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\_\_\_\_\_ and is between Contractor(s) listed in Revised Exhibit A “List of Contractors” (“Contractor(s)”), and the County of Fresno, a political subdivision of the State of California (“County”).

A. County, through its Department of Behavioral Health (DBH), is a Behavioral Health Plan (BHP) as defined in Title 9 of the California Code of Regulations (C.C.R.), Section 1810.226.

C. On November 5, 2024, the County and the Contractors entered into Amendment No. 24-594 to the Agreement ("Amendment No. 1"), to add CARE Court services to the Mental Health Systems D.A.R.T. West FSP Program Scope of Work.

E. The County and the Contractors now desire to amend the Agreement to extend the current term by three months with an additional optional three-month extension, and to increase the maximum compensation, to ensure mandated services are provided uninterrupted to County persons served.

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

1 written approval on behalf of the County based on the Contractor's satisfactory performance.  
2 The extension of this Agreement by the County is not a waiver or compromise of any default or  
3 breach of this Agreement by the Contractor(s) existing at the time of the extension whether or  
4 not known to the County.

5 2. Section 4.2 of the Agreement beginning on Page 9, Line 4 is amended to add the  
6 following:

7 "The maximum compensation payable for Specialty Mental Health Services to  
8 the Contractor(s) under this Agreement for the period of July 1, 2025 through  
9 September 30, 2025 is Three Million One Hundred Fifty-Eight Thousand Five  
10 Hundred Nine and No/100 Dollars (\$3,158,509), which is not a guaranteed sum  
11 but shall be paid only for services rendered and received. The maximum  
12 compensation payable for Specialty Mental Health Services to the Contractor(s)  
13 under this Agreement for the period of October 1, 2025 through December 31,  
14 2025 is Three Million One Hundred Fifty-Eight Thousand Five Hundred Nine and  
15 No/100 Dollars (\$3,158,509.00), which is not a guaranteed sum but shall be paid  
16 only for services rendered and received."

17 3. A portion of Section 4.3 of the Agreement beginning on Page 9, Line 9 with the word  
18 "The" through Line 14 ending with the number "(2,776,373.00)" is deleted and replaced with the  
19 following:

20 "The maximum compensation payable to the Contractor(s) under this Agreement  
21 for Non Medi-Cal Supports including Mental Health Services Act (MHSA) funds,  
22 American Rescue Plan Act (ARPA) funds, and Department of Behavioral Health  
23 Realignment funds for the period of July 1, 2024 through June 30, 2025 for Non-  
24 Medi-Cal Supports is Three Million, Three Hundred Ninety-Seven Thousand,  
25 Four Hundred Sixty-Four and No/100 Dollars (\$3,397,464.00).

26 The maximum compensation payable to the Contractor(s) under this Agreement  
27 for Non Medi-Cal Supports including Mental Health Services Act (MHSA) funds  
28 for the period of July 1, 2025 through September 30, 2025 for Non-Medi-Cal

Supports is Six Hundred Sixty-Six Thousand Four Hundred Eighty-Two and No/100 Dollars (\$666,482.00).

The maximum compensation payable to the Contractor(s) under this Agreement for Non Medi-Cal Supports including Mental Health Services Act (MHSA) funds for the period of October 1, 2025 through December 31, 2025 for Non-Medi-Cal Supports is Six Hundred Sixty-Six Thousand Four Hundred Eighty-Two and No/100 Dollars (\$666,482.00).

The maximum compensation payable to the Contractor(s) under this Agreement for AOT services including Department of Behavioral Health Realignment funds for the period of July 1, 2025 through September 30, 2025 is Twenty-Five Thousand and No/100 Dollars (\$25,000.00).

The maximum compensation payable to the Contractor(s) under this Agreement for AOT services including Department of Behavioral Health Realignment funds for the period of October 1, 2025 through December 31, 2025 is Twenty-Five Thousand and No/100 Dollars (\$25,000.00)."

4. Section 4.6 of the Agreement, on Page 10 after Line 21 is amended to add the following:

"(D) CARE Act Administrative and AOT Administrative Reimbursement Rates: Contractor(s) with programs providing CARE Act services and AOT services in accordance with all requirements explained in the attached Scopes of Work herein."

5. All references in the Agreement to Exhibit B, et. seq. shall include Exhibit B4. Exhibit B4 is attached and incorporated by reference.

6. All references in the Agreement Exhibit H, et. seq. shall include Revised Exhibit H-I. Revised Exhibit H-I is attached and incorporated by reference.

7. All references in the Agreement to Exhibit H1 and Revised Exhibit H1 shall be deemed references to "Revised Exhibit H1-I," which is attached and incorporated by this reference.

8. All references in the Agreement to Exhibit H2 and Revised Exhibit H2 shall be deemed references to "Revised Exhibit H2-I," which is attached and incorporated by this reference.

1 9. All references in the Agreement to Exhibit H4 and Revised Exhibit H4-I shall be deemed  
2 references to "Revised Exhibit H4-II," which is attached and incorporated by this reference.

