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\_\_\_\_\_ and is between Central Star Behavioral Health, Inc., a private for-profit Corporation (“Contractor”), and the County of Fresno, a political subdivision of the State of California (“County”).

A. On June 20, 2023, the County and the Contractor entered into Agreement No. 23-278, as amended by County Agreement No. 23-576 effective October 24, 2023, and County Agreement No. 24-297 effective June 18, 2024 for the provision of Full-Service Partnership (FSP) Mental Health Services & Supports & Housing to Transitional Age Youth (TAY) including certain Mental Health Services Act (MHSA) TAY Mental Health Services, such as integrated mental health and supportive housing services to the TAY population, ages 16 to 25 years of age, who have a serious mental illness and are at risk of being hospitalized, homeless, and/or incarcerated. The agreement combined and superseded Agreement No. 18-576.

B. The County and Contractor now desire to further amend the Agreement to extend the term for an additional three (3) month base and optional three (3) month renewal term and increasing the maximum compensation by One Million, Six Hundred Sixty-One Thousand, Six Hundred Ninety-Six and No/100 Dollars (\$1,661,696.00).

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

2. All references to Exhibit G2 shall be deemed references to "Revised Exhibit G2."  
Revised Exhibit G2 is attached and incorporated by this reference.

3. Section 4.2 of the Agreement, beginning on Page 8, Line 25, is amended to add the following:

"The maximum compensation payable to the Contractor under this agreement for the period of July 1, 2025 through September 30, 2025 for Specialty Mental Health Services is Seven Hundred Fifty Five Thousand Eight Hundred Forty Eight and No/100 Dollars (\$755,848.00), which is not a guaranteed sum but shall be paid only for services rendered and received. The maximum compensation payable to the Contractor under this agreement for the period of October 1, 2025 through December 31, 2025 for Specialty Mental Health Services is Seven Hundred Fifty Five Thousand Eight Hundred Forty Eight and No/100 Dollars (\$755,848.00), which is not a guaranteed sum but shall be paid only for services rendered and received."

4. Section 4.3 of the Agreement, beginning on Page 9, Line 3, is amended to add the following:

"The maximum compensation payable to the Contractor under this Agreement for the period of July 1, 2025 through September 30, 2025 for Non Medi-Cal Supports is Seventy Five Thousand and No/100 Dollars (\$75,000.00). The maximum compensation payable to the Contractor under this Agreement for the period of October 1, 2025 through December 31, 2025 for Non Medi-Cal Supports is Seventy Five Thousand and No/100 Dollars (\$75,000.00)."

5. Section 4.5 of the Agreement, beginning on Page 9, Lines 20 through 23 is deleted in its entirety and replaced with the following:

"In no event shall the maximum contract amount for all the services provided by the Contractor to County under the terms and conditions of this Agreement be in excess of Eight Million, Five Hundred Fifty-Eight Thousand, Four Hundred

Seventy-Eight and No/100 Dollars (\$8,558,478.00) during the entire term of this Agreement.”

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

7. The Contractor represents and warrants to the County that:

- a. The Contractor is duly authorized and empowered to sign and perform its obligations under this Amendment.
- b. The individual signing this Amendment on behalf of the Contractor is duly authorized to do so and his or her signature on this Amendment legally binds the Contractor to the terms of this Amendment.

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

- a. An “electronic signature” means any symbol or process intended by an individual signing this Amendment to represent their signature, including but not limited to (1) a digital signature; (2) a faxed version of an original handwritten signature; or (3) an electronically scanned and transmitted (for example by PDF document) version of an original handwritten signature.
- b. Each electronic signature affixed or attached to this Amendment (1) is deemed equivalent to a valid original handwritten signature of the person signing this Amendment for all purposes, including but not limited to evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as the valid original handwritten signature of that person.
- c. The provisions of this section satisfy the requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1).
- d. Each party using a digital signature represents that it has undertaken and satisfied the requirements of Government Code section 16.5, subdivision (a),

1 paragraphs (1) through (5), and agrees that each other party may rely upon that  
2 representation.

3 e. This Amendment is not conditioned upon the parties conducting the transactions  
4 under it by electronic means and either party may sign this Amendment with an  
5 original handwritten signature.

6 9. This Amendment may be signed in counterparts, each of which is an original, and all of  
7 which together constitute this Amendment.

8 10. The Agreement as previously amended and as amended by this Amendment No. 3 is  
9 ratified and continued. All provisions of the Agreement as previously amended and not  
10 amended by this Amendment No. 3 remain in full force and effect.

11 *[SIGNATURE PAGE FOLLOWS]*  
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1 The parties are signing this Amendment No. 3 on the date stated in the introductory  
2 clause.

