,935
3600 Assessment	122,500	\$2.98	\$365,050
3700 Rehabilitation	253,000	\$2.22	\$561,660
3800 ICC	44,050	\$2.98	\$131,269
3900 IHBS	68,550	\$2.98	\$204,279
Estimated Specialty Mental Health Services Billing Totals	1,591,196		\$4,555,395
Estimated % of Clients that are Medi-Cal Beneficiaries			100%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			\$4,555,395
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)		50.00%	\$2,277,698
State M/Cal Share of Cost % (BH Realignment/EPSTDT)		50.00%	\$2,277,698
MEDI-CAL REVENUE TOTAL			\$4,555,395

OTHER REVENUE:

4100 Psychological Testing	8,300	\$2.81	\$23,323
4150 Court Documentation (per report)	883	\$65.00	\$57,395
4200 Mental Health Services (Individual/Family/Group Therapy)	20,000	\$2.98	\$59,600
4250 Case Management	4,000	\$2.12	\$8,480
4300 Crisis Services	50	\$4.07	\$204
4350 Medication Support	1,700	\$5.44	\$9,248
4400 Collateral	500	\$2.98	\$1,490
4450 Plan Development	225	\$2.98	\$671
4500 Assessment	3,500	\$2.98	\$10,430
4550 Rehabilitation	7,000	\$2.22	\$15,540
4600 ICC	1,500	\$2.98	\$4,470
4650 IHBS	1,260	\$2.98	\$3,755
OTHER REVENUE TOTAL			\$194,605
TOTAL PROGRAM REVENUE			\$4,750,000

CHILD WELFARE MENTAL HEALTH SERVICES
California Psychological Institute
July 1, 2022 to June 30, 2023

Budget Categories -		Total Proposed Budget		
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OPERATING EXPENSES TOTAL		\$243,425

FINANCIAL SERVICES EXPENSES:

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OTHER REVENUE TOTAL			\$194,605
TOTAL PROGRAM REVENUE			\$4,750,000

NARRATIVE

FY 2019 - 2024

BUDGET NARRATIVE - EXPENSES

Program Expenses

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

Personnel Salaries: California Psychological Institute has a current and proposed staff of 43 individuals.

Clinical Staff

Licensed Clinicians- 10.5 FTE- Average Salary \$64,095. Provide clinical services to children and adults under contract with Fresno County. Supervise and support unlicensed clinicians.

Unlicensed Clinicians- 12 FTE – Average salary \$60,916. Provide clinical services under contract with Fresno county to children and adults.

Client Care Coordinators- 6 FTE- Average salary \$41,600. Provide support to families currently being treated by a clinician. Provide linkage and assistance as well as education and school support to children and families.

Billing/Finance

Controller- 1FTE- Average salary \$100,000. Responsible for all general accounting duties. Manages bank accounts, journal entries and all general accounting needs, oversees billing, AR/AP, check reconciliation and taxes.

Medical Billing/ AR/AP- 2 FTE – Average Salary \$55,500. Responsible for all medical billing and data drop, check deposit and bill entry.

Support Staff

Administrative Assistants 4 FTE- Average Salary \$36,036- Support staff, psychiatrist and managers.

Patient Care Representative 2.50 FTE, Average Salary -\$31,200. Greet clients and schedule appointments. Do confirmation calls daily. Send all correspondence out of office.

Management Team

COO- 1 FTE Average Salary \$149,000- Oversees all staff, HR, Recruitment and retention, Contract oversight and supervises daily operations.

Program Manager- 1 FTE-Average Salary- \$66,560-Organizes and coordinates staff and curriculum for groups, trainings and chart audit. Responsible for Outcomes Reporting and monthly Activity reports

Office Manager- 1 FTE- Average Salary \$52,180. Supervises administrative assistants and patient care coordinators, coordinates schedules and time off.

QA/ Outcomes Manager- 1 FTE- Average Salary \$52,180- Responsible for outcomes data input into Avatar. Outcome collections and processing daily. Chart Review and Note review, internal audit and coordination of peer review. Outcomes report tracking and preparation.

Payroll Taxes: Items included in this section Employer Social Security, Employer Medicare, Employer FUTA and SUI.

Employee Benefits: California Psychological Institute is aware of the fact that Fresno County is requiring Employee Benefits to not exceed 20% of employee wages. We recognize that in order to maintain our status as a leading provider of quality mental health services in Fresno County, we must be able to offer employees with a competitive benefits package consistent with industry standards in order to incentivize and retain quality employees. Benefits offered are full health, dental, vision, 401k, and Workers Compensation. We believe that these benefits are a crucial part of our high staff retention rate.

Facilities/Equipment Expenses – Line Items 1010-1014

Rent/Lease Building: California Psychological Institute has an ongoing lease with Herndon Partners, LLC for a 10,000 SQFT office space. The monthly lease agreement is \$22,172.92. See lease agreement attached in section XX.

Rent/Lease Equipment: California Psychological Institute has a monthly rental agreement with Derrell's for a storage space used for documentation retention, and lease agreement with Pitney Bowes for our Postage meter and lease agreements for our photo copier.

Utilities: Expenses associated with services provided to us such as water, sewer, gas and electric. Currently California Psychological Institute contracts with PG&E, City of Fresno and Pinedale Public Utility for such services.

Common Area Maintenance: Expenses listed here include services provided in the following areas - lawn maintenance, pest control, plumbing, HVAC, electrical, annual fire inspections, trash service, and any other expenses revolving around the general maintenance, safety and security of the common areas.

Janitorial: Cleaning cost for the interior of our building.

Operating Expenses - Line Items 1060-1077

Telephone: Expenses listed here include our cost for services related to telephone, internet, and mobile phones

Postage: Stamps, and any related cost associated with mailing items through USPS or another courier used to mail out all intake paperwork.

Printing/Reproduction: Costs associated with document printing, business cards, scanning, faxing, document destruction/shredding, legal pads, brochures, office stationary, promotional items for clients such as fidget spinners, stress balls etc.

Legal/Advertising: Costs associated with promoting the business such as job postings, directory listings, training postings, and any legal expenses incurred for business purposes.

Office Supplies: General office items required for basic office functioning such as folders, small storage units, paper, pens, sticky notes, organizational items, highlighters, envelopes, low ticket office décor items like office wastebaskets, clocks, calendars, name badges, door signs, low cost computer items such as mouse pads, keyboards, mice, charging cables, printer ink, correction fluid, iPad and cell phone cases, laminating items, tape, brochures, waiting room supplies etc.

Household Supplies: Cleaning supplies, hand soap, trash bags, water cooler, toilet paper, paper towel, disposable cups, lids and plates, deodorizers, candles, Kleenex, stirrers, napkins, utensils, cup sleeves etc.

Food: Food and beverage costs for the clientele such as coffee, creamer, sugar, tea, honey. We also have snacks available in our kitchen for clients after each session. Cakes ,pizza or cupcakes to celebrate client graduations.

Program Supplies: California Psychological Institute understands that in order to provide quality services to its clientele, it must maintain a supply of certain items for the staff to utilize in their interactions with their clients. Expenses in this category are items directly related to services provided to clients, such as learning materials, books, arts and craft supplies, games, toys, RxNT access for the Psychiatrist, any Psych Testing materials, group supplies. Other items include our DMV and Live scan identification/verification costs related to background checks.

Staff Mileage: Employees who provide services in the field are provided mileage reimbursements at a rate of \$0.535/mile for the general upkeep and maintenance of their vehicles. Other items included here may be expenses related to parking for meetings or court in areas where parking garages must be used.

Staff Training/Registration: California Psychological Institute recognizes the value of providing our staff with ongoing training and education, for the benefit of not only themselves and our

business, but most importantly our clients. Therefore, one of the benefits we like to offer our staff is a yearly stipend for approved and related trainings in our field of expertise. Employees are provided the benefit at a rate of \$200/ year, on any related training that allows them the opportunity to better themselves so that they can offer our clients the best services, utilizing the most current and relevant information in the field. Remaining funds are earmarked for identified trainings useful for this work. CPP, law and ethics, DBT and cultural competency will be scheduled within 30 days of this contract start date.

Federal/Local Taxes:

Payments made to Federal, State, City or County for various tax purposes.

Consultant Fees- Human Resource Manual, Safety and Evacuation Plan and HR consultant fees

Financial Services Expenses – Line Items 1080-1085

Accounting/Bookkeeping: Expenses associated with utilizing an outside Accounting Firm for annual review of our bookkeeping, compliance, and yearly tax filing.

External Audit- Audited Financial Statements

Liability Insurance- General Liability and malpractice insurance costs

Payroll Processing: Costs associated with utilizing an outside Payroll company for managing general payroll reporting and compliance, Federal and State tax payments, employee direct deposit and payroll checks, and issuing W2s.

Administrative Overhead- Audit Cost/Expenses, Executive fees, Interest accrued on line of credit draw, IT consulting, HIPPA compliance and clinical record audits, risk management and program fidelity, recruiting and human resources support.

Special Expenses – Line Items 1090-1092

Translation Services: Although California Psychological Institute prides itself on having a well-rounded, multi-lingual staff, we recognize the need to have funds available to utilize outside translation services from time to time in order to better serve our clients and get them seen in a more reasonable time frame when one of our in-house staff is unavailable for any reason.

Electronic Health Record: Expenses related to the maintenance of our Electronic Health Record systems.

Computer Service Contract: Costs associated with the repairs, service, and maintenance of our network and all company devices.

Psychiatrist – Per diem. Currently scheduled 32 hours per week.

Psychologist- Per Diem.

Fixed Assets – Line Items 1190-1193

Computers/Printers/Software: Any costs associated with updates and/or replacements of our existing equipment such as Printers, Software, Computers, Servers and server equipment, iPads, and Cell phones, due to normal wear and use. New computers to be in HIPAA compliance with windows 10 machines.

Furniture/Fixtures: Expenses related to the replacement of our larger ticket items in the office due to normal wear and use such as children's, office and waiting room furniture and equipment, desks, chairs, storage furniture, telephone systems, etc.

Non-Medi-Cal Client Support Services- Line Items 2000-2002.8

Child Care Services- CPI will offer child care to clients seen in our office when needed to support the family and increase access to services.

TOTAL PROGRAM EXPENSE: \$4,750,000

CHILD WELFARE MENTAL HEALTH SERVICES
Central Star Behavioral Health, Inc
FY 2019-2020

Budget Categories -			Total Proposed Budget		
Line Item Description (Must be itemized)		FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Program Director	1.00		\$99,300	\$99,300
0002	Case Managers	9.00		\$509,850	\$509,850
0003	Mental Health Specialists	21.00		\$1,448,129	\$1,448,129
0004	Clinical Supervisors	3.00		\$222,789	\$222,789
0005	Intake Coordinator	2.00		\$67,898	\$67,898
0006	LVN	0.50		\$26,780	\$26,780
0007	Administrator	0.25	\$29,175		\$29,175
0008	Quality Assurance Coordinator	0.40	\$21,218		\$21,218
0009	Quality Assurance Manager	0.40	\$27,583		\$27,583
0010	Training Coordinator	0.40	\$22,067		\$22,067
0011	Human Resource Coordinator	0.50	\$26,788		\$26,788
0012	Admin Clerk	1.50	\$54,631		\$54,631
SALARY TOTAL		39.95	\$181,462	\$2,374,745	\$2,556,207
PAYROLL TAXES:					
0030	Payroll Taxes		\$18,146	\$237,475	\$255,621
PAYROLL TAX TOTAL			\$18,146	\$237,475	\$255,621
EMPLOYEE BENEFITS:					
0040	Retirement/Workers Comp/Health Insurance		\$31,302	\$409,644	\$440,946
EMPLOYEE BENEFITS TOTAL			\$31,302	\$409,644	\$440,946
SALARY & BENEFITS GRAND TOTAL					\$3,252,773
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$73,080
1011	Rent/Lease Equipment				\$19,000
1012	Utilities				\$15,000
1013	Building Maintenance				\$22,800
1014	Equipment purchase				\$0
FACILITY/EQUIPMENT TOTAL					\$129,880
OPERATING EXPENSES:					
1060	Telephone				\$95,468
1061	Answering Service				\$0
1062	Postage				\$0

1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$29,382
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/vehicle maintenance	\$82,563
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$30,000
1075	Lodging	\$0
1076	Other - Purchased Services	\$34,860
1077	Other - Centralized services - program	\$125,435
		\$0
OPERATING EXPENSES TOTAL		\$397,708

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$90,000
1081	External Audit	\$3,600
1082	Liability Insurance	\$18,896
1083	Administrative Overhead	\$608,658
1084	Payroll Services	\$11,984
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$733,138

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$7,200
1092	Medication Supports	\$186,000
SPECIAL EXPENSES TOTAL		\$193,200

FIXED ASSETS:

1190	Computers & Software	\$37,901
1191	Furniture & Fixtures	\$3,000
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$40,901

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2002.2 Client Transportation & Support (SFC 72)	\$2,400
NON MEDI-CAL CLIENT SUPPORT TOTAL	\$2,400
TOTAL PROGRAM EXPENSES	\$4,750,000

MEDI-CAL REVENUE:

	Service	Rate	\$ Amount
3000 Mental Health Services (Individual/Family/Group Therapy)	471,977	\$2.81	\$1,326,255
3100 Case Management	340,015	\$2.17	\$737,833
3200 Crisis Intervention	2,654	\$4.17	\$11,067
3300 Medication Support	35,610	\$5.18	\$184,458
3400 Collateral	311,807	\$2.81	\$876,177
3500 Plan Development	32,822	\$2.81	\$92,229
3600 Assessment	49,233	\$2.81	\$138,344
3700 Rehabilitation	32,822	\$2.81	\$92,229
3800 ICC	212,510	\$2.17	\$461,146
3900 IHBS	246,163	\$2.81	\$691,719
Estimated Specialty Mental Health Services Billing Totals	1,735,612		\$4,611,458
Estimated % of Clients that are Medi-Cal Beneficiaries			97%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			\$4,473,114
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)		50.00%	\$2,236,557
State M/Cal Share of Cost % (BH Realignment/EPSDT)		50.00%	\$2,236,557
MEDI-CAL REVENUE TOTAL			\$4,473,114

OTHER REVENUE: Social Services Revenue

4100 Psychological Evaluations	15,866	2.81	\$44,584
4200 Court Documentation, Reports	29,388	2.81	\$82,581
4300 Non-MediCal Clients (Mental Health Services)	39,819	2.81	\$111,891
4400 Non-MediCal Clients (Case Management)	14,853	2.17	\$32,232
4500 Non-MediCal Clients (Crisis Intervention)	85	4.17	\$354
4600 Non-MediCal Clients (Medical Support)	902	5.81	\$5,243
OTHER REVENUE TOTAL			\$276,886
TOTAL PROGRAM REVENUE			\$4,750,000

CHILD WELFARE MENTAL HEALTH SERVICES
Central Star Behavioral Health Inc.
FY 2019 - 2020
BUDGET NARRATIVE - EXPENSES

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

Program Director: \$99,300 for 1.0 FTE, this position oversees program management and maintains in compliance with contract and legal requirements.

Case Manager: \$509,850 for 9.0 FTE, will provide case management activities to assist individuals at risk or indicating symptoms of mental health problems to ensure access to needed medical, rehabilitative, and other needed services and resources. Case Manager will work to identify and link individuals to resources and related supports, monitor service delivery to ensure access to care. Case Manager will provide person-to-person case management support to address barriers to treatment and will support individuals connecting with appropriate mental health resources. Case Managers will provide individualized attention, as well as services and supports as needed.

Mental Health Specialist 1/II: \$1,448,129 for 21 FTE's, provides initial and ongoing assessment; develops EPSDT plan. Provides individual and family trauma-informed mental health services and therapy. Provides clinical support and information to CFTs, as CFT and ICC team member. Documents and bills for services, and completes outcomes information.

Clinical Supervisor: \$222,789 for 3.0 FTE, under general direction, supervises Specialty Mental Health Services, and the work of license-eligible therapists in accordance with BBS requirements. May also provide individual mental health services.

Intake Coordinator: \$67,898 for 2.0 FTE, processes referrals, consent packets, and paperwork, etc.

LVN: \$26,780 for \$0.5 FTE, provides direct client care including medications, and supervises nursing activities performed by professional and para-professional nursing personnel on the unit.

Administrator: \$29,175 for .25 FTE, has a direct responsibility for the Community Service program and will report to Regional Administrator, will ensure operational, clinical and regulatory requirements are met. He/she will directly supervise the Program Director.

QA Coordinator: \$21,218 for .40 FTE, is responsible for utilization review and assisting in medical record management by gathering and analyzing agency data and assisting in the agency's quality control, quality assurance, and quality improvement efforts.

QA Manager: \$27,583 for .40 FTE, manages all Quality Assurance tasks for the program, which includes records management, documentation and service audits for compliance to Medi-Cal and internal requirements.

Training Coordinator: \$22,067 for .40 FTE, assists in the development, coordination, delivery and administration of agency training programs.

Human Resources Coordinator: \$26,788 for .50 FTE, manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.

Admin Clerk: \$54,631 for 1.5 FTE, is responsible for insuring the client record within EMR (Electronic Medical Record) is maintained, physician orders are signed within the prescribed time period, clinical, consultant and discharge documentation and appointments are scheduled, weekly summary sheets are prepared, and also acts as the administrative support for the units.

\$2,556,207

Payroll Taxes.

Payroll Taxes: 10% of annual salaries

\$255,621

Employee Benefits:

Retirement/Worker Compensation/Health Insurance: 17.25% of annual salaries

\$440,946

Facilities/Equipment Expenses – Line Items 1010-1014

Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.

Rent/Lease Building: \$73,080, is calculated at \$1.40 per square foot per month for 4,350 square feet for 12 months.

Rent/Lease Equipment: \$19,000 for copier lease, toner and maintenance for 12 months.

Utilities: \$15,000 Electricity, Water, Gas, \$1,250 per month for 12 months.

Building Maintenance: \$22,800 for janitorial services, repairs and maintenance, calculated at \$1,900 per month for 12 months.

Equipment purchases: \$0

\$129,880

Operating Expenses - Line Items 1060-1077

Identify and detail the expenses for each item utilized for program.

Telephone: \$95,468 for staff cell phone reimbursement (\$60 per month for 35.5 staff and the director at \$100 per month) Included is \$68,708 for landline, internet & phones which includes Wi-Fi for staff tablets.

Office supplies and equipment: \$29,382 based on \$14,382 for office supplies for 39.95 FTE's and \$15,000 for Property Taxes, business licenses and Joint Commission fees.

Staff Mileage/Vehicle maintenance: \$82,563, this is estimated staff travel reimbursement for client visits (IRS mileage rate @ .58/miles) and for staff travel to training programs, which is based on our experience in administering similar programs and locations. Based on our experience the 36.50 FTEs will travel approximately 75 miles/FTE per week. Calculated @ \$6,880/month.

Staff Training/Registration: \$30,000, which comprise of the on-going program required education, training and materials for staff and training for DBT/ AF-CBT/ CBT practices. Calculated at \$2,500 per month.

Other: Purchased service: \$34,860 which includes start up costs for recruitment of \$1,740, on-going staff recruitment, document shredding, water and coffee service, postage meter rental, Security services and storage facility of \$33,120.

Other: Centralized Program Services: \$125,435 is comprised of the SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide). There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted 3% of total expenses.

\$397,708

Financial Services Expenses – Line Items 1080-1085

Local and corporate administrative costs are limited to 15% of the total program budget.
Copies of insurance policies are required.

Accounting/Bookkeeping: \$90,000, this program will be supported and greatly benefit from the experienced and established local Starlight Community Services organization. There is a large cost advantage to the program in being supported by Starlight CS in the areas of operations, business office and billing functions. Without the support from an affiliated organization, the program would need to have dedicated staff for these functions. Additionally any costs shared with this program will result in savings to the county though lower costs for other Central Star County Programs. The cost of this support is budgeted at \$7,500 per month which is consistent with other programs.

External Audit \$3,600 for annual audit fees.

Liability Insurance: \$18,896 for general liability, property and professional liability based on \$473 per FTE.

Administrative overhead: Will not exceed 15% of total costs. \$401,591 or 10% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$207,067 or 5% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding.

Payroll services: \$11,984 for payroll processing fees based on \$25 per month for 39.95 employees.

\$733,138

Special Expenses – Line Items 1090-1092

Detail each line item in Special Expenses.

Translation Services \$7,200 for annual translation services.

Medication Supports - \$186,000, includes Psychiatrist: \$141,600 for 59 hours per month at \$200 per hour and Psychologist: \$44,400 for 37 hours per month at \$100 per hour.

\$193,200

Fixed Assets – Line Items 1190-1193

Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.

Fixed Assets: Includes, equipment purchases: \$40,901 for furniture, IT equipment, software and support.

\$40,901

Non-Medi-Cal Client Support Expenses – Line Items 2000-2002.8

Detail any anticipated expenditures for clients.

Program Supplies \$2,400 for client supplies and incentives based on \$200 per month - this will cover food for family meetings and graduation celebrations.