3 CENTRAL STAR BEHAVIORAL HEALTH,  
4 INC.

COUNTY OF FRESNO

5  
6 *Kent Dunlap*  
7 Kent Dunlap, President and CEO

8 1501 Hughes Way, Suite 150  
9 Long Beach, CA 90810

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

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

10  
11 By: \_\_\_\_\_  
Deputy

12 For accounting use only:

13 Org No.:  
14 Account No.:  
15 Fund No.:  
16 Subclass No.:  
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Transition Age Youth (TAY) Continuum of Care  
Central STAR Behavioral Health, Inc.  
Fiscal Year (FY) 2025-26 | July 1, 2025 to September 30, 2025

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

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

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 250
2002	Client Housing Support	46,250
2003	Client Transportation & Support	12,500
2004	Clothing, Food, & Hygiene	9,250
2005	Education Support	2,500
2006	Employment Support	1,000
2007	Household Items for Clients	2,250
2008	Medication Supports	250
2009	Program Supplies - Medical	750
2010	Utility Vouchers	
2011		
2012		
2013		
2014		
2015		
2016		
DIRECT CLIENT CARE TOTAL		\$ 75,000

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

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

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

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

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

TOTAL PROGRAM EXPENSES	\$ 75,000
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**PROGRAM FUNDING SOURCES**

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

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$75,000
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 75,000

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

TOTAL PROGRAM FUNDING SOURCES:	\$ 75,000
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NET PROGRAM COST:	\$ -
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**Transition Age Youth (TAY) Continuum of Care**  
**Central STAR Behavioral Health, Inc.**

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

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: DIRECT SALARIES &amp; BENEFITS</b>			-	
<b>Administrative Positions</b>			-	
	1101	0	-	
	1102	0	-	
	1103	0	-	
	1104	0	-	
	1105	0	-	
	1106	0	-	
	1107	0	-	
	1108	0	-	
	1109	0	-	
	1110	0	-	
	1111	0	-	
	1112	0	-	
	1113	0	-	
	1114	0	-	
	1115	0	-	
<b>Program Positions</b>			-	
	1116	0	-	
	1117	0	-	
	1118	0	-	
	1119	0	-	
	1120	0	-	
	1121	0	-	
	1122	0	-	
	1123	0	-	
	1124	0	-	
	1125	0	-	
	1126	0	-	
	1127	0	-	
	1128	0	-	
	1129	0	-	
	1130	0	-	
	1131	0	-	
	1132	0	-	
	1133	0	-	
	1134	0	-	
<b>Direct Employee Benefits</b>				
	1201	Retirement	-	
	1202	Worker's Compensation	-	
	1203	Health Insurance	-	
	1204	Other (Benefits listed under ARPA Grant)	-	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
<b>Direct Payroll Taxes &amp; Expenses:</b>			-	
	1301	OASDI	-	
	1302	FICA/MEDICARE	-	
	1303	SUI	-	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
<b>2000: DIRECT CLIENT SUPPORT</b>			<b>75,000</b>	
	2001	Child Care	250	Cost of childcare if needed to attend classes.
	2002	Client Housing Support	46,250	Cost of room and board for clients.
	2003	Client Transportation & Support	12,500	Cost for the transportation of clients and their family and caregivers providing support. This includes gas for vehicles, bus passes, Uber/Lift rids, cost of bicycles, skateboards, scooters, etc.
	2004	Clothing, Food, & Hygiene	9,250	Cost necessary for daily living such as essential clothing and shoes. Food including groceries, food for cooking groups. Hygiene products such as deodorant, shampoo, soap, toothpaste, feminine prodcuts, makeup, haircuts, etc.
	2005	Education Support	2,500	Cost of school supplies such as laptops, classes cost, tuition, etc.
	2006	Employment Support	1,000	Cost of items to support employment such as cost of birth certificats, SS cards, ID, Driver lecnese, clothing, and shoes, etc.

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2007	Household Items for Clients	2,250	Cost of household items such as bed sheets, appliances, lamps, fans, etc.
	2008	Medication Supports	250	OTC medication and medicine not covered by Medi-Cal such as Tylenol, allergy medicine, pepto bismol, etc.
	2009	Program Supplies - Medical	750	Cost of items not covered by Medi-Cal, including a buzz zapper to remove bed bugs and items to support medical care such as a pop-up tent to provide privacy for the injections given in the community.
	2010	Utility Vouchers	-	
	2011	0	-	
	2012	0	-	
	2013	0	-	
	2014	0	-	
	2015	0	-	
	2016	0	-	