\$2,400

TOTAL PROGRAM EXPENSE: \$4,750,000.00

CHILD WELFARE MENTAL HEALTH SERVICES
Central Star Behavioral Health, Inc
FY 2020-2021

Budget Categories -			Total Proposed Budget		
Line Item Description (Must be itemized)		FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Program Director	1.00		\$101,286	\$101,286
0002	Case Managers	9.00		\$520,047	\$520,047
0003	Mental Health Specialists	21.00		\$1,477,091	\$1,477,091
0004	Clinical Supervisors	3.00		\$227,245	\$227,245
0005	Intake Coordinator	2.00		\$69,256	\$69,256
0006	LVN	0.50		\$27,316	\$27,316
0007	Administrator	0.25	\$29,758		\$29,758
0008	Quality Assurance Coordinator	0.40	\$21,642		\$21,642
0009	Quality Assurance Manager	0.40	\$28,135		\$28,135
0010	Training Coordinator	0.40	\$22,508		\$22,508
0011	Human Resource Coordinator	0.50	\$27,323		\$27,323
0012	Admin Clerk	1.50	\$55,724		\$55,724
SALARY TOTAL		39.95	\$185,091	\$2,422,240	\$2,607,331
PAYROLL TAXES:					
0030	Payroll Taxes		\$18,509	\$242,224	\$260,733
PAYROLL TAX TOTAL			\$18,509	\$242,224	\$260,733
EMPLOYEE BENEFITS:					
0040	Retirement/Workers Comp/Health Insurance		\$31,928	\$417,836	\$449,765
EMPLOYEE BENEFITS TOTAL			\$31,928	\$417,836	\$449,765
SALARY & BENEFITS GRAND TOTAL					\$3,317,829
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$74,542
1011	Rent/Lease Equipment				\$19,380
1012	Utilities				\$15,300
1013	Building Maintenance				\$23,256
1014	Equipment purchase				\$0
FACILITY/EQUIPMENT TOTAL					\$132,478
OPERATING EXPENSES:					
1060	Telephone				\$97,377
1061	Answering Service				\$0
1062	Postage				\$0

1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$28,722
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/vehicle maintenance	\$84,214
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$30,600
1075	Lodging	\$0
1076	Other - Purchased Services	\$33,782
1077	Other - Centralized services - program	\$121,618
OPERATING EXPENSES TOTAL		\$396,314

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$91,800
1081	External Audit	\$3,672
1082	Liability Insurance	\$19,274
1083	Administrative Overhead	\$574,449
1084	Payroll Services	\$12,225
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$701,420

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$7,344
1092	Medication Supports	\$189,720
SPECIAL EXPENSES TOTAL		\$197,064

FIXED ASSETS:

1190	Computers & Software	\$2,448
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$2,448

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2002.2 Client Transportation & Support (SFC 72)	\$2,448
NON MEDI-CAL CLIENT SUPPORT TOTAL	\$2,448
TOTAL PROGRAM EXPENSES	\$4,750,000

MEDI-CAL REVENUE:

	Service	Rate	\$ Amount
3000 Mental Health Services (Individual/Family/Group Therapy)	471,977	\$2.81	\$1,326,255
3100 Case Management	340,015	\$2.17	\$737,833
3200 Crisis Intervention	2,654	\$4.17	\$11,067
3300 Medication Support	35,610	\$5.18	\$184,458
3400 Collateral	311,807	\$2.81	\$876,177
3500 Plan Development	32,822	\$2.81	\$92,229
3600 Assessment	49,233	\$2.81	\$138,344
3700 Rehabilitation	32,822	\$2.81	\$92,229
3800 ICC	212,510	\$2.17	\$461,146
3900 IHBS	246,163	\$2.81	\$691,719
Estimated Specialty Mental Health Services Billing Totals	1,735,612		\$4,611,458
Estimated % of Clients that are Medi-Cal Beneficiaries			97%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			\$4,473,114
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)		50.00%	\$2,236,557
State M/Cal Share of Cost % (BH Realignment/EPSDT)		50.00%	\$2,236,557
MEDI-CAL REVENUE TOTAL			\$4,473,114

OTHER REVENUE: Social Services Revenue

4100 Psychological Evaluations	15,866	2.81	\$44,584
4200 Court Documentation, Reports	29,388	2.81	\$82,581
4300 Non-MediCal Clients (Mental Health Services)	41,153	2.81	\$115,641
4400 Non-MediCal Clients (Case Management)	15,705	2.17	\$34,080
4500 Non-MediCal Clients (Crisis Intervention)	85	4.17	\$354
4600 Non-MediCal Clients (Medical Support)	902	5.81	\$5,243
OTHER REVENUE TOTAL			\$276,886
TOTAL PROGRAM REVENUE			\$4,750,000

CHILD WELFARE MENTAL HEALTH SERVICES
Central Star Behavioral Health Inc.
FY 2020 - 2021
BUDGET NARRATIVE - EXPENSES

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

Program Director: \$101,286 for 1.0 FTE, this position oversees program management and maintains in compliance with contract and legal requirements.

Case Manager: \$520,047 for 9.0 FTE, will provide case management activities to assist individuals at risk or indicating symptoms of mental health problems to ensure access to needed medical, rehabilitative, and other needed services and resources. Case Manager will work to identify and link individuals to resources and related supports, monitor service delivery to ensure access to care. Case Manager will provide person-to-person case management support to address barriers to treatment and will support individuals connecting with appropriate mental health resources. Case Managers will provide individualized attention, as well as services and supports as needed.

Mental Health Specialist 1/II: \$1,477,091 for 21 FTE's, provides initial and ongoing assessment; develops EPSDT plan. Provides individual and family trauma-informed mental health services and therapy. Provides clinical support and information to CFTs, as CFT and ICC team member. Documents and bills for services, and completes outcomes information.

Clinical Supervisor: \$227,245 for 3.0 FTE, under general direction, supervises Specialty Mental Health Services, and the work of license-eligible therapists in accordance with BBS requirements. May also provide individual mental health services.

Intake Coordinator: \$69,256 for 2.0 FTE, processes referrals, consent packets, and paperwork, etc.

LVN: \$27,316 for \$0.5 FTE, provides direct client care including medications, and supervises nursing activities performed by professional and para-professional nursing personnel on the unit.

Administrator: \$29,758 for .25 FTE, has a direct responsibility for the Community Service program and will report to Regional Administrator, will ensure operational, clinical and regulatory requirements are met. He/she will directly supervise the Program Director.

QA Coordinator: \$21,642 for .40 FTE, is responsible for utilization review and assisting in medical record management by gathering and analyzing agency data and assisting in the agency's quality control, quality assurance, and quality improvement efforts.

QA Manager: \$28,135 for .40 FTE, manages all Quality Assurance tasks for the program, which includes records management, documentation and service audits for compliance to Medi-Cal and internal requirements.

Training Coordinator: \$22,508 for .40 FTE, assists in the development, coordination, delivery and administration of agency training programs.

Human Resources Coordinator: \$27,323 for .50 FTE, manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.

Admin Clerk: \$55,724 for 1.5 FTE, is responsible for insuring the client record within EMR (Electronic Medical Record) is maintained, physician orders are signed within the prescribed time period, clinical, consultant and discharge documentation and appointments are scheduled, weekly summary sheets are prepared, and also acts as the administrative support for the units.

\$2,607,331

Payroll Taxes.

Payroll Taxes: 10% of annual salaries

\$260,733

Employee Benefits:

Retirement/Worker Compensation/Health Insurance: 17.25% of annual salaries

\$449,764

Facilities/Equipment Expenses – Line Items 1010-1014

Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.

Rent/Lease Building: \$74,542, is calculated at \$1.43 per square foot per month for 4,350 square feet for 12 months.

Rent/Lease Equipment: \$19,380 for copier lease, toner and maintenance for 12 months.

Utilities: \$15,300 Electricity, Water, Gas, \$1,275 per month for 12 months.

Building Maintenance: \$23,256 for janitorial services, repairs and maintenance, calculated at \$1,938 per month for 12 months.

Equipment purchases: \$0

\$132,478

Operating Expenses - Line Items 1060-1077

Identify and detail the expenses for each item utilized for program.

Telephone: \$97,377 for staff cell phone reimbursement (\$60 per month for 35.5 staff and the director at \$100 per month) Included is \$70,617 for landline, internet & phones which includes Wi-Fi for staff tablets.

Office supplies and equipment: \$28,722 based on \$13,422 for office supplies for 39.95 FTE's and \$15,300 for Property Taxes, business licenses and Joint Commission fees.

Staff Mileage/Vehicle maintenance: \$84,214, this is estimated staff travel reimbursement for client visits (IRS mileage rate @ .58/miles) and for staff travel to training programs, which is based on our experience in administering similar programs and locations. Based on our experience the 36.50 FTEs will travel approximately 75 miles/FTE per week. Calculated @ \$7,018/month.

Staff Training/Registration: \$30,600, which comprise of the on-going program required education, training and materials for staff and training for DBT/ AF-CBT/ CBT practices. Calculated at \$2,550 per month.

Other: Purchased service: \$33,783 which includes \$2,203 on-going staff recruitment, document shredding, water and coffee service, postage meter rental, Security services and storage facility of \$31,579.

Other: Centralized Program Services: \$121,618 is comprised of the SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide). There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted 3% of total expenses.

\$396,314

Financial Services Expenses – Line Items 1080-1085

Local and corporate administrative costs are limited to 15% of the total program budget.
Copies of insurance policies are required.

Accounting/Bookkeeping: \$91,800, this program will be supported and greatly benefit from the experienced and established local Starlight Community Services organization. There is a large cost advantage to the program in being supported by Starlight CS in the areas of operations, business office and billing functions. Without the support from an affiliated organization, the program would need to have dedicated staff for these functions. Additionally any costs shared with this program will result in savings to the county though lower costs for other Central Star County Programs. The cost of this support is budgeted at \$7,650 per month which is consistent with other programs.

External Audit \$3,672 for annual audit fees.

Liability Insurance: \$19,274 for general liability, property and professional liability based on \$473 per FTE.

Administrative overhead: Will not exceed 15% of total costs. \$365,671 or 9% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$208,778 or 5% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding.

Payroll services: \$12,225 for payroll processing fees based on \$25.5 per month for 39.95 employees.

\$701,420

Special Expenses – Line Items 1090-1092

Detail each line item in Special Expenses.

Translation Services \$7,344 for annual translation services.

Medication Supports - \$189,720, includes Psychiatrist: \$144,432 for 59 hours per month at \$204 per hour and Psychologist: \$45,288 for 37 hours per month at \$102 per hour.

\$197,064

Fixed Assets – Line Items 1190-1193

Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.

Fixed Assets: Includes, equipment purchases: \$2,448 for IT equipment, software and support.

\$2,448

Non-Medi-Cal Client Support Expenses – Line Items 2000-2002.8

Detail any anticipated expenditures for clients.

Program Supplies \$2,448 for client supplies and incentives based on \$204 per month - this will cover food for family meetings and graduation celebrations.

\$2,448

TOTAL PROGRAM EXPENSE: \$4,750,000.00

CHILD WELFARE MENTAL HEALTH SERVICES
Central Star Behavioral Health, Inc
FY 2021-2022

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:				
0001 Program Director	1.00		\$103,312	\$103,312
0002 Case Managers	8.00		\$471,509	\$471,509
0003 Mental Health Specialists	21.00		\$1,506,633	\$1,506,633
0004 Clinical Supervisors	3.00		\$231,790	\$231,790
0005 Intake Coordinator	2.00		\$70,641	\$70,641
0006 LVN	0.50		\$27,862	\$27,862
0007 Administrator	0.25	\$30,353		\$30,353
0008 Quality Assurance Coordinator	0.40	\$22,075		\$22,075
0009 Quality Assurance Manager	0.40	\$28,698		\$28,698
0010 Training Coordinator	0.40	\$22,958		\$22,958
0011 Human Resource Coordinator	0.50	\$27,870		\$27,870
0012 Admin Clerk	1.50	\$56,838		\$56,838
SALARY TOTAL	38.95	\$188,793	\$2,411,746	\$2,600,539
PAYROLL TAXES:				
0030 Payroll Taxes		\$18,879	\$241,175	\$260,054
PAYROLL TAX TOTAL		\$18,879	\$241,175	\$260,054
EMPLOYEE BENEFITS:				
0040 Retirement/Workers Comp/Health Insurance		\$32,567	\$416,026	\$448,593
EMPLOYEE BENEFITS TOTAL		\$32,567	\$416,026	\$448,593
SALARY & BENEFITS GRAND TOTAL				\$3,309,186
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$76,032
1011 Rent/Lease Equipment				\$19,768
1012 Utilities				\$15,606
1013 Building Maintenance				\$23,721
1014 Equipment purchase				\$0
FACILITY/EQUIPMENT TOTAL				\$135,127
OPERATING EXPENSES:				
1060 Telephone				\$99,325
1061 Answering Service				\$0
1062 Postage				\$0

1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$29,256
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/vehicle maintenance	\$85,899
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$31,212
1075	Lodging	\$0
1076	Other - Purchased Services	\$34,458
1077	Other - Centralized services - program	\$98,079
OPERATING EXPENSES TOTAL		\$378,228

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$93,636
1081	External Audit	\$3,745
1082	Liability Insurance	\$19,660
1083	Administrative Overhead	\$591,949
1084	Payroll Services	\$12,469
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$721,460

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$7,491
1092	Medication Supports	\$193,514
SPECIAL EXPENSES TOTAL		\$201,005

FIXED ASSETS:

1190	Computers & Software	\$2,497
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$2,497

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2002.2 Client Transportation & Support (SFC 72)	\$2,497
NON MEDI-CAL CLIENT SUPPORT TOTAL	\$2,497
TOTAL PROGRAM EXPENSES	\$4,750,000

MEDI-CAL REVENUE:

	Service	Rate	\$ Amount
3000 Mental Health Services (Individual/Family/Group Therapy)	471,977	\$2.81	\$1,326,255
3100 Case Management	340,015	\$2.17	\$737,833
3200 Crisis Intervention	2,654	\$4.17	\$11,067
3300 Medication Support	35,610	\$5.18	\$184,458
3400 Collateral	311,807	\$2.81	\$876,177
3500 Plan Development	32,822	\$2.81	\$92,229
3600 Assessment	49,233	\$2.81	\$138,344
3700 Rehabilitation	32,822	\$2.81	\$92,229
3800 ICC	212,510	\$2.17	\$461,146
3900 IHBS	246,163	\$2.81	\$691,719
Estimated Specialty Mental Health Services Billing Totals	1,735,612		\$4,611,458
Estimated % of Clients that are Medi-Cal Beneficiaries			97%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			\$4,473,114
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)		50.00%	\$2,236,557
State M/Cal Share of Cost % (BH Realignment/EPSTD)		50.00%	\$2,236,557
MEDI-CAL REVENUE TOTAL			\$4,473,114

OTHER REVENUE: Social Services Revenue

4100 Psychological Evaluations	15,866	2.81	\$44,584
4200 Court Documentation, Reports	29,388	2.81	\$82,581
4300 Non-MediCal Clients (Mental Health Services)	41,153	2.81	\$115,641
4400 Non-MediCal Clients (Case Management)	15,705	2.17	\$34,080
4500 Non-MediCal Clients (Crisis Intervention)	85	4.17	\$354
4600 Non-MediCal Clients (Medical Support)	902	5.81	\$5,243
OTHER REVENUE TOTAL			\$276,886
TOTAL PROGRAM REVENUE			\$4,750,000

CHILD WELFARE MENTAL HEALTH SERVICES
Central Star Behavioral Health Inc.
FY 2021 - 2022
BUDGET NARRATIVE - EXPENSES

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

Program Director: \$103,312 for 1.0 FTE, this position oversees program management and maintains in compliance with contract and legal requirements.

Case Manager: \$471,509 for 8.0 FTE, will provide case management activities to assist individuals at risk or indicating symptoms of mental health problems to ensure access to needed medical, rehabilitative, and other needed services and resources. Case Manager will work to identify and link individuals to resources and related supports, monitor service delivery to ensure access to care. Case Manager will provide person-to-person case management support to address barriers to treatment and will support individuals connecting with appropriate mental health resources. Case Managers will provide individualized attention, as well as services and supports as needed.

Mental Health Specialist 1/II: \$1,506,633 for 21 FTE's, provides initial and ongoing assessment; develops EPSDT plan. Provides individual and family trauma-informed mental health services and therapy. Provides clinical support and information to CFTs, as CFT and ICC team member. Documents and bills for services, and completes outcomes information.

Clinical Supervisor: \$231,790 for 3.0 FTE, under general direction, supervises Specialty Mental Health Services, and the work of license-eligible therapists in accordance with BBS requirements. May also provide individual mental health services.

Intake Coordinator: \$70,641 for 2.0 FTE, processes referrals, consent packets, and paperwork, etc.

LVN: \$27,862 for \$0.5 FTE, provides direct client care including medications, and supervises nursing activities performed by professional and para-professional nursing personnel on the unit.

Administrator: \$30,353 for .25 FTE, has a direct responsibility for the Community Service program and will report to Regional Administrator, will ensure operational, clinical and regulatory requirements are met. He/she will directly supervise the Program Director.

QA Coordinator: \$22,075 for .40 FTE, is responsible for utilization review and assisting in medical record management by gathering and analyzing agency data and assisting in the agency's quality control, quality assurance, and quality improvement efforts.

QA Manager: \$28,698 for .40 FTE, manages all Quality Assurance tasks for the program, which includes records management, documentation and service audits for compliance to Medi-Cal and internal requirements.

Training Coordinator: \$22,958 for .40 FTE, assists in the development, coordination, delivery and administration of agency training programs.

Human Resources Coordinator: \$27,870 for .50 FTE, manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.

Admin Clerk: \$56,838 for 1.5 FTE, is responsible for insuring the client record within EMR (Electronic Medical Record) is maintained, physician orders are signed within the prescribed time period, clinical, consultant and discharge documentation and appointments are scheduled, weekly summary sheets are prepared, and also acts as the administrative support for the units.

\$2,600,539

Payroll Taxes.

Payroll Taxes: 10% of annual salaries

\$260,054

Employee Benefits:

Retirement/Worker Compensation/Health Insurance: 17.25% of annual salaries

\$448,593

Facilities/Equipment Expenses – Line Items 1010-1014

Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.).

Attach copy of lease agreements if available.

Rent/Lease Building: \$76,032, is calculated at \$1.46 per square foot per month for 4,350 square feet for 12 months.

Rent/Lease Equipment: \$19,768 for copier lease, toner and maintenance for 12 months.

Utilities: \$15,606 Electricity, Water, Gas, \$1,300 per month for 12 months.

Building Maintenance: \$23,721 for janitorial services, repairs and maintenance, calculated at \$1,977 per month for 12 months.

Equipment purchases: \$0

\$135,127

Operating Expenses - Line Items 1060-1077

Identify and detail the expenses for each item utilized for program.

Telephone: \$99,325 for staff cell phone reimbursement (\$60 per month for 34.5 staff and the director at \$100 per month) Included is \$73,285 for landline, internet & phones which includes Wi-Fi for staff tablets.

Office supplies and equipment: \$29,256 based on \$13,650 for office supplies for 38.95 FTE's and \$15,606 for Property Taxes, business licenses and Joint Commission fees.

Staff Mileage/Vehicle maintenance: \$85,899, this is estimated staff travel reimbursement for client visits (IRS mileage rate @ .58/miles) and for staff travel to training programs, which is based on our experience in administering similar programs and locations. Based on our experience the 34.50 FTEs will travel approximately 75 miles/FTE per week. Calculated @ \$7,158/month.

Staff Training/Registration: \$31,212, which comprise of the on-going program required education, training and materials for staff and training for DBT/ AF-CBT/ CBT practices. Calculated at \$2,601 per month.

Other: Purchased service: \$34,458 which includes \$2,247 on-going staff recruitment, document shredding, water and coffee service, postage meter rental, Security services and storage facility of \$32,211.

Other: Centralized Program Services: \$98,078 is comprised of the SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide). There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted 2.42% of total expenses.

\$378,228

Financial Services Expenses – Line Items 1080-1085

Local and corporate administrative costs are limited to 15% of the total program budget.
Copies of insurance policies are required.

Accounting/Bookkeeping: \$93,636, this program will be supported and greatly benefit from the experienced and established local Starlight Community Services organization. There is a large cost advantage to the program in being supported by Starlight CS in the areas of operations, business office and billing functions. Without the support from an affiliated organization, the program would need to have dedicated staff for these functions. Additionally any costs shared with this program will result in savings to the county though lower costs for other Central Star County Programs. The cost of this support is budgeted at \$7,803 per month which is consistent with other programs.

External Audit \$3,745 for annual audit fees.

Liability Insurance: \$19,660 for general liability, property and professional liability based on \$473 per FTE.

Administrative overhead: Will not exceed 15% of total costs. \$384,047 or 9.46% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$207,903 or 5% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding.

Payroll services: \$12,469 for payroll processing fees based on \$26.7 per month for 38.95 employees.

\$721,460

Special Expenses – Line Items 1090-1092

Detail each line item in Special Expenses.

Translation Services \$7,491 for annual translation services.

Medication Supports - \$193,514, includes Psychiatrist: \$147,321 for 59 hours per month at \$208 per hour and Psychologist: \$46,194 for 37 hours per month at \$104 per hour.

\$201,005

Fixed Assets – Line Items 1190-1193

Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.

Fixed Assets: Includes, equipment purchases: \$2,497 for IT equipment, software and support.

\$2,497

Non-Medi-Cal Client Support Expenses – Line Items 2000-2002.8

Detail any anticipated expenditures for clients.

Program Supplies \$2,497 for client supplies and incentives based on \$208 per month - this will cover food for family meetings and graduation celebrations.

\$2,497

TOTAL PROGRAM EXPENSE: \$4,750,000.00

CHILD WELFARE MENTAL HEALTH SERVICES
Central Star Behavioral Health, Inc
FY 2022-2023

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:				
0001 Program Director	1.00		\$105,378	\$105,378
0002 Case Managers	8.00		\$480,939	\$480,939
0003 Mental Health Specialists	20.00		\$1,463,586	\$1,463,586
0004 Clinical Supervisors	3.00		\$236,425	\$236,425
0005 Intake Coordinator	2.00		\$72,053	\$72,053
0006 LVN	0.50		\$28,419	\$28,419
0007 Administrator	0.25	\$30,960		\$30,960
0008 Quality Assurance Coordinator	0.40	\$22,517		\$22,517
0009 Quality Assurance Manager	0.40	\$29,272		\$29,272
0010 Training Coordinator	0.40	\$23,417		\$23,417
0011 Human Resource Coordinator	0.50	\$28,427		\$28,427
0012 Admin Clerk	1.50	\$57,975		\$57,975
SALARY TOTAL	37.95	\$192,569	\$2,386,802	\$2,579,370
PAYROLL TAXES:				
0030 Payroll Taxes		\$19,257	\$238,680	\$257,937
PAYROLL TAX TOTAL		\$19,257	\$238,680	\$257,937
EMPLOYEE BENEFITS:				
0040 Retirement/Workers Comp/Health Insurance		\$33,218	\$411,723	\$444,941
EMPLOYEE BENEFITS TOTAL		\$33,218	\$411,723	\$444,941
SALARY & BENEFITS GRAND TOTAL				\$3,282,249
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$77,553
1011 Rent/Lease Equipment				\$20,163
1012 Utilities				\$15,918
1013 Building Maintenance				\$24,196
1014 Equipment purchase				\$0
FACILITY/EQUIPMENT TOTAL				\$137,830
OPERATING EXPENSES:				
1060 Telephone				\$101,311
1061 Answering Service				\$0
1062 Postage				\$0

1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$29,841
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/vehicle maintenance	\$87,617
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$31,836
1075	Lodging	\$0
1076	Other - Purchased Services	\$35,147
1077	Other - Centralized services - program	\$101,201
OPERATING EXPENSES TOTAL		\$386,954

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$95,509
1081	External Audit	\$3,820
1082	Liability Insurance	\$20,053
1083	Administrative Overhead	\$600,747
1084	Payroll Services	\$12,719
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$732,848

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$7,641
1092	Medication Supports	\$197,385
SPECIAL EXPENSES TOTAL		\$205,025

FIXED ASSETS:

1190	Computers & Software	\$2,547
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$2,547

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2002.2 Client Transportation & Support (SFC 72)	\$2,547
NON MEDI-CAL CLIENT SUPPORT TOTAL	\$2,547
TOTAL PROGRAM EXPENSES	\$4,750,000

MEDI-CAL REVENUE:

	Service	Rate	\$ Amount
3000 Mental Health Services (Individual/Family/Group Therapy)	471,977	\$2.81	\$1,326,255
3100 Case Management	340,015	\$2.17	\$737,833
3200 Crisis Intervention	2,654	\$4.17	\$11,067
3300 Medication Support	35,610	\$5.18	\$184,458
3400 Collateral	311,807	\$2.81	\$876,177
3500 Plan Development	32,822	\$2.81	\$92,229
3600 Assessment	49,233	\$2.81	\$138,344
3700 Rehabilitation	32,822	\$2.81	\$92,229
3800 ICC	212,510	\$2.17	\$461,146
3900 IHBS	246,163	\$2.81	\$691,719
Estimated Specialty Mental Health Services Billing Totals	1,735,612		\$4,611,458
Estimated % of Clients that are Medi-Cal Beneficiaries			97%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			\$4,473,114
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)		50.00%	\$2,236,557
State M/Cal Share of Cost % (BH Realignment/EPSTD)		50.00%	\$2,236,557
MEDI-CAL REVENUE TOTAL			\$4,473,114

OTHER REVENUE: Social Services Revenue

4100 Psychological Evaluations	15,866	2.81	\$44,584
4200 Court Documentation, Reports	29,388	2.81	\$82,581
4300 Non-MediCal Clients (Mental Health Services)	41,153	2.81	\$115,641
4400 Non-MediCal Clients (Case Management)	15,705	2.17	\$34,080
4500 Non-MediCal Clients (Crisis Intervention)	85	4.17	\$354
4600 Non-MediCal Clients (Medical Support)	902	5.81	\$5,243
OTHER REVENUE TOTAL			\$276,886
TOTAL PROGRAM REVENUE			\$4,750,000

CHILD WELFARE MENTAL HEALTH SERVICES
Central Star Behavioral Health Inc.
FY 2022 - 2023
BUDGET NARRATIVE - EXPENSES

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

Program Director: \$105,378 for 1.0 FTE, this position oversees program management and maintains in compliance with contract and legal requirements.

Case Manager: \$480,939 for 8.0 FTE, will provide case management activities to assist individuals at risk or indicating symptoms of mental health problems to ensure access to needed medical, rehabilitative, and other needed services and resources. Case Manager will work to identify and link individuals to resources and related supports, monitor service delivery to ensure access to care. Case Manager will provide person-to-person case management support to address barriers to treatment and will support individuals connecting with appropriate mental health resources. Case Managers will provide individualized attention, as well as services and supports as needed.

Mental Health Specialist 1/II: \$1,463,586 for 20 FTE's, provides initial and ongoing assessment; develops EPSDT plan. Provides individual and family trauma-informed mental health services and therapy. Provides clinical support and information to CFTs, as CFT and ICC team member. Documents and bills for services, and completes outcomes information.

Clinical Supervisor: \$236,425 for 3.0 FTE, under general direction, supervises Specialty Mental Health Services, and the work of license-eligible therapists in accordance with BBS requirements. May also provide individual mental health services.

Intake Coordinator: \$72,054 for 2.0 FTE, processes referrals, consent packets, and paperwork, etc.

LVN: \$28,419 for \$0.5 FTE, provides direct client care including medications, and supervises nursing activities performed by professional and para-professional nursing personnel on the unit.

Administrator: \$30,960 for .25 FTE, has a direct responsibility for the Community Service program and will report to Regional Administrator, will ensure operational, clinical and regulatory requirements are met. He/she will directly supervise the Program Director.

QA Coordinator: \$22,517 for .40 FTE, is responsible for utilization review and assisting in medical record management by gathering and analyzing agency data and assisting in the agency's quality control, quality assurance, and quality improvement efforts.

QA Manager: \$29,272 for .40 FTE, manages all Quality Assurance tasks for the program, which includes records management, documentation and service audits for compliance to Medi-Cal and internal requirements.

Training Coordinator: \$23,417 for .40 FTE, assists in the development, coordination, delivery and administration of agency training programs.

Human Resources Coordinator: \$28,427 for .50 FTE, manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.

Admin Clerk: \$57,975 for 1.5 FTE, is responsible for insuring the client record within EMR (Electronic Medical Record) is maintained, physician orders are signed within the prescribed time period, clinical, consultant and discharge documentation and appointments are scheduled, weekly summary sheets are prepared, and also acts as the administrative support for the units.

\$2,579,370

Payroll Taxes.

Payroll Taxes: 10% of annual salaries

\$257,937

Employee Benefits:

Retirement/Worker Compensation/Health Insurance: 17.25% of annual salaries

\$444,941

Facilities/Equipment Expenses – Line Items 1010-1014

Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.).

Attach copy of lease agreements if available.

Rent/Lease Building: \$77,553, is calculated at \$1.49 per square foot per month for 4,350 square feet for 12 months.

Rent/Lease Equipment: \$20,163 for copier lease, toner and maintenance for 12 months.

Utilities: \$15,918 Electricity, Water, Gas, \$1,327 per month for 12 months.

Building Maintenance: \$24,196 for janitorial services, repairs and maintenance, calculated at \$2,016 per month for 12 months.

Equipment purchases: \$0

\$137,830

Operating Expenses - Line Items 1060-1077

Identify and detail the expenses for each item utilized for program.

Telephone: \$101,311 for staff cell phone reimbursement (\$60 per month for 33.5 staff and the director at \$100 per month) Included is \$75,991 for landline, internet & phones which includes Wi-Fi for staff tablets.

Office supplies and equipment: \$29,841 based on \$13,923 for office supplies for 37.95 FTE's and \$15,918 for Property Taxes, business licenses and Joint Commission fees.

Staff Mileage/Vehicle maintenance: \$87,617, this is estimated staff travel reimbursement for client visits (IRS mileage rate @ .58/miles) and for staff travel to training programs, which is based on our experience in administering similar programs and locations. Based on our experience the 34.50 FTEs will travel approximately 75 miles/FTE per week. Calculated @ \$7,301/month.

Staff Training/Registration: \$31,836, which comprise of the on-going program required education, training and materials for staff and training for DBT/ AF-CBT/ CBT practices. Calculated at \$2,653 per month.

Other: Purchased service: \$35,147 which includes \$2,292 on-going staff recruitment, document shredding, water and coffee service, postage meter rental, Security services and storage facility of \$32,855.

Other: Centralized Program Services: \$101,201 is comprised of the SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide). There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted 2.50% of total expenses.

\$386,953

Financial Services Expenses – Line Items 1080-1085

Local and corporate administrative costs are limited to 15% of the total program budget.

Copies of insurance policies are required.

Accounting/Bookkeeping: \$95,509, this program will be supported and greatly benefit from the experienced and established local Starlight Community Services organization. There is a large cost advantage to the program in being supported by Starlight CS in the areas of operations, business office and billing functions. Without the support from an affiliated organization, the program would need to have dedicated staff for these functions. Additionally any costs shared with this program will result in savings to the county though lower costs for other Central Star County Programs. The cost of this support is budgeted at \$7,803 per month which is consistent with other programs.

External Audit \$3,820 for annual audit fees.

Liability Insurance: \$20,053 for general liability, property and professional liability based on \$473 per FTE.

Administrative overhead: Will not exceed 15% of total costs. \$393,285 or 9.72% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$207,463 or 5% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding.

Payroll services: \$12,719 for payroll processing fees based on \$30 per month for 37.95 employees.

\$732,849

Special Expenses – Line Items 1090-1092

Detail each line item in Special Expenses.

Translation Services \$7,641 for annual translation services.

Medication Supports - \$197,385, includes Psychiatrist: \$150,267 for 59 hours per month at \$212 per hour and Psychologist: \$47,118 for 37 hours per month at \$106 per hour.

\$205,026

Fixed Assets – Line Items 1190-1193

Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.

Fixed Assets: Includes, equipment purchases: \$2,497 for IT equipment, software and support.

\$2,547

Non-Medi-Cal Client Support Expenses – Line Items 2000-2002.8

Detail any anticipated expenditures for clients.

Program Supplies \$2,547 for client supplies and incentives based on \$212 per month - this will cover food for family meetings and graduation celebrations.

\$2,547

TOTAL PROGRAM EXPENSE: \$4,750,000.00

CHILD WELFARE MENTAL HEALTH SERVICES
Central Star Behavioral Health, Inc
FY 2023-2024

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:				
0001 Program Director	1.00		\$107,486	\$107,486
0002 Case Managers	8.00		\$490,558	\$490,558
0003 Mental Health Specialists	20.00		\$1,492,858	\$1,492,858
0004 Clinical Supervisors	3.00		\$241,154	\$241,154
0005 Intake Coordinator	2.00		\$73,495	\$73,495
0006 LVN	0.50		\$28,988	\$28,988
0007 Administrator	0.25	\$31,580		\$31,580
0008 Quality Assurance Coordinator	0.40	\$22,967		\$22,967
0009 Quality Assurance Manager	0.40	\$29,857		\$29,857
0010 Training Coordinator	0.40	\$23,886		\$23,886
0011 Human Resource Coordinator	0.50	\$28,996		\$28,996
0012 Admin Clerk	1.50	\$59,135		\$59,135
SALARY TOTAL	37.95	\$196,420	\$2,434,538	\$2,630,958
PAYROLL TAXES:				
0030 Payroll Taxes		\$19,642	\$243,454	\$263,096
PAYROLL TAX TOTAL		\$19,642	\$243,454	\$263,096
EMPLOYEE BENEFITS:				
0040 Retirement/Workers Comp/Health Insurance		\$33,882	\$419,958	\$453,840
EMPLOYEE BENEFITS TOTAL		\$33,882	\$419,958	\$453,840
SALARY & BENEFITS GRAND TOTAL				\$3,347,894
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$79,104
1011 Rent/Lease Equipment				\$20,566
1012 Utilities				\$16,236
1013 Building Maintenance				\$24,679
1014 Equipment purchase				\$0
FACILITY/EQUIPMENT TOTAL				\$140,586
OPERATING EXPENSES:				
1060 Telephone				\$103,338
1061 Answering Service				\$0
1062 Postage				\$0

1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$30,438
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/vehicle maintenance	\$89,369
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$32,473
1075	Lodging	\$0
1076	Other - Purchased Services	\$35,850
1077	Other - Centralized services - program	\$81,756
OPERATING EXPENSES TOTAL		\$373,224

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$97,419
1081	External Audit	\$3,897
1082	Liability Insurance	\$20,454
1083	Administrative Overhead	\$539,232
1084	Payroll Services	\$12,973
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$673,975

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$7,794
1092	Medication Supports	\$201,332
SPECIAL EXPENSES TOTAL		\$209,126

FIXED ASSETS:

1190	Computers & Software	\$2,598
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
1193	Other - (Identify)	\$0
FIXED ASSETS TOTAL		\$2,598

NON MEDI-CAL CLIENT SUPPORT EXPENSES:

2002.2 Client Transportation & Support (SFC 72)	\$2,597
NON MEDI-CAL CLIENT SUPPORT TOTAL	\$2,597
TOTAL PROGRAM EXPENSES	\$4,750,000

MEDI-CAL REVENUE:

	Service	Rate	\$ Amount
3000 Mental Health Services (Individual/Family/Group Therapy)	471,977	\$2.81	\$1,326,255
3100 Case Management	340,015	\$2.17	\$737,833
3200 Crisis Intervention	2,654	\$4.17	\$11,067
3300 Medication Support	35,610	\$5.18	\$184,458
3400 Collateral	311,807	\$2.81	\$876,177
3500 Plan Development	32,822	\$2.81	\$92,229
3600 Assessment	49,233	\$2.81	\$138,344
3700 Rehabilitation	32,822	\$2.81	\$92,229
3800 ICC	212,510	\$2.17	\$461,146
3900 IHBS	246,163	\$2.81	\$691,719
Estimated Specialty Mental Health Services Billing Totals	1,735,612		\$4,611,458
Estimated % of Clients that are Medi-Cal Beneficiaries			97%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			\$4,473,114
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)		50.00%	\$2,236,557
State M/Cal Share of Cost % (BH Realignment/EPSTD)		50.00%	\$2,236,557
MEDI-CAL REVENUE TOTAL			\$4,473,114

OTHER REVENUE: Social Services Revenue

4100 Psychological Evaluations	15,866	2.81	\$44,584
4200 Court Documentation, Reports	29,388	2.81	\$82,581
4300 Non-MediCal Clients (Mental Health Services)	41,153	2.81	\$115,641
4400 Non-MediCal Clients (Case Management)	15,705	2.17	\$34,080
4500 Non-MediCal Clients (Crisis Intervention)	85	4.17	\$354
4600 Non-MediCal Clients (Medical Support)	902	5.81	\$5,243
OTHER REVENUE TOTAL			\$276,886
TOTAL PROGRAM REVENUE			\$4,750,000

CHILD WELFARE MENTAL HEALTH SERVICES
Central Star Behavioral Health Inc.
FY 2023 - 2024
BUDGET NARRATIVE - EXPENSES

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

Program Director: \$107,486 for 1.0 FTE, this position oversees program management and maintains in compliance with contract and legal requirements.

Case Manager: \$490,558 for 8.0 FTE, will provide case management activities to assist individuals at risk or indicating symptoms of mental health problems to ensure access to needed medical, rehabilitative, and other needed services and resources. Case Manager will work to identify and link individuals to resources and related supports, monitor service delivery to ensure access to care. Case Manager will provide person-to-person case management support to address barriers to treatment and will support individuals connecting with appropriate mental health resources. Case Managers will provide individualized attention, as well as services and supports as needed.

Mental Health Specialist 1/II: \$1,492,858 for 20 FTE's, provides initial and ongoing assessment; develops EPSDT plan. Provides individual and family trauma-informed mental health services and therapy. Provides clinical support and information to CFTs, as CFT and ICC team member. Documents and bills for services, and completes outcomes information.

Clinical Supervisor: \$241,154 for 3.0 FTE, under general direction, supervises Specialty Mental Health Services, and the work of license-eligible therapists in accordance with BBS requirements. May also provide individual mental health services.

Intake Coordinator: \$73,495 for 2.0 FTE, processes referrals, consent packets, and paperwork, etc.

LVN: \$28,988 for \$0.5 FTE, provides direct client care including medications, and supervises nursing activities performed by professional and para-professional nursing personnel on the unit.

Administrator: \$31,580 for .25 FTE, has a direct responsibility for the Community Service program and will report to Regional Administrator, will ensure operational, clinical and regulatory requirements are met. He/she will directly supervise the Program Director.

QA Coordinator: \$22,967 for .40 FTE, is responsible for utilization review and assisting in medical record management by gathering and analyzing agency data and assisting in the agency's quality control, quality assurance, and quality improvement efforts.

QA Manager: \$29,857 for .40 FTE, manages all Quality Assurance tasks for the program, which includes records management, documentation and service audits for compliance to Medi-Cal and internal requirements.

Training Coordinator: \$23,886 for .40 FTE, assists in the development, coordination, delivery and administration of agency training programs.

Human Resources Coordinator: \$28,996 for .50 FTE, manages all human resource clerical and administrative tasks for the program staff. This position is responsible for supporting the development of a positive working environment to enhance agency success and reduce legal risk, as well as management team support and consultation, employee relations, interpretation and administration of HR policies and procedures, staff recruitment and selection, compensation, and employee benefits etc.

Admin Clerk: \$59,135 for 1.5 FTE, is responsible for insuring the client record within EMR (Electronic Medical Record) is maintained, physician orders are signed within the prescribed time period, clinical, consultant and discharge documentation and appointments are scheduled, weekly summary sheets are prepared, and also acts as the administrative support for the units.

\$2,630,959

Payroll Taxes.

Payroll Taxes: 10% of annual salaries

\$263,096

Employee Benefits:

Retirement/Worker Compensation/Health Insurance: 17.25% of annual salaries

\$453,840

Facilities/Equipment Expenses – Line Items 1010-1014

Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.).

Attach copy of lease agreements if available.

Rent/Lease Building: \$79,104, is calculated at \$1.52 per square foot per month for 4,350 square feet for 12 months.

Rent/Lease Equipment: \$20,566 for copier lease, toner and maintenance for 12 months.

Utilities: \$16,236 Electricity, Water, Gas, \$1,353 per month for 12 months.

Building Maintenance: \$24,679 for janitorial services, repairs and maintenance, calculated at \$2,056 per month for 12 months.

Equipment purchases: \$0

\$140,585

Operating Expenses - Line Items 1060-1077

Identify and detail the expenses for each item utilized for program.

Telephone: \$103,338 for staff cell phone reimbursement (\$60 per month for 33.5 staff and the director at \$100 per month) Included is \$78,018 for landline, internet & phones which includes Wi-Fi for staff tablets.

Office supplies and equipment: \$30,438 based on \$14,202 for office supplies for 37.95 FTE's and \$16,236 for Property Taxes, business licenses and Joint Commission fees.

Staff Mileage/Vehicle maintenance: \$89,369, this is estimated staff travel reimbursement for client visits (IRS mileage rate @ .58/miles) and for staff travel to training programs, which is based on our experience in administering similar programs and locations. Based on our experience the 34.50 FTEs will travel approximately 75 miles/FTE per week. Calculated @ \$7,447/month.

Staff Training/Registration: \$32,473, which comprise of the on-going program required education, training and materials for staff and training for DBT/ AF-CBT/ CBT practices. Calculated at \$2,706 per month.

Other: Purchased service: \$35,850 which includes \$2,338 on-going staff recruitment, document shredding, water and coffee service, postage meter rental, Security services and storage facility of \$33,512.

Other: Centralized Program Services: \$81,756 is comprised of the SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide). There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted 2% of total expenses.

\$373,224

Financial Services Expenses – Line Items 1080-1085

Local and corporate administrative costs are limited to 15% of the total program budget. Copies of insurance policies are required.

Accounting/Bookkeeping: \$97,419, this program will be supported and greatly benefit from the experienced and established local Starlight Community Services organization. There is a large cost advantage to the program in being supported by Starlight CS in the areas of operations, business office and billing functions. Without the support from an affiliated organization, the program would need to have dedicated staff for these functions. Additionally any costs shared with this program will result in savings to the county though lower costs for other Central Star County Programs. The cost of this support is budgeted at \$8,118 per month which is consistent with other programs.

External Audit \$3,897 for annual audit fees.

Liability Insurance: \$20,454 for general liability, property and professional liability based on \$473 per FTE.

Administrative overhead: Will not exceed 15% of total costs. \$328,694 or 8% of total costs is an allocation from Stars Behavioral Health Group. It covers operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. SBHG oversight ensures consistency with our quality standards and policies and procedures. The cost is developed from allocating the SBHG costs among all the programs within all the SBHG companies based on standard accounting practices. This economy of scale results in a significant savings for all SBHG programs. Rather than staffing each program for all necessary services above, the services are performed by fewer employees and then shared among all SBHG programs. \$210,538 or 5% of the total expenses is budgeted as SBHG operating income. Up to 5% of the total expenses will be net income while maintaining total Administrative/Overhead expenses under 15% of total funding.

Payroll services: \$12,973 for payroll processing fees based on \$30 per month for 37.95 employees.

\$673,975

Special Expenses – Line Items 1090-1092

Detail each line item in Special Expenses.

Translation Services \$7,794 for annual translation services.

Medication Supports - \$201,332, includes Psychiatrist: \$153,272 for 59 hours per month at \$216 per hour and Psychologist: \$48,060 for 37 hours per month at \$108 per hour.

\$209,126

Fixed Assets – Line Items 1190-1193

Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.

Fixed Assets: Includes, equipment purchases: \$2,497 for IT equipment, software and support.

\$2,598

Non-Medi-Cal Client Support Expenses – Line Items 2000-2002.8

Detail any anticipated expenditures for clients.

Program Supplies \$2,597 for client supplies and incentives based on \$216 per month - this will cover food for family meetings and graduation celebrations.

\$2,597

TOTAL PROGRAM EXPENSE: \$4,750,000.00

CHILD WELFARE MENTAL HEALTH SERVICES**Uplift Family Services****FY 2019-2020**

Budget Categories -		Total Proposed Budget		
Line Item Description (Must be itemized)	FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:				
0001 Clinician I	18.00		\$958,441	\$958,441
0002 Clinician II	5.00		\$300,142	\$300,142
0003 Family Specialist	4.00		\$132,193	\$132,193
0004 Clinical Program Manager	5.31		\$404,020	\$404,020
0005 Clinical Director	1.00		\$103,461	\$103,461
0006 Support Services Coordinator	2.00		\$91,342	\$91,342
0007 Administrative Assistant	1.68	\$70,111		\$70,111
0008 Regional Director	0.42	\$58,170		\$58,170
0009 Supervisor of Administrative Operations	0.42	\$25,320		\$25,320
0010 Customer Services	1.26	\$62,287		\$62,287
0011 Compliance - Health Information Technician	0.84	\$30,842		\$30,842
0012 Associate Director of Quality Support	0.42	\$34,559		\$34,559
0013 Health Information Manager	0.17	\$18,897		\$18,897
0014 Supervisor Physical Plant Operations	0.14	\$12,409		\$12,409
0015 Outcome - Research Specialist	0.57	\$48,324		\$48,324
0016 Training - Learning Partner	0.31	\$21,219		\$21,219
SALARY TOTAL	41.54	\$382,138	\$1,989,599	\$2,371,737
PAYROLL TAXES:				
0030 OASDI		\$23,693	\$123,355	\$147,048
0031 FICA/MEDICARE		\$5,541	\$28,849	\$34,390
0032 SUI		\$2,866	\$14,922	\$17,788
PAYROLL TAX TOTAL		\$32,100	\$167,126	\$199,226
EMPLOYEE BENEFITS:				
0040 Retirement		\$15,286	\$79,584	\$94,870
0041 Workers Compensation		\$7,643	\$39,792	\$47,435
0042 dental)		\$85,980	\$447,660	\$533,640
EMPLOYEE BENEFITS TOTAL		\$108,909	\$567,036	\$675,945
SALARY & BENEFITS GRAND TOTAL				\$3,246,908
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$221,578

1011	Rent/Lease Equipment	\$8,358
1012	Utilities	\$0
1013	Building Maintenance	\$2,127
1014	Equipment purchase	\$36,710
FACILITY/EQUIPMENT TOTAL		\$268,773

OPERATING EXPENSES:

1060	Telephone	\$55,933
1061	Answering Service	\$0
1062	Postage	\$1,946
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$11,307
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$6,000
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Travel and Mileage/vehicle maintenance	\$134,949
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$99,807
1075	Lodging	\$0
1076	Depreciation	\$2,909
1077	Subscription/Membership Services	\$4,829
OPERATING EXPENSES TOTAL		\$317,680

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$4,405
1082	Liability Insurance	\$54,551
1083	Administrative Overhead	\$712,500
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$771,456

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$32,783
1091	Translation Services	\$30,000
1092	Contract Psychiatrist	\$82,400

SPECIAL EXPENSES TOTAL			\$145,183
FIXED ASSETS:			
1190	Computers & Software		\$0
1191	Furniture & Fixtures		\$0
1192	Other - (Identify)		\$0
1193	Other - (Identify)		\$0
FIXED ASSETS TOTAL			\$0
TOTAL PROGRAM EXPENSES			\$4,750,000

MEDI-CAL REVENUE:		Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	809,717	\$2.98	\$2,412,957
3100	Case Management	77,859	\$2.32	\$180,633
3200	Crisis Services	15,571	\$4.38	\$68,201
3300	Medication Support	15,571	\$5.44	\$84,706
3400	Collateral	93,429	\$2.98	\$278,418
3500	Plan Development	31,143	\$2.32	\$72,252
3600	Assessment	124,573	\$2.98	\$371,228
3700	Rehabilitation	77,857	\$2.98	\$232,014
3800	Intensive Care Coord	77,857	\$2.32	\$180,628
3900	Intensive Home Based Services	233,574	\$2.98	\$696,051
Estimated Specialty Mental Health Services Billing Totals		1,557,151		\$4,577,088
Estimated % of Clients that are Medi-Cal Beneficiaries				93%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$4,275,000
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$2,137,500
State M/Cal Share of Cost % (BH Realignment/EPSTD)			50.00%	\$2,137,500
MEDI-CAL REVENUE TOTAL				\$4,275,000

OTHER REVENUE: DEPARTMENT OF SOCIAL SERVICES		Rate	
Court Documentation, Report, Appearance (flat rate)	1,380	\$74.00	\$102,120
Psychological Evaluations	24,480	\$2.89	\$70,747
Mental Health Services (Individual/Family/Group Therapy)	52,721	\$2.98	\$157,108
Case Management	6,512	\$2.32	\$15,107
Crisis Services	690	\$4.38	\$3,021
Medication Support	555	\$5.44	\$3,021
Collateral	6,083	\$2.98	\$18,128
Plan Development	2,605	\$2.32	\$6,043
Assessment	8,111	\$2.98	\$24,171
Rehabilitation	5,069	\$2.98	\$15,107
Intensive Care Coord	6,512	\$2.32	\$15,107

Intensive Home Based Services	15,208	\$2.98	\$45,320
OTHER REVENUE TOTAL	129,926		\$475,000
TOTAL PROGRAM REVENUE			\$4,750,000

CHILD WELFARE MENTAL HEALTH SERVICES
Uplift Family Services
FY 2019 - 2020
BUDGET NARRATIVE - EXPENSES

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

0001 Clinician I

18.0 FTE at average salary \$53,245 per FTE. Total Estimated Cost is \$958,411.

Master's Degree (MA/MS) and at least two years of experience working with youth, young adults and families in a therapeutic environment is required. If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision. Provides psychotherapy and psychotherapeutic support to children and families. Up to 4 Masters level student interns will as well be used to provide additional psychotherapy and psychotherapeutic support.