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

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

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

6000: INDIRECT EXPENSES				
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Other (Indirect Cost under ARPA Grant)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS				
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	7003	Furniture & Fixtures	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (specify)	-	
	7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:		75,000
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:		75,000
BUDGET CHECK:		-

Transition Age Youth (TAY) Continuum of Care  
Central STAR Behavioral Health, Inc.  
Fiscal Year (FY) 2025-26 | October 1, 2025 to December 31, 2025

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

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

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 250
2002	Client Housing Support	46,250
2003	Client Transportation & Support	12,500
2004	Clothing, Food, & Hygiene	9,250
2005	Education Support	2,500
2006	Employment Support	1,000
2007	Household Items for Clients	2,250
2008	Medication Supports	250
2009	Program Supplies - Medical	750
2010	Utility Vouchers	
2011	Client Building Maintenance	
2012	Client Therapy	
2013	Client Activities/Recreation	
2014	Client Personal Needs	
2015	Client Food	
2016	Client Furnishings	
DIRECT CLIENT CARE TOTAL		\$ 75,000

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

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

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

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

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

TOTAL PROGRAM EXPENSES	\$ 75,000
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**PROGRAM FUNDING SOURCES**

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

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

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 75,000
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 75,000

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

TOTAL PROGRAM FUNDING SOURCES:	\$ 75,000
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NET PROGRAM COST:	\$ -
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**Transition Age Youth (TAY) Continuum of Care**  
**Central STAR Behavioral Health, Inc.**

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

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: DIRECT SALARIES &amp; BENEFITS</b>			-	
<b>Administrative Positions</b>			-	
	1101	0	-	
	1102	0	-	
	1103	0	-	
	1104	0	-	
	1105	0	-	
	1106	0	-	
	1107	0	-	
	1108	0	-	
	1109	0	-	
	1110	0	-	
	1111	0	-	
	1112	0	-	
	1113	0	-	
	1114	0	-	
	1115	0	-	
<b>Program Positions</b>			-	
	1116	0	-	
	1117	0	-	
	1118	0	-	
	1119	0	-	
	1120	0	-	
	1121	0	-	
	1122	0	-	
	1123	0	-	
	1124	0	-	
	1125	0	-	
	1126	0	-	
	1127	0	-	
	1128	0	-	
	1129	0	-	
	1130	0	-	
	1131	0	-	
	1132	0	-	
	1133	0	-	
	1134	0	-	
<b>Direct Employee Benefits</b>				
	1201	Retirement	-	
	1202	Worker's Compensation	-	
	1203	Health Insurance	-	
	1204	Other (Benefits listed under ARPA Grant)	-	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
<b>Direct Payroll Taxes &amp; Expenses:</b>			-	
	1301	OASDI	-	
	1302	FICA/MEDICARE	-	
	1303	SUI	-	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
<b>2000: DIRECT CLIENT SUPPORT</b>			<b>75,000</b>	
	2001	Child Care	250	Cost of childcare if needed to attend classes.
	2002	Client Housing Support	46,250	Cost of room and board for clients.
	2003	Client Transportation & Support	12,500	Cost for the transportation of clients and their family and caregivers providing support. This includes gas for vehicles, bus passes, Uber/Lift rids, cost of bicycles, skateboards, scooters, etc.
	2004	Clothing, Food, & Hygiene	9,250	Cost necessary for daily living such as essential clothing and shoes. Food including groceries, food for cooking groups. Hygiene products such as deodorant, shampoo, soap, toothpaste, feminine prodcuts, makeup, haircuts, etc.
	2005	Education Support	2,500	Cost of school supplies such as laptops, classes cost, tuition, etc.
	2006	Employment Support	1,000	Cost of items to support employment such as cost of birth certificats, SS cards, ID, Driver lecnese, clothing, and shoes, etc.



PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2007	Household Items for Clients	2,250	Cost of household items such as bed sheets, appliances, lamps, fans, etc.
	2008	Medication Supports	250	OTC medication and medicine not covered by Medi-Cal such as Tylenol, allergy medicine, pepto bismol, etc.
	2009	Program Supplies - Medical	750	Cost of items not covered by Medi-Cal, including a buzz zapper to remove bed bugs and items to support medical care such as a pop-up tent to provide privacy for the injections given in the community.
	2010	Utility Vouchers	-	
	2011	Client Building Maintenance	-	
	2012	Client Therapy	-	
	2013	Client Activities/Recreation	-	
	2014	Client Personal Needs	-	
	2015	Client Food	-	
	2016	Client Furnishings	-	

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

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

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

6000: INDIRECT EXPENSES				
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Other (Indirect Cost under ARPA Grant)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS				
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	7003	Furniture & Fixtures	-	



PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (specify)	-	
	7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:		75,000
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:		75,000
BUDGET CHECK:		-