0002 Clinician II

5.0 FTE at average salary \$60,028 per FTE. Total Estimated Cost is \$300,142.

Master's Degree (MA/MS) and at least three years of experience working with youth, young adults and families in a therapeutic environment is required. If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision. Provides psychotherapy and psychotherapeutic support to children and families. Applies advanced use of assessment information in development of the treatment plan and applies information and resources to ensure quality care. Applies advanced skill in acquisition and application of clinically related information to effectively intervene with children and families. Understands and applies multi-modal approaches and perspectives to therapeutic direction. Provides coaching and mentoring of others in the implementation of Evidence Based Practices (EBPs). Leads problem solving interaction and work with external customers. Maintains audit ready charts and audits charts independently. Provides observations and feedback to supervisor in order to monitor and/or modify programs or approaches. Actively participates in the identification of team opportunities for improvement or identification of deficiencies and in the development of strategies to address or bridge gaps. Leads Continuous Quality Improvement (CQI) activities and project implementation. Required to meet applicable productivity and documentation requirements.

0003 Family Specialist

4.0 FTE at average salary \$33,048 per FTE. Total Estimated Cost is \$132,193.

Provides direct services to youth and families. Provides direct billable mental health services, documents in alignment with MediCal regulations, and achieves set productivity expectations. Engages and builds alignment and relationships with parents, youth, and others in the normal course of working with the families. Utilizes strengths of youth, families, and others to assist in the implementation and achievement of goals and outcomes. Works with youth and family teams to support family driven, strength based planning and interventions. Understands and takes advantage of therapeutic opportunities in crisis situations. Conducts observations regarding specific target behavior, track progress and modify plans with the family to support their intended identified outcome. Assists teams in developing a hypothesis of function and underlying unmet need in an effort to develop individualized, strength based strategies and interventions that will result in positive behavior change. Engages caregiver, family members, and other natural supports in building youth specific parenting responses that support positive behavior change and overall family relationships. Works in the community directly with youth and families to develop and implement safety and skill refinement plans. Supports families in bridging to and or building on natural resources and accessing community based program supports that will continue support over time. Develops resources within the community to serve children and families. Assists youth and family teams to meet specific service needs (ie: help develop strategy or resource specific to an identified need) and monitor outcomes. Participates in family finding team activities by identifying family finding need, obtaining authorizations, creating teams, conducting searches and setting deadlines. Completes Connectedness Maps as needed. Documents interactions and practices and maintain administrative expectations in a timely manner. Meets and or exceeds all direct service expectations and documentation requirements. Assists in developing program responses to needs identified across a number of youth and families where natural community resources are not available or appropriate. Builds on individual strengths, concerns, and needs with balanced focus on the family as a unit. Facilitates and/or co-facilitates, supports, and model participation in healthy group dynamics within various settings including family homes, schools, parks, and recreation centers, and treatment facilities. Provides an open forum for expression of feelings and ideas when appropriate. Builds solid, cooperative, culturally responsive relationships with youth and families as well as community resources to assist with the planning, organizing, implementation and evaluation of appropriate activities to achieve family.

0004 Clinical Program Manager

5.31 FTE at average salary \$76,087 per FTE. Total Estimated Cost is \$404,020.

Ensures effective coordination of services for youth and families with other providers, both internal and external, by supporting the development of constructive relationships and problem-solving barriers. Develops, interprets and ensures consistent implementation of clinical program philosophy, objectives, standards, policies, procedures and practices. Analyzes and integrates the use of outcome data to improve clinical service delivery within assigned team. Ensures and monitors defined outcome achievement for youth and families, as well as satisfaction levels for youth, families, and referring workers and agencies. Initiates and participates in organizational quality improvement efforts. Lead and/or delegate work groups to respond to program development needs. Ensures compliance with all policy and procedures including adherence to all licensing, quality, Information Technology (IT), Human Resources (HR), compliance and regulatory standards. Leads and manages change. Proactively identifies potential conflicts; leads parties to consensus and develops same skills in direct reports. Manages to ensure fiscally viable programming. Ensures staff billable productivity and other revenue related activities meet or exceed revenue forecasts. Ensures effective quality clinical services delivery for assigned youth and families. Provides effective crisis and risk prevention and management. Partners with county referring departments, agencies and the community to ensure comprehensive care. Participates in staff development; hires, coaches, mentors, supervises, conducts direct field observations, trains, disciplines, and terminates. Ensures clinical documentation and quality assurance meets both agency and payor standards, ensuring audit ready charts and continuous quality improvement. Provides 24/7 availability as needed. Culturally responsive to internal and external customers, and ensures family voice. Provides direct services to families and children, as support to the direct service staff, to ensure smooth delivery of service to assigned families and youth. Provides outreach to the community including education about agency, program and general mental health and foster care topics. Advocates for system change in relationship to agency service delivery philosophy. Manages day-to-day operations including utilization of all administrative electronic systems, human, and other resources. Works collaboratively with managerial peers to develop and improve program delivery and ensure adherence to fiscal requirements. Ensures those Child Care Licensing (CCL) regulations and policy and procedures relating to certification of families are upheld and followed and that the youths needs are met. Required to meet applicable productivity and documentation requirements.

0005 Clinical Director

1.0 FTE at average salary \$103,461 per FTE. Total Estimated Cost is \$103,461.

Master's degree (MA/MS). Must have appropriate license to practice as a Licensed Clinical Social Worker or Marriage Family Therapist in the State of California. Must meet the BBS requirements to provide clinical oversight and supervision with three to ten years of experience in healthcare/psychology/behavioral/mental health. The Clinical Director implements strategies to accomplish the agency annual priorities at the program level. Directs and develops managers, ensures CPMS are competent and have all tools necessary to lead teams.

0006 Support Services Coordinator

2.0 FTE at average salary \$45,671 per FTE. Total Estimated Cost is \$91,342.

Bachelor's degree required. (with emphasis in Psychology, social Work, Sociology or related course work) Two years of experience in Mental Health field required. Four years of experience in Mental Health field preferred. Knowledge of excel spreadsheets; moderate computer literacy. Clinical skills relevant to intake services including: client triage, understanding of legal/ethical issues, and risk management.

Works within the vision, mission, and philosophy of the agency, provides customerfriendly services to internal and external customers. With limited supervision, sets up, coordinates and runs parenting groups, trains new staff and coaches and supports existing staff in effectively using therapeutic interventions with children and families and in meeting documentation quality and timeliness expectations. Analyzes outcome data in partnership with Outcomes and Evaluation to identify quality improvement activities. Leads quality improvement activities from start to finish, including evaluation of the effectiveness of the activities.

0007 Program Shared Staff

6.23 FTE at average salary \$61,338 per FTE. Total Estimated Cost is \$382,138.

1.68 FTE Administrative Assistant

0.42 FTE Regional Director

0.42 FTE Supervisor of Administrative Operations

1.26 FTE Customer Services

0.84 FTE Compliance - Health Information Technician

0.42 FTE Associate Director Quality Support

0.17 FTE Health Information Management

0.14 FTE Supervisor Physical Plant Operations

0.57 FTE Outcomes - Research Specialist

0.31 FTE Training - Learning Partner

These positions are shared direct program costs that provide direct clinical, operational support, quality, compliance and outcomes support and management and supervision support, to produce required program outcomes to all programs in this region. Approximately 42% of cost is allocated to this program using the basis of direct wages by program for this region's programs.

0030 OASDI

Calculated at 6.2% of salaries. Annual cost is estimated at \$147,048.

0031 FICA/MEDICARE

Calculated at 1.45% of salaries. Annual cost is estimated at \$34,390.

0032 SUI

Calculated at 0.75% of salaries. Annual cost is estimated at \$17,788.

0040 Retirement

Calculated at 4% of salaries. Annual cost is estimated at \$98,870.

0041 Workers Compensation

Calculated at 2% of salaries. Annual cost is estimated at \$47,435.

0042 Health Insurance (medical, vision, life, dental)

Calculated at 22.5% of salaries. Annual cost is estimated at \$533,640.

\$ 3,246,908

Facilities/Equipment Expenses – Line Items 1010-1014

1010 Rent/Lease Building

This includes building rent or depreciation, storage and file storage unit rental payments and all the costs associated with storing and retrieving of client, personnel or other files or records. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's new office in Fresno. Estimated cost is \$221,578 per year.

1011 Rent/Lease Equipment

This includes rental payments for equipment including leased copiers, postage machines, phone systems, laptops or other communication, office or facility equipment. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's office in Fresno. Estimated cost is \$8,358 per year.

1013 Building Maintenance

This includes common area maintenance on leased building charges, maintenance/building repair charges, HVAC maintenance and repair, landscaping, janitorial services, confidential paper shredding services, in-house or outside equipment repair and labor. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's office in Fresno. Estimated cost is \$2,127 per year.

1014 Equipment purchase

Equipment, parts and materials includes the purchase of non-capital assets. Sample items include, but are not limited to, laptops, desktops, printers, calculators and fax machines, as well as system user licenses. Costs are allocated between programs on the basis of payroll dollars and estimated. Estimated cost is \$36,710 per year.

\$ 268,773

Operating Expenses - Line Items 1060-1077

1060 Telephone

Cell phones, Land Lines, DSL, fax charges, phone system; wireless cards for laptop computers enabling UFS to maintain a fully functional mobile work force to deliver in-home/in the community services. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$55,933 per year.

1062 Postage

Postage, printing, US mail, GSO, Federal Express, UPS, postage machine refills, outside reproduction costs, program specific brochures and flyers when reimbursable by the program. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$1,946 per year.

1066 Office Supplies & Equipment

Office supplies and equipment include, but are not limited to: paper, pens, files, staplers, subscriptions to periodicals or newspapers, annual Agency dues and fees paid to accrediting agencies and laptop replacement. Costs are allocated between programs on the basis of direct labor dollars and have been estimated based on historical trends. Estimated cost is \$11,307 per year.

1069 Program Supplies - Therapeutic

Includes those supplies utilized in the direct delivery of therapeutic services to clients. Cost is estimated to be approximately \$18.50 per direct care staff per month. Materials, cash payments, outing costs, etc. used to motivate or reinforce desired behavior in clients, as well as materials required for use in Evidenced Based Practices. Estimated cost is \$6,000 per year.

1072 Staff Travel and Mileage/vehicle maintenance

Includes travel costs such as air fare and lodging for trainings/meetings/conferences, and mileage reimbursement, which is paid at the prevailing federal rate (currently \$0.58 per mile) to program service staff and program administrative staff. This also includes upkeep costs for vehicles. Estimated cost is \$134,949 per year.

1074 Staff Training/Registration

Includes training in the Evidence-Based Practices of Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Child Parent Psychotherapy (CPP), and Dialectical Behavior Therapy (DBT), organizational tools, team/organizational psychology, philosophy of client based services, integration of roles/team dynamics, assessment and individualized treatment planning, general services, organizing admissions, individualized treatment planning associated with the EBPs, and other infant mental health trainings. This includes train-the-trainer and any other program development training needs. Trainings are inclusive of internal and external trainings, and all costs, except mileage associated with training, including transportation, parking room and board, meals, refreshments cost of the program, instructor fees and materials/manuals are included. Also includes other mandatory trainings such as first aid and CPR. Estimated cost is \$99,807 per year.

1076 Depreciation

Depreciation includes depreciation on leasehold improvements, office furniture/fixtures and equipment meeting amortization thresholds. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$2,909 per year

1077 Subscription/Membership Services

Includes subscriptions to periodicals, databases, software, and other subscription services, as well as annual agency dues and fees. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated Cost is \$4,829 per year.

\$ 317,680

Financial Services Expenses – Line Items 1080-1085

1081 External Audit

Includes annual audit ensuring all financial records are relevant and accurate and in compliance with state and federal laws and regulations. Audit costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical costs. Estimated cost is \$4,405 per year.

1082 Liability Insurance

Includes general business liability and property coverage along with professional liability insurance. Costs are allocated between programs on the basis of direct labor dollars and estimated based on historical trends. Estimated cost is \$54,551 per year.

1083 Administrative Overhead

Represents the overhead of the Agency's general and administrative shared support services such as finance, accounting, billing, human resources, clinical administration, information technology, professional fees, HIPPA compliance and clinical record audits, risk management and program fidelity, recruiting and human resources support, MIS infrastructure & QI/UM department support and oversight as well as executive management. Costs that cannot be specifically charged to a program are allocated to programs on the basis of direct labor program costs prior to the addition of taxes and benefits. Administrative Overhead has been budgeted at 15% of total program expenses. Estimated cost is \$712,500 per year.

\$ 771,456

Special Expenses – Line Items 1090-1092

1090 Consultant (network & data management)

The consultant will provide additional clinical supervision support for program staff. This will also be used for a contract psychologist to provide court ordered psychological testing and reports to the Court. Contract Psychologist estimated to cost \$95 per hour. The psychologist will be required to provide at least 20 hours per month on average. This will also cover the cost of the psychological testing and scoring materials. Estimated cost is \$32,783 per year.

1091 Translation Services

To ensure the provision of culturally sensitive services including assurance of language access, when there is not availability of bilingual staff interpreter/translation services are used to support a culturally appropriate evaluation, diagnosis, treatment and referral services. Estimated Cost is \$30,000 per year.

1092 Contract Psychiatrist

This includes a contract Psychiatrist position estimated to cost \$195 per hour. The psychiatrist will be required to provide at least 25 hours per month, and will provide psychiatric evaluations and medication support services. This also includes a Nurse Practitioner, estimated to cost \$125 per hour. The nurse practitioner will be required to provide 2 hours per week and will provide additional psychiatric evaluations and medication support services. Estimated Cost is \$82,400 per year.

\$ 145,183

TOTAL PROGRAM EXPENSE: \$ 4,750,000

CHILD WELFARE MENTAL HEALTH SERVICES**Uplift Family Services****FY 2020-2021**

Budget Categories -			Total Proposed Budget		
Line Item Description (Must be itemized)		FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Clinician I	18.00		\$987,194	\$987,194
0002	Clinician II	5.00		\$309,146	\$309,146
0003	Family Specialist	4.00		\$136,159	\$136,159
0004	Clinical Program Manager	5.31		\$416,141	\$416,141
0005	Clinical Director	1.00		\$106,565	\$106,565
0006	Support Services Coordinator	2.00		\$94,082	\$94,082
0007	Administrative Assistant	1.68	\$72,214		\$72,214
0008	Regional Director	0.42	\$59,915		\$59,915
0009	Supervisor of Administrative Operations	0.42	\$26,080		\$26,080
0010	Customer Services	1.26	\$64,156		\$64,156
0011	Compliance - Health Information Technician	0.84	\$31,767		\$31,767
0012	Associate Director of Quality Support	0.42	\$35,596		\$35,596
0013	Health Information Manager	0.17	\$19,464		\$19,464
0014	Supervisor Physical Plant Operations	0.14	\$12,780		\$12,780
0015	Outcome - Research Specialist	0.57	\$49,774		\$49,774
0016	Training - Learning Partner	0.31	\$21,856		\$21,856
SALARY TOTAL		41.54	\$393,602	\$2,049,287	\$2,442,889
PAYROLL TAXES:					
0030	OASDI		\$24,403	\$127,056	\$151,459
0031	FICA/MEDICARE		\$5,707	\$29,715	\$35,422
0032	SUI		\$2,952	\$15,370	\$18,322
PAYROLL TAX TOTAL			\$33,063	\$172,140	\$205,203
EMPLOYEE BENEFITS:					
0040	Retirement		\$15,744	\$81,972	\$97,716
0041	Workers Compensation		\$7,872	\$40,986	\$48,858
0042	Health Insurance (medical, vision, life, dental)		\$88,561	\$461,090	\$549,650
EMPLOYEE BENEFITS TOTAL			\$112,177	\$584,047	\$696,224
SALARY & BENEFITS GRAND TOTAL					\$3,344,315
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$221,578

1011	Rent/Lease Equipment	\$8,358
1012	Utilities	\$0
1013	Building Maintenance	\$2,127
1014	Equipment purchase	\$36,710
FACILITY/EQUIPMENT TOTAL		\$268,773

OPERATING EXPENSES:

1060	Telephone	\$55,933
1061	Answering Service	\$0
1062	Postage	\$1,946
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$11,307
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$6,000
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Travel and Mileage/vehicle maintenance	\$134,949
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$102,648
1075	Lodging	\$0
1076	Depreciation	\$2,909
1077	Other - (Identify)	\$4,829
OPERATING EXPENSES TOTAL		\$320,521

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$4,405
1082	Liability Insurance	\$56,188
1083	Administrative Overhead	\$731,025
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$791,617

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$33,983
1091	Translation Services	\$30,000
1092	Contract Psychiatrist	\$84,290

SPECIAL EXPENSES TOTAL			\$148,273
FIXED ASSETS:			
1190	Computers & Software		\$0
1191	Furniture & Fixtures		\$0
1192	Other - (Identify)		\$0
1193	Other - (Identify)		\$0
FIXED ASSETS TOTAL			\$0
TOTAL PROGRAM EXPENSES			\$4,873,500

MEDI-CAL REVENUE:		Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	831,572	\$2.98	\$2,478,085
3100	Case Management	79,959	\$2.32	\$185,505
3200	Crisis Services	15,992	\$4.38	\$70,045
3300	Medication Support	15,992	\$5.44	\$86,996
3400	Collateral	95,951	\$2.98	\$285,934
3500	Plan Development	31,983	\$2.32	\$74,201
3600	Assessment	127,934	\$2.98	\$381,243
3700	Rehabilitation	79,959	\$2.98	\$238,278
3800	Intensive Care Coord	79,959	\$2.32	\$185,505
3900	Intensive Home Based Services	239,876	\$2.98	\$714,830
Estimated Specialty Mental Health Services Billing Totals		1,599,177		\$4,700,622
Estimated % of Clients that are Medi-Cal Beneficiaries				93%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$4,386,150
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$2,193,075
State M/Cal Share of Cost % (BH Realignment/EPSTD)			50.00%	\$2,193,075
MEDI-CAL REVENUE TOTAL				\$4,386,150
OTHER REVENUE: DEPARTMENT OF SOCIAL SERVICES			Rate	
	Court Documentation, Report, Appearance (flat rate)	1,380	\$74.00	\$102,120
	Psychological Evaluations	24,480	\$2.89	\$70,747
	Mental Health Services (Individual/Family/Group Therapy)	54,876	\$2.98	\$163,531
	Case Management	6,778	\$2.32	\$15,724
	Crisis Services	718	\$4.38	\$3,145
	Medication Support	578	\$5.44	\$3,145
	Collateral	6,332	\$2.98	\$18,869
	Plan Development	2,711	\$2.32	\$6,290
	Assessment	8,443	\$2.98	\$25,159
	Rehabilitation	5,277	\$2.98	\$15,724
	Intensive Care Coord	6,778	\$2.32	\$15,724

Intensive Home Based Services	15,830	\$2.98	\$47,172
OTHER REVENUE TOTAL	134,181		\$487,350
TOTAL PROGRAM REVENUE			\$4,873,500

CHILD WELFARE MENTAL HEALTH SERVICES
Uplift Family Services
FY 2020 - 2021
BUDGET NARRATIVE - EXPENSES

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

0001 Clinician I

18.0 FTE at average salary \$54,844 per FTE. Total Estimated Cost is \$987,194. Master's Degree (MA/MS) and at least two years of experience working with youth, young adults and families in a therapeutic environment is required. If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision. Provides psychotherapy and psychotherapeutic support to children and families. Up to 4 Masters level student interns will as well be used to provide additional psychotherapy and psychotherapeutic support.

0002 Clinician II

5.0 FTE at average salary \$61,829 per FTE. Total Estimated Cost is \$309,146. Master's Degree (MA/MS) and at least three years of experience working with youth, young adults and families in a therapeutic environment is required. If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision. Provides psychotherapy and psychotherapeutic support to children and families. Applies advanced use of assessment information in development of the treatment plan and applies information and resources to ensure quality care. Applies advanced skill in acquisition and application of clinically related information to effectively intervene with children and families. Understands and applies multi-modal approaches and perspectives to therapeutic direction. Provides coaching and mentoring of others in the implementation of Evidence Based Practices (EBPs). Leads problem solving interaction and work with external customers. Maintains audit ready charts and audits charts independently. Provides observations and feedback to supervisor in order to monitor and/or modify programs or approaches. Actively participates in the identification of team opportunities for improvement or identification of deficiencies and in the development of strategies to address or bridge gaps. Leads Continuous Quality Improvement (CQI) activities and project implementation. Required to meet applicable productivity and documentation requirements.

0003 Family Specialist

4.0 FTE at average salary \$34,040 per FTE. Total Estimated Cost is \$136,159.

Provides direct services to youth and families. Provides direct billable mental health services, documents in alignment with MediCal regulations, and achieves set productivity expectations. Engages and builds alignment and relationships with parents, youth, and others in the normal course of working with the families. Utilizes strengths of youth, families, and others to assist in the implementation and achievement of goals and outcomes. Works with youth and family teams to support family driven, strength based planning and interventions. Understands and takes advantage of therapeutic opportunities in crisis situations. Conducts observations regarding specific target behavior, track progress and modify plans with the family to support their intended identified outcome. Assists teams in developing a hypothesis of function and underlying unmet need in an effort to develop individualized, strength based strategies and interventions that will result in positive behavior change. Engages caregiver, family members, and other natural supports in building youth specific parenting responses that support positive behavior change and overall family relationships. Works in the community directly with youth and families to develop and implement safety and skill refinement plans. Supports families in bridging to and or building on natural resources and accessing community based program supports that will continue support over time. Develops resources within the community to serve children and families. Assists youth and family teams to meet specific service needs (ie: help develop strategy or resource specific to an identified need) and monitor outcomes. Participates in family finding team activities by identifying family finding need, obtaining authorizations, creating teams, conducting searches and setting deadlines. Completes Connectedness Maps as needed. Documents interactions and practices and maintain administrative expectations in a timely manner. Meets and or exceeds all direct service expectations and documentation requirements. Assists in developing program responses to needs identified across a number of youth and families where natural community resources are not available or appropriate. Builds on individual strengths, concerns, and needs with balanced focus on the family as a unit. Facilitates and/or co-facilitates, supports, and model participation in healthy group dynamics within various settings including family homes, schools, parks, and recreation centers, and treatment facilities. Provides an open forum for expression of feelings and ideas when appropriate. Builds solid, cooperative, culturally responsive relationships with youth and families as well as community resources to assist with the planning, organizing, implementation and evaluation of appropriate activities to achieve family.

0004 Clinical Program Manager

5.31 FTE at average salary \$78,369 per FTE. Total Estimated Cost is \$416,141.

Ensures effective coordination of services for youth and families with other providers, both internal and external, by supporting the development of constructive relationships and problem-solving barriers. Develops, interprets and ensures consistent implementation of clinical program philosophy, objectives, standards, policies, procedures and practices. Analyzes and integrates the use of outcome data to improve clinical service delivery within assigned team. Ensures and monitors defined outcome achievement for youth and families, as well as satisfaction levels for youth, families, and referring workers and agencies. Initiates and participates in organizational quality improvement efforts. Lead and/or delegate work groups to respond to program development needs. Ensures compliance with all policy and procedures including adherence to all licensing, quality, Information Technology (IT), Human Resources (HR), compliance and regulatory standards. Leads and manages change. Proactively identifies potential conflicts; leads parties to consensus and develops same skills in direct reports. Manages to ensure fiscally viable programming. Ensures staff billable productivity and other revenue related activities meet or exceed revenue forecasts. Ensures effective quality clinical services delivery for assigned youth and families. Provides effective crisis and risk prevention and management. Partners with county referring departments, agencies and the community to ensure comprehensive care. Participates in staff development; hires, coaches, mentors, supervises, conducts direct field observations, trains, disciplines, and terminates. Ensures clinical documentation and quality assurance meets both agency and payor standards, ensuring audit ready charts and continuous quality improvement. Provides 24/7 availability as needed. Culturally responsive to internal and external customers, and ensures family voice. Provides direct services to families and children, as support to the direct service staff, to ensure smooth delivery of service to assigned families and youth. Provides outreach to the community including education about agency, program and general mental health and foster care topics. Advocates for system change in relationship to agency service delivery philosophy. Manages day-to-day operations including utilization of all administrative electronic systems, human, and other resources. Works collaboratively with managerial peers to develop and improve program delivery and ensure adherence to fiscal requirements. Ensures those Child Care Licensing (CCL) regulations and policy and procedures relating to certification of families are upheld and followed and that the youths needs are met. Required to meet applicable productivity and documentation requirements.

0005 Clinical Director

1.0 FTE at average salary \$106,565 per FTE. Total Estimated Cost is \$106,565.

Master's degree (MA/MS). Must have appropriate license to practice as a Licensed Clinical Social Worker or Marriage Family Therapist in the State of California. Must meet the BBS requirements to provide clinical oversight and supervision with three to ten years of experience in healthcare/psychology/behavioral/mental health. The Clinical Director implements strategies to accomplish the agency annual priorities at the program level. Directs and develops managers, ensures CPMS are competent and have all tools necessary to lead teams.

0006 Support Services Coordinator

2.0 FTE at average salary \$47,041 per FTE. Total Estimated Cost is \$94,082.

Bachelor's degree required. (with emphasis in Psychology, social Work, Sociology or related course work) Two years of experience in Mental Health field required. Four years of experience in Mental Health field preferred. Knowledge of excel spreadsheets; moderate computer literacy. Clinical skills relevant to intake services including: client triage, understanding of legal/ethical issues, and risk management.

Works within the vision, mission, and philosophy of the agency, provides customerfriendly services to internal and external customers. With limited supervision, sets up, coordinates and runs parenting groups, trains new staff and coaches and supports existing staff in effectively using therapeutic interventions with children and families and in meeting documentation quality and timeliness expectations. Analyzes outcome data in partnership with Outcomes and Evaluation to identify quality improvement activities. Leads quality improvement activities from start to finish, including evaluation of the effectiveness of the activities.

0007 Program Shared Staff

6.23 FTE at average salary \$63,092 per FTE. Total Estimated Cost is \$393,602.

1.68 FTE Administrative Assistant

0.42 FTE Regional Director

0.42 FTE Supervisor of Administrative Operations

1.26 FTE Customer Services

0.84 FTE Compliance - Health Information Technician

0.42 FTE Associate Director Quality Support

0.17 FTE Health Information Management

0.14 FTE Supervisor Physical Plant Operations

0.57 FTE Outcomes - Research Specialist

0.31 FTE Training - Learning Partner

These positions are shared direct program costs that provide direct clinical, operational support, quality, compliance and outcomes support and management and supervision support, to produce required program outcomes to all programs in this region. Approximately 42% of cost is allocated to this program using the basis of direct wages by program for this region's programs.

0030 OASDI

Calculated at 6.2% of salaries. Annual cost is estimated at \$151,459.

0031 FICA/MEDICARE

Calculated at 1.45% of salaries. Annual cost is estimated at \$35,422.

0032 SUI

Calculated at 0.75% of salaries. Annual cost is estimated at \$18,322.

0040 Retirement

Calculated at 4% of salaries. Annual cost is estimated at \$97,716.

0041 Workers Compensation

Calculated at 2% of salaries. Annual cost is estimated at \$48,858.

0042 Health Insurance (medical, vision, life, dental)

Calculated at 22.5% of salaries. Annual cost is estimated at \$549,650.

\$ 3,344,315

Facilities/Equipment Expenses – Line Items 1010-1014

1010 Rent/Lease Building

This includes building rent or depreciation, storage and file storage unit rental payments and all the costs associated with storing and retrieving of client, personnel or other files or records. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's new office in Fresno. Estimated cost is \$221,578 per year.

1011 Rent/Lease Equipment

This includes rental payments for equipment including leased copiers, postage machines, phone systems, laptops or other communication, office or facility equipment. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's office in Fresno. Estimated cost is \$8,358 per year.

1013 Building Maintenance

This includes common area maintenance on leased building charges, maintenance/building repair charges, HVAC maintenance and repair, landscaping, janitorial services, confidential paper shredding services, in-house or outside equipment repair and labor. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's office in Fresno. Estimated cost is \$2,127 per year.

1014 Equipment purchase

Equipment, parts and materials includes the purchase of non-capital assets. Sample items include, but are not limited to, laptops, desktops, printers, calculators and fax machines, as well as system user licenses. Costs are allocated between programs on the basis of payroll dollars and estimated. Estimated cost is \$36,710 per year.

\$ 268,773

Operating Expenses - Line Items 1060-1077

1060 Telephone

Cell phones, Land Lines, DSL, fax charges, phone system; wireless cards for laptop computers enabling UFS to maintain a fully functional mobile work force to deliver in-home/in the community services. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$55,933 per year.

1062 Postage

Postage, printing, US mail, GSO, Federal Express, UPS, postage machine refills, outside reproduction costs, program specific brochures and flyers when reimbursable by the program. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$1,946 per year.

1066 Office Supplies & Equipment

Office supplies and equipment include, but are not limited to: paper, pens, files, staplers, subscriptions to periodicals or newspapers, annual Agency dues and fees paid to accrediting agencies and laptop replacement. Costs are allocated between programs on the basis of direct labor dollars and have been estimated based on historical trends. Estimated cost is \$11,307 per year.

1069 Program Supplies - Therapeutic

Includes those supplies utilized in the direct delivery of therapeutic services to clients. Cost is estimated to be approximately \$18.50 per direct care staff per month. Materials, cash payments, outing costs, etc. used to motivate or reinforce desired behavior in clients, as well as materials required for use in Evidenced Based Practices. Estimated cost is \$6,000 per year.

1072 Staff Travel and Mileage/vehicle maintenance

Includes travel costs such as air fare and lodging for trainings/meetings/conferences, and mileage reimbursement, which is paid at the prevailing federal rate (currently \$0.58 per mile) to program service staff and program administrative staff. This also includes upkeep costs for vehicles. Estimated cost is \$134,949 per year.

1074 Staff Training/Registration

Includes training in the Evidence-Based Practices of Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Child Parent Psychotherapy (CPP), and Dialectical Behavior Therapy (DBT), organizational tools, team/organizational psychology, philosophy of client based services, integration of roles/team dynamics, assessment and individualized treatment planning, general services, organizing admissions, individualized treatment planning associated with the EBPs, and other infant mental health trainings. This includes train-the-trainer and any other program development training needs. Trainings are inclusive of internal and external trainings, and all costs, except mileage associated with training, including transportation, parking room and board, meals, refreshments cost of the program, instructor fees and materials/manuals are included. Also includes other mandatory trainings such as first aid and CPR. Estimated cost is \$102,648 per year.

1076 Depreciation

Depreciation includes depreciation on leasehold improvements, office furniture/fixtures and equipment meeting amortization thresholds. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$2,909 per year

1077 Subscription/Membership Services

Includes subscriptions to periodicals, databases, software, and other subscription services, as well as annual agency dues and fees. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated Cost is \$4,829 per year.

\$ 320,521

Financial Services Expenses – Line Items 1080-1085

1081 External Audit

Includes annual audit ensuring all financial records are relevant and accurate and in compliance with state and federal laws and regulations. Audit costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical costs. Estimated cost is \$4,405 per year.

1082 Liability Insurance

Includes general business liability and property coverage along with professional liability insurance. Costs are allocated between programs on the basis of direct labor dollars and estimated based on historical trends. Estimated cost is \$56,188 per year.

1083 Administrative Overhead

Represents the overhead of the Agency's general and administrative shared support services such as finance, accounting, billing, human resources, clinical administration, information technology, professional fees, HIPPA compliance and clinical record audits, risk management and program fidelity, recruiting and human resources support, MIS infrastructure & QI/UM department support and oversight as well as executive management. Costs that cannot be specifically charged to a program are allocated to programs on the basis of direct labor program costs prior to the addition of taxes and benefits. Administrative Overhead has been budgeted at 15% of total program expenses. Estimated cost is \$731,025 per year.

\$ 791,617

Special Expenses – Line Items 1090-1092

1090 Consultant (network & data management)

The consultant will provide additional clinical supervision support for program staff. This will also be used for a contract psychologist to provide court ordered psychological testing and reports to the Court. Contract Psychologist estimated to cost \$100 per hour. The psychologist will be required to provide at least 20 hours per month on average. This will also cover the cost of the psychological testing and scoring materials. Estimated cost is \$33,983 per year.

1091 Translation Services

To ensure the provision of culturally sensitive services including assurance of language access, when there is not availability of bilingual staff interpreter/translation services are used to support a culturally appropriate evaluation, diagnosis, treatment and referral services. Estimated Cost is \$30,000 per year.

1092 Contract Psychiatrist

This includes a contract Psychiatrist position estimated to cost \$200 per hour. The psychiatrist will be required to provide at least 25 hours per month, and will provide psychiatric evaluations and medication support services. This also includes a Nurse Practitioner, estimated to cost \$129 per hour. The nurse practitioner will be required to provide 2 hours per week and will provide additional psychiatric evaluations and medication support services. Estimated Cost is \$84,290 per year.

\$ 148,273

TOTAL PROGRAM EXPENSE: \$ 4,873,500

CHILD WELFARE MENTAL HEALTH SERVICES**Uplift Family Services****FY 2021-2022**

Budget Categories -			Total Proposed Budget		
Line Item Description (Must be itemized)		FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Clinician I	18.00		\$1,016,810	\$1,016,810
0002	Clinician II	5.00		\$318,420	\$318,420
0003	Family Specialist	4.00		\$140,244	\$140,244
0004	Clinical Program Manager	5.31		\$428,625	\$428,625
0005	Clinical Director	1.00		\$109,762	\$109,762
0006	Support Services Coordinator	2.00		\$96,904	\$96,904
0007	Administrative Assistant	1.68	\$74,380		\$74,380
0008	Regional Director	0.42	\$61,712		\$61,712
0009	Supervisor of Administrative Operations	0.42	\$26,862		\$26,862
0010	Customer Services	1.26	\$66,081		\$66,081
0011	Compliance - Health Information Technician	0.84	\$32,720		\$32,720
0012	Associate Director of Quality Support	0.42	\$36,665		\$36,665
0013	Health Information Manager	0.17	\$20,048		\$20,048
0014	Supervisor Physical Plant Operations	0.14	\$13,163		\$13,163
0015	Outcome - Research Specialist	0.57	\$51,267		\$51,267
0016	Training - Learning Partner	0.31	\$22,512		\$22,512
SALARY TOTAL		41.54	\$405,410	\$2,110,765	\$2,516,175
PAYROLL TAXES:					
0030	OASDI		\$25,135	\$130,867	\$156,003
0031	FICA/MEDICARE		\$5,878	\$30,606	\$36,485
0032	SUI		\$3,041	\$15,831	\$18,871
PAYROLL TAX TOTAL			\$34,054	\$177,304	\$211,359
EMPLOYEE BENEFITS:					
0040	Retirement		\$16,216	\$84,431	\$100,647
0041	Workers Compensation		\$8,108	\$42,215	\$50,324
0042	Health Insurance (medical, vision, life, dental)		\$91,217	\$474,922	\$566,139
EMPLOYEE BENEFITS TOTAL			\$115,542	\$601,568	\$717,110
SALARY & BENEFITS GRAND TOTAL					\$3,444,644
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$221,578

1011	Rent/Lease Equipment	\$8,358
1012	Utilities	\$0
1013	Building Maintenance	\$2,127
1014	Equipment purchase	\$36,710
FACILITY/EQUIPMENT TOTAL		\$268,773

OPERATING EXPENSES:

1060	Telephone	\$55,933
1061	Answering Service	\$0
1062	Postage	\$1,946
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$11,307
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$6,000
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Travel and Mileage/vehicle maintenance	\$134,949
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$105,237
1075	Lodging	\$0
1076	Depreciation	\$2,909
1077	Subscription/Membership Services	\$4,829
OPERATING EXPENSES TOTAL		\$323,110

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$4,405
1082	Liability Insurance	\$57,873
1083	Administrative Overhead	\$750,032
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$812,310

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$35,183
1091	Translation Services	\$30,000
1092	Contract Psychiatrist	\$86,192

SPECIAL EXPENSES TOTAL			\$151,375
FIXED ASSETS:			
1190	Computers & Software		\$0
1191	Furniture & Fixtures		\$0
1192	Other - (Identify)		\$0
1193	Other - (Identify)		\$0
FIXED ASSETS TOTAL			\$0
TOTAL PROGRAM EXPENSES			\$5,000,211

MEDI-CAL REVENUE:		Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	854,018	\$2.98	\$2,544,974
3100	Case Management	82,117	\$2.32	\$190,511
3200	Crisis Services	16,423	\$4.38	\$71,933
3300	Medication Support	16,423	\$5.44	\$89,341
3400	Collateral	98,540	\$2.98	\$293,649
3500	Plan Development	32,848	\$2.32	\$76,207
3600	Assessment	131,387	\$2.98	\$391,533
3700	Rehabilitation	82,117	\$2.98	\$244,709
3800	Intensive Care Coord	82,117	\$2.32	\$190,511
3900	Intensive Home Based Services	246,351	\$2.98	\$734,126
Estimated Specialty Mental Health Services Billing Totals		1,642,341		\$4,827,494
Estimated % of Clients that are Medi-Cal Beneficiaries				93%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$4,500,190
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$2,250,095
State M/Cal Share of Cost % (BH Realignment/EPSTDT)			50.00%	\$2,250,095
MEDI-CAL REVENUE TOTAL				\$4,500,190
OTHER REVENUE: DEPARTMENT OF SOCIAL SERVICES			Rate	
	Court Documentation, Report, Appearance (flat rate)	1,380	\$74.00	\$102,120
	Psychological Evaluations	24,480	\$2.89	\$70,747
	Mental Health Services (Individual/Family/Group Therapy)	57,087	\$2.98	\$170,119
	Case Management	7,051	\$2.32	\$16,358
	Crisis Services	747	\$4.38	\$3,272
	Medication Support	601	\$5.44	\$3,272
	Collateral	6,587	\$2.98	\$19,629
	Plan Development	2,820	\$2.32	\$6,543
	Assessment	8,783	\$2.98	\$26,172
	Rehabilitation	5,489	\$2.98	\$16,358
	Intensive Care Coord	7,051	\$2.32	\$16,358

Intensive Home Based Services	16,467	\$2.98	\$49,073
OTHER REVENUE TOTAL	138,543		\$500,021
TOTAL PROGRAM REVENUE			\$5,000,211

CHILD WELFARE MENTAL HEALTH SERVICES
Uplift Family Services
FY 2021 - 2022
BUDGET NARRATIVE - EXPENSES

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

0001 Clinician I

18.0 FTE at average salary \$56,489 per FTE. Total Estimated Cost is \$1,016,810. Master's Degree (MA/MS) and at least two years of experience working with youth, young adults and families in a therapeutic environment is required. If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision. Provides psychotherapy and psychotherapeutic support to children and families. Up to 4 Masters level student interns will as well be used to provide additional psychotherapy and psychotherapeutic support.

0002 Clinician II

5.0 FTE at average salary \$63,684 per FTE. Total Estimated Cost is \$318,420. Master's Degree (MA/MS) and at least three years of experience working with youth, young adults and families in a therapeutic environment is required. If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision. Provides psychotherapy and psychotherapeutic support to children and families. Applies advanced use of assessment information in development of the treatment plan and applies information and resources to ensure quality care. Applies advanced skill in acquisition and application of clinically related information to effectively intervene with children and families. Understands and applies multi-modal approaches and perspectives to therapeutic direction. Provides coaching and mentoring of others in the implementation of Evidence Based Practices (EBPs). Leads problem solving interaction and work with external customers. Maintains audit ready charts and audits charts independently. Provides observations and feedback to supervisor in order to monitor and/or modify programs or approaches. Actively participates in the identification of team opportunities for improvement or identification of deficiencies and in the development of strategies to address or bridge gaps. Leads Continuous Quality Improvement (CQI) activities and project implementation. Required to meet applicable productivity and documentation requirements.

0003 Family Specialist

4.0 FTE at average salary \$35,061 per FTE. Total Estimated Cost is \$140,244.

Provides direct services to youth and families. Provides direct billable mental health services, documents in alignment with MediCal regulations, and achieves set productivity expectations. Engages and builds alignment and relationships with parents, youth, and others in the normal course of working with the families. Utilizes strengths of youth, families, and others to assist in the implementation and achievement of goals and outcomes. Works with youth and family teams to support family driven, strength based planning and interventions. Understands and takes advantage of therapeutic opportunities in crisis situations. Conducts observations regarding specific target behavior, track progress and modify plans with the family to support their intended identified outcome. Assists teams in developing a hypothesis of function and underlying unmet need in an effort to develop individualized, strength based strategies and interventions that will result in positive behavior change. Engages caregiver, family members, and other natural supports in building youth specific parenting responses that support positive behavior change and overall family relationships. Works in the community directly with youth and families to develop and implement safety and skill refinement plans. Supports families in bridging to and or building on natural resources and accessing community based program supports that will continue support over time. Develops resources within the community to serve children and families. Assists youth and family teams to meet specific service needs (ie: help develop strategy or resource specific to an identified need) and monitor outcomes. Participates in family finding team activities by identifying family finding need, obtaining authorizations, creating teams, conducting searches and setting deadlines. Completes Connectedness Maps as needed. Documents interactions and practices and maintain administrative expectations in a timely manner. Meets and or exceeds all direct service expectations and documentation requirements. Assists in developing program responses to needs identified across a number of youth and families where natural community resources are not available or appropriate. Builds on individual strengths, concerns, and needs with balanced focus on the family as a unit. Facilitates and/or co-facilitates, supports, and model participation in healthy group dynamics within various settings including family homes, schools, parks, and recreation centers, and treatment facilities. Provides an open forum for expression of feelings and ideas when appropriate. Builds solid, cooperative, culturally responsive relationships with youth and families as well as community resources to assist with the planning, organizing, implementation and evaluation of appropriate activities to achieve family.

0004 Clinical Program Manager

5.31 FTE at average salary \$80,720 per FTE. Total Estimated Cost is \$428,625.

Ensures effective coordination of services for youth and families with other providers, both internal and external, by supporting the development of constructive relationships and problem-solving barriers. Develops, interprets and ensures consistent implementation of clinical program philosophy, objectives, standards, policies, procedures and practices. Analyzes and integrates the use of outcome data to improve clinical service delivery within assigned team. Ensures and monitors defined outcome achievement for youth and families, as well as satisfaction levels for youth, families, and referring workers and agencies. Initiates and participates in organizational quality improvement efforts. Lead and/or delegate work groups to respond to program development needs. Ensures compliance with all policy and procedures including adherence to all licensing, quality, Information Technology (IT), Human Resources (HR), compliance and regulatory standards. Leads and manages change. Proactively identifies potential conflicts; leads parties to consensus and develops same skills in direct reports. Manages to ensure fiscally viable programming. Ensures staff billable productivity and other revenue related activities meet or exceed revenue forecasts. Ensures effective quality clinical services delivery for assigned youth and families. Provides effective crisis and risk prevention and management. Partners with county referring departments, agencies and the community to ensure comprehensive care. Participates in staff development; hires, coaches, mentors, supervises, conducts direct field observations, trains, disciplines, and terminates. Ensures clinical documentation and quality assurance meets both agency and payor standards, ensuring audit ready charts and continuous quality improvement. Provides 24/7 availability as needed. Culturally responsive to internal and external customers, and ensures family voice. Provides direct services to families and children, as support to the direct service staff, to ensure smooth delivery of service to assigned families and youth. Provides outreach to the community including education about agency, program and general mental health and foster care topics. Advocates for system change in relationship to agency service delivery philosophy. Manages day-to-day operations including utilization of all administrative electronic systems, human, and other resources. Works collaboratively with managerial peers to develop and improve program delivery and ensure adherence to fiscal requirements. Ensures those Child Care Licensing (CCL) regulations and policy and procedures relating to certification of families are upheld and followed and that the youths needs are met. Required to meet applicable productivity and documentation requirements.

0005 Clinical Director

1.0 FTE at average salary \$109,762 per FTE. Total Estimated Cost is \$109,762.

Master's degree (MA/MS). Must have appropriate license to practice as a Licensed Clinical Social Worker or Marriage Family Therapist in the State of California. Must meet the BBS requirements to provide clinical oversight and supervision with three to ten years of experience in healthcare/psychology/behavioral/mental health. The Clinical Director implements strategies to accomplish the agency annual priorities at the program level. Directs and develops managers, ensures CPMS are competent and have all tools necessary to lead teams.

0006 Support Services Coordinator

2.0 FTE at average salary \$48,452 per FTE. Total Estimated Cost is \$96,904.

Bachelor's degree required. (with emphasis in Psychology, social Work, Sociology or related course work) Two years of experience in Mental Health field required. Four years of experience in Mental Health field preferred. Knowledge of excel spreadsheets; moderate computer literacy. Clinical skills relevant to intake services including: client triage, understanding of legal/ethical issues, and risk management.

Works within the vision, mission, and philosophy of the agency, provides customerfriendly services to internal and external customers. With limited supervision, sets up, coordinates and runs parenting groups, trains new staff and coaches and supports existing staff in effectively using therapeutic interventions with children and families and in meeting documentation quality and timeliness expectations. Analyzes outcome data in partnership with Outcomes and Evaluation to identify quality improvement activities. Leads quality improvement activities from start to finish, including evaluation of the effectiveness of the activities.

0007 Program Shared Staff

6.23 FTE at average salary \$65,074 per FTE. Total Estimated Cost is \$405,410.

1.68 FTE Administrative Assistant

0.42 FTE Regional Director

0.42 FTE Supervisor of Administrative Operations

1.26 FTE Customer Services

0.84 FTE Compliance - Health Information Technician

0.42 FTE Associate Director Quality Support

0.17 FTE Health Information Management

0.14 FTE Supervisor Physical Plant Operations

0.57 FTE Outcomes - Research Specialist

0.31 FTE Training - Learning Partner

These positions are shared direct program costs that provide direct clinical, operational support, quality, compliance and outcomes support and management and supervision support, to produce required program outcomes to all programs in this region. Approximately 42% of cost is allocated to this program using the basis of direct wages by program for this region's programs.

0030 OASDI

Calculated at 6.2% of salaries. Annual cost is estimated at \$156,003.

0031 FICA/MEDICARE

Calculated at 1.45% of salaries. Annual cost is estimated at \$36,485.

0032 SUI

Calculated at 0.75% of salaries. Annual cost is estimated at \$18,871.

0040 Retirement

Calculated at 4% of salaries. Annual cost is estimated at \$100,647.

0041 Workers Compensation

Calculated at 2% of salaries. Annual cost is estimated at \$50,324.

0042 Health Insurance (medical, vision, life, dental)

Calculated at 22.5% of salaries. Annual cost is estimated at \$566,139.

\$ 3,444,644

Facilities/Equipment Expenses – Line Items 1010-1014

1010 Rent/Lease Building

This includes building rent or depreciation, storage and file storage unit rental payments and all the costs associated with storing and retrieving of client, personnel or other files or records. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's new office in Fresno. Estimated cost is \$221,578 per year.

1011 Rent/Lease Equipment

This includes rental payments for equipment including leased copiers, postage machines, phone systems, laptops or other communication, office or facility equipment. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's office in Fresno. Estimated cost is \$8,358 per year.

1013 Building Maintenance

This includes common area maintenance on leased building charges, maintenance/building repair charges, HVAC maintenance and repair, landscaping, janitorial services, confidential paper shredding services, in-house or outside equipment repair and labor. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's office in Fresno. Estimated cost is \$2,127 per year.

1014 Equipment purchase

Equipment, parts and materials includes the purchase of non-capital assets. Sample items include, but are not limited to, laptops, desktops, printers, calculators and fax machines, as well as system user licenses. Costs are allocated between programs on the basis of payroll dollars and estimated. Estimated cost is \$36,710 per year.

\$ 268,773

Operating Expenses - Line Items 1060-1077

1060 Telephone

Cell phones, Land Lines, DSL, fax charges, phone system; wireless cards for laptop computers enabling UFS to maintain a fully functional mobile work force to deliver in-home/in the community services. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$55,933 per year.

1062 Postage

Postage, printing, US mail, GSO, Federal Express, UPS, postage machine refills, outside reproduction costs, program specific brochures and flyers when reimbursable by the program. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$1,946 per year.

1066 Office Supplies & Equipment

Office supplies and equipment include, but are not limited to: paper, pens, files, staplers, subscriptions to periodicals or newspapers, annual Agency dues and fees paid to accrediting agencies and laptop replacement. Costs are allocated between programs on the basis of direct labor dollars and have been estimated based on historical trends. Estimated cost is \$11,307 per year.

1069 Program Supplies - Therapeutic

Includes those supplies utilized in the direct delivery of therapeutic services to clients. Cost is estimated to be approximately \$18.50 per direct care staff per month. Materials, cash payments, outing costs, etc. used to motivate or reinforce desired behavior in clients, as well as materials required for use in Evidenced Based Practices. Estimated cost is \$6,000 per year.

1072 Staff Travel and Mileage/vehicle maintenance

Includes travel costs such as air fare and lodging for trainings/meetings/conferences, and mileage reimbursement, which is paid at the prevailing federal rate (currently \$0.58 per mile) to program service staff and program administrative staff. This also includes upkeep costs for vehicles. Estimated cost is \$134,949 per year.

1074 Staff Training/Registration

Includes training in the Evidence-Based Practices of Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Child Parent Psychotherapy (CPP), and Dialectical Behavior Therapy (DBT), organizational tools, team/organizational psychology, philosophy of client based services, integration of roles/team dynamics, assessment and individualized treatment planning, general services, organizing admissions, individualized treatment planning associated with the EBPs, and other infant mental health trainings. This includes train-the-trainer and any other program development training needs. Trainings are inclusive of internal and external trainings, and all costs, except mileage associated with training, including transportation, parking room and board, meals, refreshments cost of the program, instructor fees and materials/manuals are included. Also includes other mandatory trainings such as first aid and CPR. Estimated cost is \$105,237 per year.

1076 Depreciation

Depreciation includes depreciation on leasehold improvements, office furniture/fixtures and equipment meeting amortization thresholds. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$2,909 per year.

1077 Subscription/Membership Services

Includes subscriptions to periodicals, databases, software, and other subscription services, as well as annual agency dues and fees. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated Cost is \$4,829 per year.

\$ 323,110

Financial Services Expenses – Line Items 1080-1085

1081 External Audit

Includes annual audit ensuring all financial records are relevant and accurate and in compliance with state and federal laws and regulations. Audit costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical costs. Estimated cost is \$4,405 per year.

1082 Liability Insurance

Includes general business liability and property coverage along with professional liability insurance. Costs are allocated between programs on the basis of direct labor dollars and estimated based on historical trends. Estimated cost is \$57,873 per year.

1083 Administrative Overhead

Represents the overhead of the Agency's general and administrative shared support services such as finance, accounting, billing, human resources, clinical administration, information technology, professional fees, HIPPA compliance and clinical record audits, risk management and program fidelity, recruiting and human resources support, MIS infrastructure & QI/UM department support and oversight as well as executive management. Costs that cannot be specifically charged to a program are allocated to programs on the basis of direct labor program costs prior to the addition of taxes and benefits. Administrative Overhead has been budgeted at 15% of total program expenses. Estimated cost is \$750,032 per year.

\$ 812,310

Special Expenses – Line Items 1090-1092

1090 Consultant (network & data management)

The consultant will provide additional clinical supervision support for program staff. This will also be used for a contract psychologist to provide court ordered psychological testing and reports to the Court. Contract Psychologist estimated to cost \$105 per hour. The psychologist will be required to provide at least 20 hours per month on average. This will also cover the cost of the psychological testing and scoring materials. Estimated cost is \$35,183 per year.

1091 Translation Services

To ensure the provision of culturally sensitive services including assurance of language access, when there is not availability of bilingual staff interpreter/translation services are used to support a culturally appropriate evaluation, diagnosis, treatment and referral services. Estimated Cost is \$30,000 per year.

1092 Contract Psychiatrist

This includes a contract Psychiatrist position estimated to cost \$205 per hour. The psychiatrist will be required to provide at least 25 hours per month, and will provide psychiatric evaluations and medication support services. This also includes a Nurse Practitioner, estimated to cost \$133 per hour. The nurse practitioner will be required to provide 2 hours per week and will provide additional psychiatric evaluations and medication support services. Estimated Cost is \$86,192 per year.

\$ 151,375

TOTAL PROGRAM EXPENSE: \$ 5,000,211

CHILD WELFARE MENTAL HEALTH SERVICES
Uplift Family Services
FY 2022-2023

Budget Categories -			Total Proposed Budget		
Line Item Description (Must be itemized)		FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Clinician I	18.00		\$1,047,314	\$1,047,314
0002	Clinician II	5.00		\$327,973	\$327,973
0003	Family Specialist	4.00		\$144,451	\$144,451
0004	Clinical Program Manager	5.31		\$441,484	\$441,484
0005	Clinical Director	1.00		\$113,055	\$113,055
0006	Support Services Coordinator	2.00		\$99,811	\$99,811
0007	Administrative Assistant	1.68	\$76,611		\$76,611
0008	Regional Director	0.42	\$63,563		\$63,563
0009	Supervisor of Administrative Operations	0.42	\$27,668		\$27,668
0010	Customer Services	1.26	\$68,063		\$68,063
0011	Compliance - Health Information Technician	0.84	\$33,702		\$33,702
0012	Associate Director of Quality Support	0.42	\$37,765		\$37,765
0013	Health Information Manager	0.17	\$20,650		\$20,650
0014	Supervisor Physical Plant Operations	0.14	\$13,558		\$13,558
0015	Outcome - Research Specialist	0.57	\$52,805		\$52,805
0016	Training - Learning Partner	0.31	\$23,187		\$23,187
SALARY TOTAL		41.54	\$417,572	\$2,174,088	\$2,591,660
PAYROLL TAXES:					
0030	OASDI		\$25,889	\$134,793	\$160,683
0031	FICA/MEDICARE		\$6,055	\$31,524	\$37,579
0032	SUI		\$3,132	\$16,306	\$19,437
PAYROLL TAX TOTAL			\$35,076	\$182,623	\$217,699
EMPLOYEE BENEFITS:					
0040	Retirement		\$16,703	\$86,964	\$103,667
0041	Workers Compensation		\$8,351	\$43,482	\$51,833
0042	Health Insurance (medical, vision, life, dental)		\$93,954	\$489,170	\$583,124
EMPLOYEE BENEFITS TOTAL			\$119,008	\$619,616	\$738,624
SALARY & BENEFITS GRAND TOTAL					\$3,547,983
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$221,578

1011	Rent/Lease Equipment	\$8,358
1012	Utilities	\$0
1013	Building Maintenance	\$2,127
1014	Equipment purchase	\$36,710
FACILITY/EQUIPMENT TOTAL		\$268,773

OPERATING EXPENSES:

1060	Telephone	\$55,933
1061	Answering Service	\$0
1062	Postage	\$1,946
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$11,307
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$6,000
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Travel and Mileage/vehicle maintenance	\$134,949
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$107,552
1075	Lodging	\$0
1076	Depreciation	\$2,909
1077	Subscription/Membership Services	\$4,829
OPERATING EXPENSES TOTAL		\$325,425

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$4,405
1082	Liability Insurance	\$59,609
1083	Administrative Overhead	\$769,532
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$833,546

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$36,384
1091	Translation Services	\$30,000
1092	Contract Psychiatrist	\$88,105

SPECIAL EXPENSES TOTAL			\$154,489
FIXED ASSETS:			
1190	Computers & Software		\$0
1191	Furniture & Fixtures		\$0
1192	Other - (Identify)		\$0
1193	Other - (Identify)		\$0
FIXED ASSETS TOTAL			\$0
TOTAL PROGRAM EXPENSES			\$5,130,216

MEDI-CAL REVENUE:		Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	876,974	\$2.98	\$2,613,383
3100	Case Management	84,325	\$2.32	\$195,634
3200	Crisis Services	16,865	\$4.38	\$73,869
3300	Medication Support	16,865	\$5.44	\$91,746
3400	Collateral	101,189	\$2.98	\$301,543
3500	Plan Development	33,730	\$2.32	\$78,254
3600	Assessment	134,919	\$2.98	\$402,059
3700	Rehabilitation	84,324	\$2.98	\$251,286
3800	Intensive Care Coord	84,324	\$2.32	\$195,632
3900	Intensive Home Based Services	252,973	\$2.98	\$753,860
Estimated Specialty Mental Health Services Billing Totals		1,686,488		\$4,957,263
Estimated % of Clients that are Medi-Cal Beneficiaries				93%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$4,617,194
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$2,308,597
State M/Cal Share of Cost % (BH Realignment/EPSTDT)			50.00%	\$2,308,597
MEDI-CAL REVENUE TOTAL				\$4,617,194
OTHER REVENUE: DEPARTMENT OF SOCIAL SERVICES			Rate	
	Court Documentation, Report, Appearance (flat rate)	1,380	\$74.00	\$102,120
	Psychological Evaluations	24,480	\$2.89	\$70,747
	Mental Health Services (Individual/Family/Group Therapy)	59,356	\$2.98	\$176,880
	Case Management	7,331	\$2.32	\$17,008
	Crisis Services	777	\$4.38	\$3,402
	Medication Support	625	\$5.44	\$3,402
	Collateral	6,849	\$2.98	\$20,409
	Plan Development	2,932	\$2.32	\$6,803
	Assessment	9,132	\$2.98	\$27,212
	Rehabilitation	5,707	\$2.98	\$17,008
	Intensive Care Coord	7,331	\$2.32	\$17,008

Intensive Home Based Services	17,122	\$2.98	\$51,023
OTHER REVENUE TOTAL	143,022		\$513,022
TOTAL PROGRAM REVENUE			\$5,130,216

CHILD WELFARE MENTAL HEALTH SERVICES
Uplift Family Services
FY 2022 - 2023
BUDGET NARRATIVE - EXPENSES

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

0001 Clinician I

18.0 FTE at average salary \$58,184 per FTE. Total Estimated Cost is \$1,047,314. Master's Degree (MA/MS) and at least two years of experience working with youth, young adults and families in a therapeutic environment is required. If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision. Provides psychotherapy and psychotherapeutic support to children and families. Up to 4 Masters level student interns will as well be used to provide additional psychotherapy and psychotherapeutic support.

0002 Clinician II

5.0 FTE at average salary \$65,595 per FTE. Total Estimated Cost is \$327,973. Master's Degree (MA/MS) and at least three years of experience working with youth, young adults and families in a therapeutic environment is required. If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision. Provides psychotherapy and psychotherapeutic support to children and families. Applies advanced use of assessment information in development of the treatment plan and applies information and resources to ensure quality care. Applies advanced skill in acquisition and application of clinically related information to effectively intervene with children and families. Understands and applies multi-modal approaches and perspectives to therapeutic direction. Provides coaching and mentoring of others in the implementation of Evidence Based Practices (EBPs). Leads problem solving interaction and work with external customers. Maintains audit ready charts and audits charts independently. Provides observations and feedback to supervisor in order to monitor and/or modify programs or approaches. Actively participates in the identification of team opportunities for improvement or identification of deficiencies and in the development of strategies to address or bridge gaps. Leads Continuous Quality Improvement (CQI) activities and project implementation. Required to meet applicable productivity and documentation requirements.

0003 Family Specialist

4.0 FTE at average salary \$36,113 per FTE. Total Estimated Cost is \$144,451.

Provides direct services to youth and families. Provides direct billable mental health services, documents in alignment with MediCal regulations, and achieves set productivity expectations. Engages and builds alignment and relationships with parents, youth, and others in the normal course of working with the families. Utilizes strengths of youth, families, and others to assist in the implementation and achievement of goals and outcomes. Works with youth and family teams to support family driven, strength based planning and interventions. Understands and takes advantage of therapeutic opportunities in crisis situations. Conducts observations regarding specific target behavior, track progress and modify plans with the family to support their intended identified outcome. Assists teams in developing a hypothesis of function and underlying unmet need in an effort to develop individualized, strength based strategies and interventions that will result in positive behavior change. Engages caregiver, family members, and other natural supports in building youth specific parenting responses that support positive behavior change and overall family relationships. Works in the community directly with youth and families to develop and implement safety and skill refinement plans. Supports families in bridging to and or building on natural resources and accessing community based program supports that will continue support over time. Develops resources within the community to serve children and families. Assists youth and family teams to meet specific service needs (ie: help develop strategy or resource specific to an identified need) and monitor outcomes. Participates in family finding team activities by identifying family finding need, obtaining authorizations, creating teams, conducting searches and setting deadlines. Completes Connectedness Maps as needed. Documents interactions and practices and maintain administrative expectations in a timely manner. Meets and or exceeds all direct service expectations and documentation requirements. Assists in developing program responses to needs identified across a number of youth and families where natural community resources are not available or appropriate. Builds on individual strengths, concerns, and needs with balanced focus on the family as a unit. Facilitates and/or co-facilitates, supports, and model participation in healthy group dynamics within various settings including family homes, schools, parks, and recreation centers, and treatment facilities. Provides an open forum for expression of feelings and ideas when appropriate. Builds solid, cooperative, culturally responsive relationships with youth and families as well as community resources to assist with the planning, organizing, implementation and evaluation of appropriate activities to achieve family.

0004 Clinical Program Manager

5.31 FTE at average salary \$83,142 per FTE. Total Estimated Cost is \$441,484.

Ensures effective coordination of services for youth and families with other providers, both internal and external, by supporting the development of constructive relationships and problem-solving barriers. Develops, interprets and ensures consistent implementation of clinical program philosophy, objectives, standards, policies, procedures and practices. Analyzes and integrates the use of outcome data to improve clinical service delivery within assigned team. Ensures and monitors defined outcome achievement for youth and families, as well as satisfaction levels for youth, families, and referring workers and agencies. Initiates and participates in organizational quality improvement efforts. Lead and/or delegate work groups to respond to program development needs. Ensures compliance with all policy and procedures including adherence to all licensing, quality, Information Technology (IT), Human Resources (HR), compliance and regulatory standards. Leads and manages change. Proactively identifies potential conflicts; leads parties to consensus and develops same skills in direct reports. Manages to ensure fiscally viable programming. Ensures staff billable productivity and other revenue related activities meet or exceed revenue forecasts. Ensures effective quality clinical services delivery for assigned youth and families. Provides effective crisis and risk prevention and management. Partners with county referring departments, agencies and the community to ensure comprehensive care. Participates in staff development; hires, coaches, mentors, supervises, conducts direct field observations, trains, disciplines, and terminates. Ensures clinical documentation and quality assurance meets both agency and payor standards, ensuring audit ready charts and continuous quality improvement. Provides 24/7 availability as needed. Culturally responsive to internal and external customers, and ensures family voice. Provides direct services to families and children, as support to the direct service staff, to ensure smooth delivery of service to assigned families and youth. Provides outreach to the community including education about agency, program and general mental health and foster care topics. Advocates for system change in relationship to agency service delivery philosophy. Manages day-to-day operations including utilization of all administrative electronic systems, human, and other resources. Works collaboratively with managerial peers to develop and improve program delivery and ensure adherence to fiscal requirements. Ensures those Child Care Licensing (CCL) regulations and policy and procedures relating to certification of families are upheld and followed and that the youths needs are met. Required to meet applicable productivity and documentation requirements.

0005 Clinical Director

1.0 FTE at average salary \$113,055 per FTE. Total Estimated Cost is \$113,055.

Master's degree (MA/MS). Must have appropriate license to practice as a Licensed Clinical Social Worker or Marriage Family Therapist in the State of California. Must meet the BBS requirements to provide clinical oversight and supervision with three to ten years of experience in healthcare/psychology/behavioral/mental health. The Clinical Director implements strategies to accomplish the agency annual priorities at the program level. Directs and develops managers, ensures CPMS are competent and have all tools necessary to lead teams.

0006 Support Services Coordinator

2.0 FTE at average salary \$49,906 per FTE. Total Estimated Cost is \$99,811.

Bachelor's degree required. (with emphasis in Psychology, social Work, Sociology or related course work) Two years of experience in Mental Health field required. Four years of experience in Mental Health field preferred. Knowledge of excel spreadsheets; moderate computer literacy. Clinical skills relevant to intake services including: client triage, understanding of legal/ethical issues, and risk management.

Works within the vision, mission, and philosophy of the agency, provides customerfriendly services to internal and external customers. With limited supervision, sets up, coordinates and runs parenting groups, trains new staff and coaches and supports existing staff in effectively using therapeutic interventions with children and families and in meeting documentation quality and timeliness expectations. Analyzes outcome data in partnership with Outcomes and Evaluation to identify quality improvement activities. Leads quality improvement activities from start to finish, including evaluation of the effectiveness of the activities.

0007 Program Shared Staff

6.23 FTE at average salary \$67,026 per FTE. Total Estimated Cost is \$417,572.

1.68 FTE Administrative Assistant

0.42 FTE Regional Director

0.42 FTE Supervisor of Administrative Operations

1.26 FTE Customer Services

0.84 FTE Compliance - Health Information Technician

0.42 FTE Associate Director Quality Support

0.17 FTE Health Information Management

0.14 FTE Supervisor Physical Plant Operations

0.57 FTE Outcomes - Research Specialist

0.31 FTE Training - Learning Partner

These positions are shared direct program costs that provide direct clinical, operational support, quality, compliance and outcomes support and management and supervision support, to produce required program outcomes to all programs in this region. Approximately 42% of cost is allocated to this program using the basis of direct wages by program for this region's programs.

0030 OASDI

Calculated at 6.2% of salaries. Annual cost is estimated at \$160,683.

0031 FICA/MEDICARE

Calculated at 1.45% of salaries. Annual cost is estimated at \$37,579.

0032 SUI

Calculated at 0.75% of salaries. Annual cost is estimated at \$19,437.

0040 Retirement

Calculated at 4% of salaries. Annual cost is estimated at \$103,667.

0041 Workers Compensation

Calculated at 2% of salaries. Annual cost is estimated at \$51,833.

0042 Health Insurance (medical, vision, life, dental)

Calculated at 22.5% of salaries. Annual cost is estimated at \$583,124.

\$ 3,547,983

Facilities/Equipment Expenses – Line Items 1010-1014

1010 Rent/Lease Building

This includes building rent or depreciation, storage and file storage unit rental payments and all the costs associated with storing and retrieving of client, personnel or other files or records. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's new office in Fresno. Estimated cost is \$221,578 per year.

1011 Rent/Lease Equipment

This includes rental payments for equipment including leased copiers, postage machines, phone systems, laptops or other communication, office or facility equipment. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's office in Fresno. Estimated cost is \$8,358 per year.

1013 Building Maintenance

This includes common area maintenance on leased building charges, maintenance/building repair charges, HVAC maintenance and repair, landscaping, janitorial services, confidential paper shredding services, in-house or outside equipment repair and labor. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's office in Fresno. Estimated cost is \$2,127 per year.

1014 Equipment purchase

Equipment, parts and materials includes the purchase of non-capital assets. Sample items include, but are not limited to, laptops, desktops, printers, calculators and fax machines, as well as system user licenses. Costs are allocated between programs on the basis of payroll dollars and estimated. Estimated cost is \$36,710 per year.

\$ 268,773

Operating Expenses - Line Items 1060-1077

1060 Telephone

Cell phones, Land Lines, DSL, fax charges, phone system; wireless cards for laptop computers enabling UFS to maintain a fully functional mobile work force to deliver in-home/in the community services. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$55,933 per year.

1062 Postage

Postage, printing, US mail, GSO, Federal Express, UPS, postage machine refills, outside reproduction costs, program specific brochures and flyers when reimbursable by the program. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$1,946 per year.

1066 Office Supplies & Equipment

Office supplies and equipment include, but are not limited to: paper, pens, files, staplers, subscriptions to periodicals or newspapers, annual Agency dues and fees paid to accrediting agencies and laptop replacement. Costs are allocated between programs on the basis of direct labor dollars and have been estimated based on historical trends. Estimated cost is \$11,307 per year.

1069 Program Supplies - Therapeutic

Includes those supplies utilized in the direct delivery of therapeutic services to clients. Cost is estimated to be approximately \$18.50 per direct care staff per month. Materials, cash payments, outing costs, etc. used to motivate or reinforce desired behavior in clients, as well as materials required for use in Evidenced Based Practices. Estimated cost is \$6,000 per year.

1072 Staff Travel and Mileage/vehicle maintenance

Includes travel costs such as air fare and lodging for trainings/meetings/conferences, and mileage reimbursement, which is paid at the prevailing federal rate (currently \$0.58 per mile) to program service staff and program administrative staff. This also includes upkeep costs for vehicles. Estimated cost is \$134,949 per year.

1074 Staff Training/Registration

Includes training in the Evidence-Based Practices of Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Child Parent Psychotherapy (CPP), and Dialectical Behavior Therapy (DBT), organizational tools, team/organizational psychology, philosophy of client based services, integration of roles/team dynamics, assessment and individualized treatment planning, general services, organizing admissions, individualized treatment planning associated with the EBPs, and other infant mental health trainings. This includes train-the-trainer and any other program development training needs. Trainings are inclusive of internal and external trainings, and all costs, except mileage associated with training, including transportation, parking room and board, meals, refreshments cost of the program, instructor fees and materials/manuals are included. Also includes other mandatory trainings such as first aid and CPR. Estimated cost is \$107,552 per year.

1076 Depreciation

Depreciation includes depreciation on leasehold improvements, office furniture/fixtures and equipment meeting amortization thresholds. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$2,909 per year.

1077 Subscription/Membership Services

Includes subscriptions to periodicals, databases, software, and other subscription services, as well as annual agency dues and fees. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated Cost is \$4,829 per year.

\$ 325,425

Financial Services Expenses – Line Items 1080-1085

1081 External Audit

Includes annual audit ensuring all financial records are relevant and accurate and in compliance with state and federal laws and regulations. Audit costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical costs. Estimated cost is \$4,405 per year.

1082 Liability Insurance

Includes general business liability and property coverage along with professional liability insurance. Costs are allocated between programs on the basis of direct labor dollars and estimated based on historical trends. Estimated cost is \$59,609 per year.

1083 Administrative Overhead

Represents the overhead of the Agency's general and administrative shared support services such as finance, accounting, billing, human resources, clinical administration, information technology, professional fees, HIPPA compliance and clinical record audits, risk management and program fidelity, recruiting and human resources support, MIS infrastructure & QI/UM department support and oversight as well as executive management. Costs that cannot be specifically charged to a program are allocated to programs on the basis of direct labor program costs prior to the addition of taxes and benefits. Administrative Overhead has been budgeted at 15% of total program expenses. Estimated cost is \$769,532 per year.

\$ 833,547

Special Expenses – Line Items 1090-1092

1090 Consultant (network & data management)

The consultant will provide additional clinical supervision support for program staff. This will also be used for a contract psychologist to provide court ordered psychological testing and reports to the Court. Contract Psychologist estimated to cost \$110 per hour. The psychologist will be required to provide at least 20 hours per month on average. This will also cover the cost of the psychological testing and scoring materials. Estimated cost is \$36,384 per year.

1091 Translation Services

To ensure the provision of culturally sensitive services including assurance of language access, when there is not availability of bilingual staff interpreter/translation services are used to support a culturally appropriate evaluation, diagnosis, treatment and referral services. Estimated Cost is \$30,000 per year.

1092 Contract Psychiatrist

This includes a contract Psychiatrist position estimated to cost \$210 per hour. The psychiatrist will be required to provide at least 25 hours per month, and will provide psychiatric evaluations and medication support services. This also includes a Nurse Practitioner, estimated to cost \$137 per hour. The nurse practitioner will be required to provide 2 hours per week and will provide additional psychiatric evaluations and medication support services. Estimated Cost is \$88,105 per year.

\$ 154,489

TOTAL PROGRAM EXPENSE: \$ 5,130,216

ENTER PROGRAM NAME PER RFP/CONTRACT
Uplift Family Services
FY 2023-2024

Budget Categories -			FTE %	Total Proposed Budget		
Line Item Description (Must be itemized)			FTE %	Admin.	Direct	Total
PERSONNEL SALARIES:						
0001	Clinician I	18.00			\$1,078,733	\$1,078,733
0002	Clinician II	5.00			\$337,812	\$337,812
0003	Family Specialist	4.00			\$148,785	\$148,785
0004	Clinical Program Manager	5.31			\$454,729	\$454,729
0005	Clinical Director	1.00			\$116,447	\$116,447
0006	Support Services Coordinator	2.00			\$102,805	\$102,805
0007	Administrative Assistant	1.68		\$78,909		\$78,909
0008	Regional Director	0.42		\$65,470		\$65,470
0009	Supervisor of Administrative Operations	0.42		\$28,498		\$28,498
0010	Customer Services	1.26		\$70,105		\$70,105
0011	Compliance - Health Information Technician	0.84		\$34,713		\$34,713
0012	Associate Director of Quality Support	0.42		\$38,897		\$38,897
0013	Health Information Manager	0.17		\$21,270		\$21,270
0014	Supervisor Physical Plant Operations	0.14		\$13,965		\$13,965
0015	Outcome - Research Specialist	0.57		\$54,389		\$54,389
0016	Training - Learning Partner	0.31		\$23,883		\$23,883
SALARY TOTAL			41.54	\$430,099	\$2,239,311	\$2,669,410
PAYROLL TAXES:						
0030	OASDI			\$26,666	\$138,837	\$165,503
0031	FICA/MEDICARE			\$6,236	\$32,470	\$38,706
0032	SUI			\$3,226	\$16,795	\$20,021
PAYROLL TAX TOTAL				\$36,128	\$188,102	\$224,230
EMPLOYEE BENEFITS:						
0040	Retirement			\$17,204	\$89,572	\$106,776
0041	Workers Compensation			\$8,602	\$44,786	\$53,388
0042	Health Insurance (medical, vision, life, dental)			\$96,772	\$503,845	\$600,617
EMPLOYEE BENEFITS TOTAL				\$122,578	\$638,203	\$760,782
SALARY & BENEFITS GRAND TOTAL						\$3,654,422
FACILITIES/EQUIPMENT EXPENSES:						
1010	Rent/Lease Building					\$221,578

1011	Rent/Lease Equipment	\$8,358
1012	Utilities	\$0
1013	Building Maintenance	\$2,127
1014	Equipment purchase	\$36,710
FACILITY/EQUIPMENT TOTAL		\$268,773

OPERATING EXPENSES:

1060	Telephone	\$55,933
1061	Answering Service	\$0
1062	Postage	\$1,946
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$11,307
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$6,000
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Travel and Mileage/vehicle maintenance	\$134,949
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$109,576
1075	Lodging	\$0
1076	Depreciation	\$2,909
1077	Subscription/Membership Services	\$4,829
OPERATING EXPENSES TOTAL		\$327,449

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$4,405
1082	Liability Insurance	\$61,398
1083	Administrative Overhead	\$789,540
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$855,343

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$37,583
1091	Translation Services	\$30,000
1092	Contract Psychiatrist	\$90,032

SPECIAL EXPENSES TOTAL			\$157,615
FIXED ASSETS:			
1190	Computers & Software		\$0
1191	Furniture & Fixtures		\$0
1192	Other - (Identify)		\$0
1193	Other - (Identify)		\$0
FIXED ASSETS TOTAL			\$0
TOTAL PROGRAM EXPENSES			\$5,263,602

MEDI-CAL REVENUE:		Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	900,549	\$2.98	\$2,683,636
3100	Case Management	86,591	\$2.32	\$200,891
3200	Crisis Services	17,318	\$4.38	\$75,853
3300	Medication Support	17,318	\$5.44	\$94,210
3400	Collateral	103,910	\$2.98	\$309,652
3500	Plan Development	34,636	\$2.32	\$80,356
3600	Assessment	138,546	\$2.98	\$412,867
3700	Rehabilitation	86,591	\$2.98	\$258,041
3800	Intensive Care Coord	86,591	\$2.32	\$200,891
3900	Intensive Home Based Services	259,774	\$2.98	\$774,127
Estimated Specialty Mental Health Services Billing Totals		1,731,824		\$5,090,524
Estimated % of Clients that are Medi-Cal Beneficiaries				93%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				\$4,737,242
Federal M/Cal Share of Cost % (Federal Financial Participation-FFP)			50.00%	\$2,368,621
State M/Cal Share of Cost % (BH Realignment/EPSTDT)			50.00%	\$2,368,621
MEDI-CAL REVENUE TOTAL				\$4,737,242
OTHER REVENUE: DEPARTMENT OF SOCIAL SERVICES			Rate	
	Court Documentation, Report, Appearance (flat rate)	1,380	\$74.00	\$102,120
	Psychological Evaluations	24,480	\$2.89	\$70,747
	Mental Health Services (Individual/Family/Group Therapy)	61,683	\$2.98	\$183,815
	Case Management	7,619	\$2.32	\$17,675
	Crisis Services	807	\$4.38	\$3,535
	Medication Support	650	\$5.44	\$3,535
	Collateral	7,117	\$2.98	\$21,210
	Plan Development	3,047	\$2.32	\$7,070
	Assessment	9,490	\$2.98	\$28,279
	Rehabilitation	5,931	\$2.98	\$17,675
	Intensive Care Coord	7,619	\$2.32	\$17,675

Intensive Home Based Services	17,793	\$2.98	\$53,024
OTHER REVENUE TOTAL	147,616		\$526,360
TOTAL PROGRAM REVENUE			\$5,263,602

CHILD WELFARE MENTAL HEALTH SERVICES
Uplift Family Services
FY 2023 - 2024
BUDGET NARRATIVE - EXPENSES

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

0001 Clinician I

18.0 FTE at average salary \$59,930 per FTE. Total Estimated Cost is \$1,078,733.

Master's Degree (MA/MS) and at least two years of experience working with youth, young adults and families in a therapeutic environment is required. If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision. Provides psychotherapy and psychotherapeutic support to children and families. Up to 4 Masters level student interns will as well be used to provide additional psychotherapy and psychotherapeutic support.

0002 Clinician II

5.0 FTE at average salary \$67,562 per FTE. Total Estimated Cost is \$337,812.

Master's Degree (MA/MS) and at least three years of experience working with youth, young adults and families in a therapeutic environment is required. If unlicensed must be a registered intern with the Board of Behavioral Sciences and receiving appropriate clinical supervision. Provides psychotherapy and psychotherapeutic support to children and families. Applies advanced use of assessment information in development of the treatment plan and applies information and resources to ensure quality care. Applies advanced skill in acquisition and application of clinically related information to effectively intervene with children and families. Understands and applies multi-modal approaches and perspectives to therapeutic direction. Provides coaching and mentoring of others in the implementation of Evidence Based Practices (EBPs). Leads problem solving interaction and work with external customers. Maintains audit ready charts and audits charts independently. Provides observations and feedback to supervisor in order to monitor and/or modify programs or approaches. Actively participates in the identification of team opportunities for improvement or identification of deficiencies and in the development of strategies to address or bridge gaps. Leads Continuous Quality Improvement (CQI) activities and project implementation. Required to meet applicable productivity and documentation requirements.

0003 Family Specialist

4.0 FTE at average salary \$37,196 per FTE. Total Estimated Cost is \$148,785.

Provides direct services to youth and families. Provides direct billable mental health services, documents in alignment with MediCal regulations, and achieves set productivity expectations. Engages and builds alignment and relationships with parents, youth, and others in the normal course of working with the families. Utilizes strengths of youth, families, and others to assist in the implementation and achievement of goals and outcomes. Works with youth and family teams to support family driven, strength based planning and interventions. Understands and takes advantage of therapeutic opportunities in crisis situations. Conducts observations regarding specific target behavior, track progress and modify plans with the family to support their intended identified outcome. Assists teams in developing a hypothesis of function and underlying unmet need in an effort to develop individualized, strength based strategies and interventions that will result in positive behavior change. Engages caregiver, family members, and other natural supports in building youth specific parenting responses that support positive behavior change and overall family relationships. Works in the community directly with youth and families to develop and implement safety and skill refinement plans. Supports families in bridging to and or building on natural resources and accessing community based program supports that will continue support over time. Develops resources within the community to serve children and families. Assists youth and family teams to meet specific service needs (ie: help develop strategy or resource specific to an identified need) and monitor outcomes. Participates in family finding team activities by identifying family finding need, obtaining authorizations, creating teams, conducting searches and setting deadlines. Completes Connectedness Maps as needed. Documents interactions and practices and maintain administrative expectations in a timely manner. Meets and or exceeds all direct service expectations and documentation requirements. Assists in developing program responses to needs identified across a number of youth and families where natural community resources are not available or appropriate. Builds on individual strengths, concerns, and needs with balanced focus on the family as a unit. Facilitates and/or co-facilitates, supports, and model participation in healthy group dynamics within various settings including family homes, schools, parks, and recreation centers, and treatment facilities. Provides an open forum for expression of feelings and ideas when appropriate. Builds solid, cooperative, culturally responsive relationships with youth and families as well as community resources to assist with the planning, organizing, implementation and evaluation of appropriate activities to achieve family.

0004 Clinical Program Manager

5.31 FTE at average salary \$85,636 per FTE. Total Estimated Cost is \$454,729.

Ensures effective coordination of services for youth and families with other providers, both internal and external, by supporting the development of constructive relationships and problem-solving barriers. Develops, interprets and ensures consistent implementation of clinical program philosophy, objectives, standards, policies, procedures and practices. Analyzes and integrates the use of outcome data to improve clinical service delivery within assigned team. Ensures and monitors defined outcome achievement for youth and families, as well as satisfaction levels for youth, families, and referring workers and agencies. Initiates and participates in organizational quality improvement efforts. Lead and/or delegate work groups to respond to program development needs. Ensures compliance with all policy and procedures including adherence to all licensing, quality, Information Technology (IT), Human Resources (HR), compliance and regulatory standards. Leads and manages change. Proactively identifies potential conflicts; leads parties to consensus and develops same skills in direct reports. Manages to ensure fiscally viable programming. Ensures staff billable productivity and other revenue related activities meet or exceed revenue forecasts. Ensures effective quality clinical services delivery for assigned youth and families. Provides effective crisis and risk prevention and management. Partners with county referring departments, agencies and the community to ensure comprehensive care. Participates in staff development; hires, coaches, mentors, supervises, conducts direct field observations, trains, disciplines, and terminates. Ensures clinical documentation and quality assurance meets both agency and payor standards, ensuring audit ready charts and continuous quality improvement. Provides 24/7 availability as needed. Culturally responsive to internal and external customers, and ensures family voice. Provides direct services to families and children, as support to the direct service staff, to ensure smooth delivery of service to assigned families and youth. Provides outreach to the community including education about agency, program and general mental health and foster care topics. Advocates for system change in relationship to agency service delivery philosophy. Manages day-to-day operations including utilization of all administrative electronic systems, human, and other resources. Works collaboratively with managerial peers to develop and improve program delivery and ensure adherence to fiscal requirements. Ensures those Child Care Licensing (CCL) regulations and policy and procedures relating to certification of families are upheld and followed and that the youths needs are met. Required to meet applicable productivity and documentation requirements.

0005 Clinical Director

1.0 FTE at average salary \$116,447 per FTE. Total Estimated Cost is \$116,447.

Master's degree (MA/MS). Must have appropriate license to practice as a Licensed Clinical Social Worker or Marriage Family Therapist in the State of California. Must meet the BBS requirements to provide clinical oversight and supervision with three to ten years of experience in healthcare/psychology/behavioral/mental health. The Clinical Director implements strategies to accomplish the agency annual priorities at the program level. Directs and develops managers, ensures CPMS are competent and have all tools necessary to lead teams.

0006 Support Services Coordinator

2.0 FTE at average salary \$51,403 per FTE. Total Estimated Cost is \$102,805.

Bachelor's degree required. (with emphasis in Psychology, social Work, Sociology or related course work) Two years of experience in Mental Health field required. Four years of experience in Mental Health field preferred. Knowledge of excel spreadsheets; moderate computer literacy. Clinical skills relevant to intake services including: client triage, understanding of legal/ethical issues, and risk management.

Works within the vision, mission, and philosophy of the agency, provides customerfriendly services to internal and external customers. With limited supervision, sets up, coordinates and runs parenting groups, trains new staff and coaches and supports existing staff in effectively using therapeutic interventions with children and families and in meeting documentation quality and timeliness expectations. Analyzes outcome data in partnership with Outcomes and Evaluation to identify quality improvement activities. Leads quality improvement activities from start to finish, including evaluation of the effectiveness of the activities.

0007 Program Shared Staff

6.23 FTE at average salary \$69,037 per FTE. Total Estimated Cost is \$430,099.

1.68 FTE Administrative Assistant

0.42 FTE Regional Director

0.42 FTE Supervisor of Administrative Operations

1.26 FTE Customer Services

0.84 FTE Compliance - Health Information Technician

0.42 FTE Associate Director Quality Support

0.17 FTE Health Information Management

0.14 FTE Supervisor Physical Plant Operations

0.57 FTE Outcomes - Research Specialist

0.31 FTE Training - Learning Partner

These positions are shared direct program costs that provide direct clinical, operational support, quality, compliance and outcomes support and management and supervision support, to produce required program outcomes to all programs in this region. Approximately 42% of cost is allocated to this program using the basis of direct wages by program for this region's programs.

0030 OASDI

Calculated at 6.2% of salaries. Annual cost is estimated at \$165,503.

0031 FICA/MEDICARE

Calculated at 1.45% of salaries. Annual cost is estimated at \$38,706.

0032 SUI

Calculated at 0.75% of salaries. Annual cost is estimated at \$20,021.

0040 Retirement

Calculated at 4% of salaries. Annual cost is estimated at \$106,776.

0041 Workers Compensation

Calculated at 2% of salaries. Annual cost is estimated at \$53,388.

0042 Health Insurance (medical, vision, life, dental)

Calculated at 22.5% of salaries. Annual cost is estimated at \$600,617.

\$ 3,654,422

Facilities/Equipment Expenses – Line Items 1010-1014

1010 Rent/Lease Building

This includes building rent or depreciation, storage and file storage unit rental payments and all the costs associated with storing and retrieving of client, personnel or other files or records. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's new office in Fresno. Estimated cost is \$221,578 per year.

1011 Rent/Lease Equipment

This includes rental payments for equipment including leased copiers, postage machines, phone systems, laptops or other communication, office or facility equipment. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's office in Fresno. Estimated cost is \$8,358 per year.

1013 Building Maintenance

This includes common area maintenance on leased building charges, maintenance/building repair charges, HVAC maintenance and repair, landscaping, janitorial services, confidential paper shredding services, in-house or outside equipment repair and labor. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends and the utilization of the Agency's office in Fresno. Estimated cost is \$2,127 per year.

1014 Equipment purchase

Equipment, parts and materials includes the purchase of non-capital assets. Sample items include, but are not limited to, laptops, desktops, printers, calculators and fax machines, as well as system user licenses. Costs are allocated between programs on the basis of payroll dollars and estimated. Estimated cost is \$36,710 per year.

\$ 268,773

Operating Expenses - Line Items 1060-1077

1060 Telephone

Cell phones, Land Lines, DSL, fax charges, phone system; wireless cards for laptop computers enabling UFS to maintain a fully functional mobile work force to deliver in-home/in the community services. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$55,933 per year.

1062 Postage

Postage, printing, US mail, GSO, Federal Express, UPS, postage machine refills, outside reproduction costs, program specific brochures and flyers when reimbursable by the program. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$1,946 per year.

1066 Office Supplies & Equipment

Office supplies and equipment include, but are not limited to: paper, pens, files, staplers, subscriptions to periodicals or newspapers, annual Agency dues and fees paid to accrediting agencies and laptop replacement. Costs are allocated between programs on the basis of direct labor dollars and have been estimated based on historical trends. Estimated cost is \$11,307 per year.

1069 Program Supplies - Therapeutic

Includes those supplies utilized in the direct delivery of therapeutic services to clients. Cost is estimated to be approximately \$18.50 per direct care staff per month. Materials, cash payments, outing costs, etc. used to motivate or reinforce desired behavior in clients, as well as materials required for use in Evidenced Based Practices. Estimated cost is \$6,000 per year.

1072 Staff Travel and Mileage/vehicle maintenance

Includes travel costs such as air fare and lodging for trainings/meetings/conferences, and mileage reimbursement, which is paid at the prevailing federal rate (currently \$0.58 per mile) to program service staff and program administrative staff. This also includes upkeep costs for vehicles. Estimated cost is \$134,949 per year.

1074 Staff Training/Registration

Includes training in the Evidence-Based Practices of Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Child Parent Psychotherapy (CPP), and Dialectical Behavior Therapy (DBT), organizational tools, team/organizational psychology, philosophy of client based services, integration of roles/team dynamics, assessment and individualized treatment planning, general services, organizing admissions, individualized treatment planning associated with the EBPs, and other infant mental health trainings. This includes train-the-trainer and any other program development training needs. Trainings are inclusive of internal and external trainings, and all costs, except mileage associated with training, including transportation, parking room and board, meals, refreshments cost of the program, instructor fees and materials/manuals are included. Also includes other mandatory trainings such as first aid and CPR. Estimated cost is \$109,576 per year.

1076 Depreciation

Depreciation includes depreciation on leasehold improvements, office furniture/fixtures and equipment meeting amortization thresholds. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated cost is \$2,909 per year.

1077 Subscription/Membership Services

Includes subscriptions to periodicals, databases, software, and other subscription services, as well as annual agency dues and fees. Costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical trends. Estimated Cost is \$4,829 per year.

\$ 327,449

Financial Services Expenses – Line Items 1080-1085

1081 External Audit

Includes annual audit ensuring all financial records are relevant and accurate and in compliance with state and federal laws and regulations. Audit costs are allocated between programs on the basis of payroll dollars and have been estimated based on historical costs. Estimated cost is \$4,405 per year.

1082 Liability Insurance

Includes general business liability and property coverage along with professional liability insurance. Costs are allocated between programs on the basis of direct labor dollars and estimated based on historical trends. Estimated cost is \$61,398 per year.

1083 Administrative Overhead

Represents the overhead of the Agency's general and administrative shared support services such as finance, accounting, billing, human resources, clinical administration, information technology, professional fees, HIPPA compliance and clinical record audits, risk management and program fidelity, recruiting and human resources support, MIS infrastructure & QI/UM department support and oversight as well as executive management. Costs that cannot be specifically charged to a program are allocated to programs on the basis of direct labor program costs prior to the addition of taxes and benefits. Administrative Overhead has been budgeted at 15% of total program expenses. Estimated cost is \$789,540 per year.

\$ 855,343

Special Expenses – Line Items 1090-1092

1090 Consultant (network & data management)

The consultant will provide additional clinical supervision support for program staff. This will also be used for a contract psychologist to provide court ordered psychological testing and reports to the Court. Contract Psychologist estimated to cost \$115 per hour. The psychologist will be required to provide at least 20 hours per month on average. This will also cover the cost of the psychological testing and scoring materials. Estimated cost is \$37,583 per year.

1091 Translation Services

To ensure the provision of culturally sensitive services including assurance of language access, when there is not availability of bilingual staff interpreter/translation services are used to support a culturally appropriate evaluation, diagnosis, treatment and referral services. Estimated Cost is \$30,000 per year.

1092 Contract Psychiatrist

This includes a contract Psychiatrist position estimated to cost \$215 per hour. The psychiatrist will be required to provide at least 25 hours per month, and will provide psychiatric evaluations and medication support services. This also includes a Nurse Practitioner, estimated to cost \$141 per hour. The nurse practitioner will be required to provide 2 hours per week and will provide additional psychiatric evaluations and medication support services. Estimated Cost is \$90,032 per year.

\$ 157,615

TOTAL PROGRAM EXPENSE: \$ 5,263,602

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 subcontractor(s) shall comply. CONTRACTOR shall require its employees and subcontractor(s) to attend a compliance training that will be provided by Fresno County. After completion of this training, CONTRACTOR, its employee and subcontractor(s), 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, clients, 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. All medical records shall be maintained for a minimum of 10 years from the date of the end of the Agreement.

A. Assessments

1. The following areas will be included as appropriate as a part of a comprehensive client record.

- Relevant physical health conditions reported by the client will be prominently identified and updated as appropriate.
- Presenting problems and relevant conditions affecting the client's physical health and mental health status will be documented, for example: living situation, daily activities, and social support.
- Documentation will describe client's strengths in achieving client plan goals.
- Special status situations that present a risk to clients or others will be prominently documented and updated as appropriate.
- Documentations will include medications that have been described by mental health plan physicians, dosage of each medication, dates of initial prescriptions and refills, and documentations of informed consent for medications.
- Client self report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.
- A mental health history will be documented, including: previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and relevant results of relevant lab tests and consultations reports.
- For children and adolescents, pre-natal and perinatal events and complete developmental history will be documented.
- Documentations will include past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over-the-counter drugs.
- A relevant mental status examination will be documented.
- A DSM-5 diagnosis, or a diagnosis from the most current ICD, will be documented, consistent with the presenting problems, history mental status evaluation and/or other assessment data.

2. Timeliness/Frequency Standard for Assessment

- An assessment will be completed at intake and updated as needed to document changes in the client's condition.
- Client conditions will be assessed at least annually and, in most cases, at more frequent intervals.

B. Client Plans

1. Client plans will:

- have specific observable and/or specific quantifiable goals
- identify the proposed type(s) of intervention

- have a proposed duration of intervention(s)
- be signed (or electronic equivalent) by:
 - the person providing the service(s), or
 - a person representing a team or program providing services, or
 - a person representing the MHP providing services
 - when the client plan is used to establish that the services are provided under the direction of an approved category of staff, and if the below staff are not the approved category,
 - a physician
 - a licensed/ “waivered” psychologist
 - a licensed/ “associate” social worker
 - a licensed/ registered/marriage and family therapist or
 - a registered nurse
- In addition,
 - client plans will be consistent with the diagnosis, and the focus of intervention will be consistent with the client plan goals, and there will be documentation of the client’s participation in and agreement with the plan. Examples of the documentation include, but are not limited to, reference to the client’s participation and agreement in the body of the plan, client signature on the plan, or a description of the client’s participation and agreement in progress notes.
 - client signature on the plan will be used as the means by which the CONTRACTOR(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

STATE MENTAL HEALTH REQUIREMENTS

1. CONTROL REQUIREMENTS

The COUNTY and its subcontractors shall provide services in accordance with all applicable Federal and State statutes and regulations.

2. PROFESSIONAL LICENSURE

All (professional level) persons employed by the COUNTY Mental Health Program (directly or through contract) providing Short-Doyle/Medi-Cal services have met applicable professional licensure requirements pursuant to Business and Professions and Welfare and Institutions Codes.

3. CONFIDENTIALITY

CONTRACTOR shall conform to and COUNTY shall monitor compliance with all State of California and Federal statutes and regulations regarding confidentiality, including but not limited to confidentiality of information requirements at 42, Code of Federal Regulations sections 2.1 *et seq*; California Welfare and Institutions Code, sections 14100.2, 11977, 11812, 5328; Division 10.5 and 10.6 of the California Health and Safety Code; Title 22, California Code of Regulations, section 51009; and Division 1, Part 2.6, Chapters 1-7 of the California Civil Code.

4. NON-DISCRIMINATION

A. Eligibility for Services

CONTRACTOR shall prepare and make available to COUNTY and to the public all eligibility requirements to participate in the program plan set forth in the Agreement. No person shall, because of ethnic group identification, age, gender, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed, political belief or sexual preference be excluded from participation, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal or State of California assistance.

B. Employment Opportunity

CONTRACTOR shall comply with COUNTY policy, and the Equal Employment Opportunity Commission guidelines, which forbids discrimination against any person on the grounds of race, color, national origin, sex, religion, age, disability status, or sexual preference in employment practices. Such practices include retirement, recruitment advertising, hiring, layoff, termination,

upgrading, demotion, transfer, rates of pay or other forms of compensation, use of facilities, and other terms and conditions of employment.

C. Suspension of Compensation

If an allegation of discrimination occurs, COUNTY may withhold all further funds, until CONTRACTOR can show clear and convincing evidence to the satisfaction of COUNTY that funds provided under this Agreement were not used in connection with the alleged discrimination.

D. Nepotism

Except by consent of COUNTY's Department of Behavioral Health Director, or designee, no person shall be employed by CONTRACTOR who is related by blood or marriage to, or who is a member of the Board of Directors or an officer of CONTRACTOR.

5. PATIENTS' RIGHTS

CONTRACTOR shall comply with applicable laws and regulations, including but not limited to, laws, regulations, and State policies relating to patients' rights.

STATE CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the non-discrimination program requirements. (Gov. Code § 12990 (a-f) and CCR, Title 2, Section 111 02) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
- b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,

- 4) penalties that may be imposed upon employees for drug abuse violations.
- c. Every employee who works on the proposed Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,
 - 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

- a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.
- b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

- 1) No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2) No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- 1) For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2) For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

- a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.
- b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.
- c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

9. INSPECTION and Audit of Records and access to Facilities.

The State, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of CONTRACTOR or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related

activities or work is conducted. The right to audit under this section exists for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

Federal database checks. Consistent with the requirements at § 455.436 of this chapter, the State must confirm the identity and determine the exclusion status of CONTRACTOR, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of CONTRACTOR through routine checks of Federal databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM), and any other databases as the State or Secretary may prescribe. These databases must be consulted upon contracting and no less frequently than monthly thereafter. If the State finds a party that is excluded, it must promptly notify the CONTRACTOR and take action consistent with § 438.610(c).

The State must ensure that CONTRACTOR with which the State contracts under this part is not located outside of the United States and that no claims paid by a CONTRACTOR to a network provider, out-of-network provider, subcontractor or financial institution located outside of the U.S. are considered in the development of actuarially sound capitation rates.

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 Health Care Service's day treatment requirements. The COUNTY shall review the provider's written program description for compliance with the State Department of Health Care Service'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 Appeals Process

Grievances

The 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 to 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 45003
Fresno, CA 93718-9886
(800) 654-3937 (for more information)
(559) 488-3055 (TTY)

Provider Problem Resolution and Appeals Process

The MHP uses a simple, informal procedure in identifying and resolving provider concerns and problems regarding payment authorization issues, other complaints and concerns.

Informal provider problem resolution process – the provider may first speak to a Provider Relations Specialist (PRS) regarding his or her complaint or concern. The PRS will attempt to settle the complaint or concern with the provider. If the attempt is unsuccessful and the provider chooses to forego the informal grievance process, the provider will be advised to file a written complaint to the MHP address (listed above).

Formal provider appeal process – the provider has the right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun, when the complaint concerns a denied or modified request for MHP payment authorization, or the process or payment of a provider's claim to the MHP.

Payment authorization issues – the provider may appeal a denied or modified request for payment authorization or a dispute with the MHP regarding the processing or payment of a provider's claim to the MHP. The written appeal must be submitted to the MHP within ninety (90) calendar days of the date of the receipt of the non-approval of payment.

The MHP shall have sixty (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 Managed Care staff who were 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 thirty (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 sixty (60) calendar days of receipt of the complaint. The decision rendered by the MHP is final.



Department of Behavioral Health

Policy and Procedure Guide

PPG 1.2.4

Section: Administration

Effective Date: 11/01/2010

Revised Date: 03/07/2018

Policy Title: Incident Reporting and Intensive Analysis

Approved by: Dawan Utecht (Director of Behavioral Health), Elizabeth Vasquez (Compliance Officer), Kannika Toonnachat (Division Manager - Technology and Quality Management)

POLICY:

The Fresno County Department of Behavioral Health (DBH) requires all of its county-operated and contracted providers (through the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services) to complete a written report of any incidents compromising the health and safety of clients, employees, or community members. The incident report must include a thorough description of: the incident itself, client information, type of event, location, people directly involved, action taken, and outcome (if known). The written report must be signed and submitted to the Department of Behavioral Health Incident Reporting email address DBHIncidentReporting@co.fresno.ca.us within **24 hours** of the incident or knowledge of the incident. An amendment to the original incident report may be submitted if all the required information is not readily available within the 24 hour reporting requirement. The Intensive Analysis Committee (IAC) will review selected incidents. Incidents that occur within the six months following discharge must also be reported.

PURPOSE:

To ensure employees identify, document and report incidents consistently and promptly. To review incidents and recommend system, policy, and protocol changes. To increase best practice and safety in the provision of behavioral health care and substance use disorder services.

REFERENCE:

California Evidence Code 1157, 1157.5, 1157.6 and 1157.7., Welfare and Institutions Code on Privileged Information**, [DMH Letter 1995-04, page 7-12](#), Fresno County Management Directive, Chapter 1700, Subject 1750, Mental Health Plan, Policy No. RSK 100.0. MHP Contract boilerplate, Exhibit H. [Fresno County DBH Incident Report](#), [MHRC 24-Hour Unusual Occurrence Report-DHCS form](#), [PSD-RM 301 Report](#), [PHF 24-Hour Unusual Occurrence Report-DHCS form](#), [Unusual Occurrence Report](#).

****Note: California Evidence Code 1157 does not guarantee that all committee discussions, reports and records are protected from discovery and disclosure in all cases.**

MISSION STATEMENT

The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

Template Review Date 3/28/16



Department of Behavioral Health

Policy and Procedure Guide

Section: Administration

Effective Date: 11/01/2010

PPG 1.2.4

Policy Title: Reporting Incidents and Unusual Occurrences

DEFINITIONS:

24 Hours – 24 clock hours

Department of Behavioral Health Incident Reporting email address (DBH Incident Reporting)-
DBHIncidentReporting@co.fresno.ca.us

Department of Health Care Services- DHCS

Fresno County Department of Behavioral Health- DBH

Intensive Analysis Committee – IAC

Mental Health Plan- MHP

Mental Health Rehabilitation Center- MHRC

Psychiatric Health Facility- PHF

Quality Improvement Committee- QIC

Substance Use Disorder - SUD

Unusual Occurrence Report- UOR

An Incident is any event which jeopardizes the health and/or safety of clients, employees, or members of the community.

Incidents include, but are not limited to:

- All client deaths
- Attempted suicide (resulting in serious injury)
- Homicide or attempts at homicide
- Injury connected to services or at a service site (self-inflicted or by accident)
- Medical Emergency connected to services or at a service site
- Other (i.e. Clients escaping from a locked facility, medication errors)
- Violence, Abuse or Assault connected to services or at a service site (toward client, others or property; resulting in serious injury)

The Fresno County DBH Incident Report, MHRC/PHF 24-hour Unusual Occurrence Report, PSD-RM 301 and/or Unusual Occurrence Report are all confidential reports and are not to be part of the client's medical record.

- *DO NOT file a copy of or transcribe the Fresno County DBH Incident Report, MHRC/PHF 24-hour Unusual Occurrence Report, PSD-RM 301 and/or Unusual Occurrence Report in to the client's medical record.*
- *DO NOT document in the medical record that a Fresno County DBH Incident Report, MHRC/PHF 24-hour Unusual Occurrence Report, PSD-RM 301 and/or Unusual Occurrence Report was filed.*
- *Details of the incident that are relevant to clinical treatment may be documented in the client's medical record by the appropriate practitioner.*



Department of Behavioral Health

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Section: Administration

Effective Date: 11/01/2010

PPG 1.2.4

Policy Title: Reporting Incidents and Unusual Occurrences

PROCEDURE:

- I. Employees having knowledge of an incident will follow the appropriate process listed in sections II or III below:
- II. DBH County Operated Programs
 - A. Employees involved in or first aware of an incident shall complete and submit encrypted Form PSD-RM 301-Incident Report: Non-Employee to a supervisor and/or Division Manager.
 1. Supervisor and/or Division Manager shall review the report for completeness and gather any further information needed. Supervisor, Division Manager, or designee sends the encrypted report to the DBH Incident Reporting email address, Division Manager and DBH Human Resources email address within 24 hours of an incident or knowledge of an incident.
 2. Intensive Analysis Chair or designated committee member will review the PSD-RM 301-Incident Report and request further information if needed.
- III. Contracted Providers
 - A. All contracted providers shall complete the Fresno County DBH Incident Report.
 1. The report shall be completed and signed by the employee involved in or first aware of an incident, reviewed and signed by a supervisor and/or Program Director and the encrypted Incident Report will be sent to the DBH Incident Reporting email address and designated Contract Staff Analyst within 24 hours of an incident or knowledge of an incident.
 2. Intensive Analysis Chair or designated committee member will review the DBH Incident Report. If further information is needed, designated Contract Staff Analyst shall assist in gathering requested information and provide the information to Intensive Analysis Chair or designated committee member.
 - B. In addition to completing the Fresno County DBH Incident Report under item III-A, Mental Health Rehabilitation Centers (MHRC) and Psychiatric Health Facilities (PHF) must also complete the respective below report.
 1. MHRC shall complete the DHCS MHRC 24-Hour Unusual Occurrence Report.
 - a. Report shall be completed and signed by staff involved in or first aware of an incident, reviewed and signed by a supervisor and/or



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Policy Title: Reporting Incidents and Unusual Occurrences

Program Director and submitted to DHCS via fax: (916) 440-5600 or encrypted email to the DHCS designated reporting contact (per form instructions), Contract Staff Analyst and the DBH Incident Reporting email address within 24 hours of an incident or knowledge of an incident.

2. PHF shall complete the DHCS PHF 24-Hour Unusual Occurrence Report.

- a. Report shall be completed and signed by staff involved in or first aware of an incident, reviewed and signed by a supervisor and/or Program Director and submitted to DHCS via fax: (916) 440-5600 or encrypted email to the DHCS designated reporting contact (per form instructions), Contract Staff Analyst and the DBH Incident Reporting email address within 24 hours of an incident or knowledge of an incident.

IV. Unusual Occurrence Reporting to DHCS

- A. Unusual Occurrences may include but are not limited to physical injury and death. The MHP will report Unusual Occurrences to DHCS as determined necessary. The Unusual Occurrence Report (UOR) shall include:
 1. A written description of the incident and outcome of the incident
 2. List of persons directly involved/having direct knowledge of the incident
 3. Report of providers investigation and conclusion.
- B. If a reported incident is determined to be an Unusual Occurrence, the UOR shall be completed and signed by a Division Manager or a designated IAC member. Contracted Providers (not licensed directly by the state) who have determined an incident to be an Unusual Occurrence may elect to submit their own UORs in lieu of a DBH Division Manager or IAC member. The UOR shall be emailed encrypted to the DHCS designated reporting contact (per DHCS instructions), Contract Staff Analyst (if applicable) and the DBH Incident Reporting email address within five (5) calendar days of an incident or knowledge of an incident. MHRC's and PHF's will continue to follow reporting guidelines detailed above in Section III, B1 and B2.
- C. UORs sent to DHCS may be subject to further investigation and/or information requested by DHCS, such as: Site Reviews and Plan(s) of Correction. All correspondence between contracted provider and DHCS regarding UORs shall also be sent to the Contract Staff Analyst and the DBH Incident Reporting email address for informational purposes.
- D. Site visits by DBH may be conducted as needed.



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Policy Title: Reporting Incidents and Unusual Occurrences

- E. DBH may request contracted providers attest that an Intensive Analysis or similar (i.e. incident review, possible cause) has occurred. DBH may request additional analysis or information when necessary.
- V. The IAC will review incidents and recommend system, policy, and protocol changes, as needed, based on its findings. The IAC can conduct a case review with the employees involved to determine possible cause. The IAC shall track and trend incidents and report to the Quality Improvement Committee (QIC). The DBH Incident Reporting email address shall be monitored by the Intensive Analysis Chair, with supportive monitoring by the Quality Improvement Coordinator, Division Managers and Compliance Officer.
 - A. The IAC will be comprised of the following:
 - 1. Intensive Analysis Chair – Chair shall be a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Psychologist, or Psychiatrist
 - 2. Deputy Director
 - 3. Quality Improvement Coordinator
 - 4. Division Manager from Clinical Operations
 - 5. Compliance Officer
 - 6. Quality Improvement Licensed Mental Health Clinician(s)
 - 7. Medical Director
 - 8. Other subject matter experts as deemed necessary
 - 9. +Case specific staff
 - B. The IAC shall review incidents and identify those that require further review to determine possible cause.
 - C. The IAC shall meet at least quarterly unless there are no incidents during the quarter. The IAC may meet more frequently as needed.
 - D. The IAC shall make recommendations for changes in policy, procedure and practice.
 - E. When necessary, the IAC may report personnel concerns to the appropriate HR department; the IAC does not make or take disciplinary actions but may be obligated to share employee concerns.
 - F. Copies of Incident Reporting forms received and committee notes related to action items will be maintained by the IAC for 10 years.
 - G. The IAC will report aggregate data and system recommendations at QIC.

Fresno County Department of Behavioral Health-Incident Report

Send completed forms to dbhincidentreporting@co.fresno.ca.us and designated contract analyst within 24 hours of an incident or knowledge of an incident. **DO NOT COPY OR REPRODUCE/NOT** part of the medical record.

Client Information

Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text. Middle Initial: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text. Client ID#: Click or tap here to enter text. Gender: ☐ Male ☐ Female

County of Origin: Click or tap here to enter text.

Name of Reporting Party: Click or tap here to enter text.

Name of Facility: Click or tap here to enter text.

Facility Address: Click or tap here to enter text.

Facility Phone Number: Click or tap here to enter text.

Incident (check all that apply)

☐ Homicide/Homicide Attempt ☐ Attempted Suicide (resulting in serious injury) ☐ Death of Client ☐ Medical Emergency

☐ Injury (self-inflicted or by accident) ☐ Violence/Abuse/Attempts to Assault (toward others, client and/or property)

☐ Other- Specify (i.e. medication errors, client escaping from locked facility, fire, poisoning, epidemic outbreaks, other catastrophes/events that jeopardize the welfare and safety of clients, staff and /or members of the community): Click or tap here to enter text.

Date of Incident: Click or tap here to enter text. Time of Incident: Click or tap here to enter text. ☐ am ☐ pm

Location of Incident: Click or tap here to enter text.

Description of the Incident (Attach additional sheet if needed): Click or tap here to enter text.

Key People Directly Involved in Incident (witnesses, staff): Click or tap here to enter text.

Action Taken (check all that apply)

☐ Consulted with Physician ☐ Called 911/EMS ☐ First Aid/CPR Administered ☐ Law Enforcement Contacted

☐ Client removed from building ☐ Parent/Legal Guardian Contacted ☐ Other (Specify): Click or tap here to enter text.

Description of Action Taken: Click or tap here to enter text.

Outcome of Incident (If Known): Click or tap here to enter text.

Form Completed by: _____
Printed Name Signature Date

Reviewed by Supervisor/Program Manager: _____
Printed Name Signature Date

For Internal Use only:

☐ Report to Administration ☐ Report to Intensive Analysis Committee for additional review ☐ Request Additional Information

☐ No Action ☐ Unusual Occurrence ☐ Other: Click or tap here to enter text.

Revised 12 /2017

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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 |
|--|--------------------------|--------------------------|
| <p>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?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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)</p> | <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:	