3 10. When both parties have signed this Amendment No. 3, the Agreement, Amendment No.  
4 1, Amendment No. 2, and this Amendment No. 3 together constitute the Agreement.

5 11. The Contractor(s) represents and warrants to the County that:

6 a. The Contractor(s) is duly authorized and empowered to sign and perform its  
7 obligations under this Amendment.

8 b. The individuals signing this Amendment on behalf of the Contractor(s) are duly  
9 authorized to do so and his or her signature on this Amendment legally binds the  
10 Contractor(s) to the terms of this Amendment.

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

13 a. An "electronic signature" means any symbol or process intended by an individual  
14 signing this Agreement to represent their signature, including but not limited to (1) a  
15 digital signature; (2) a faxed version of an original handwritten signature; or (3) an  
16 electronically scanned and transmitted (for example by PDF document) version of an  
17 original handwritten signature.

18 b. Each electronic signature affixed or attached to this Agreement (1) is deemed  
19 equivalent to a valid original handwritten signature of the person signing this  
20 Agreement for all purposes, including but not limited to evidentiary proof in any  
21 administrative or judicial proceeding, and (2) has the same force and effect as the  
22 valid original handwritten signature of that person.

23 c. The provisions of this section satisfy the requirements of Civil Code section 1633.5,  
24 subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part  
25 2, Title 2.5, beginning with section 1633.1).

26 d. Each party using a digital signature represents that it has undertaken and satisfied  
27 the requirements of Government Code section 16.5, subdivision (a), paragraphs (1)  
28 through (5), and agrees that each other party may rely upon that representation.

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

4 13. This Amendment may be signed in counterparts, each of which is an original, and all of  
5 which together constitute this Amendment.

6 14. The Agreement as previously amended and as amended by this Amendment No. 3 is  
7 ratified and continued. All provisions of the Agreement as previously amended and not  
8 amended by this Amendment No. 3 remain in full force and effect. This Amendment No. 3 is  
9 effective upon execution.

10 [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 CONTRACTOR(S)

COUNTY OF FRESNO

4 Subsequent signature pages are attached.

5  
6 Ernest Buddy Mendes, Chairman of the Board  
7 of Supervisors of the County of Fresno

8 **Attest:**

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

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

12  
13 For accounting use only:

14 Org No.: 56304531 (Vista)  
15 56304535 (D.A.R.T West)  
16 56304536 (Sunrise)  
56304537 (CARE ACT)  
56302833 (TURN AOT)

17 Account No.: 7295  
18 Fund No.: 0001  
Subclass No.: 10000

1 The parties are executing this Amendment No. 3 to Agreement No. 23-287 on the date  
2 stated in the introductory clause.

3  
4 **CONTRACTOR:**

5 TURNING POINT OF CENTRAL CALIFORNIA, INC.

6 *Ryan Banks*

7 Ryan Banks, Chief Executive Officer (CEO)

8 615 S Atwood St.  
9 Visalia, Ca 93277

10 *Bruce Tyler*

11 Bruce Tyler, Chief Information Officer (CIO)/Interim Chief Financial Officer (CFO)


12 Attention: Elizabeth Escoto  
13 Chief Operating Officer (COO)

14  
15  
16 615 S Atwood St.  
17 Visalia, Ca 93277  
18 Attention: Scott Hollander, LCSW/COO  
19 Phone: 559-732-8086 ext.7101  
20 Phone: 559-999-8983 mobile  
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1  
2 The parties are executing this Amendment No. 3 to Agreement No. 23-287 on the date  
3 stated in the introductory clause.  
4

5 **CONTRACTOR:**

6 MENTAL HEALTH SYSTEMS, INC. dba TURN BEHAVIORAL HEALTH SERVICES  
7

8   
9 James Callaghan (May 27, 2025 16:13 PDT)  
James C. Callaghan, CEO

10  
11   
12 David Tanner (May 27, 2025 16:15 PDT)  
David Tanner, VP of Corporate Finance  
13  
14

15 9456 Farnham St.  
16 San Diego, Ca 92123  
17 Attention: James C. Callaghan, CEO  
18 Phone: 858-573-2600 ext.1101  
Phone: 858-254-4338 mobile  
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**ADULT FULL-SERVICE PARTNERSHIP PROGRAM**

**LIST OF CONTRACTOR(S)**

**1. Turning Point of Central California, Inc.**

Business Type: Private, non-profit, 501 (c)(3) corporation

Business Address: P.O. Box 7447  
Visalia, CA 93290

Contact: Ryan Banks, CEO  
[ryanbanks@tpocc.org](mailto:ryanbanks@tpocc.org)

Target Population: Adult and Older Adult with Serious Mental Illness (SMI)  
Level of Care: Outpatient/Intensive Case Management and Full-Service Partnership

**2. Mental Health Systems, Inc. dba TURN Behavioral Health Services**

Business Type: Private, non-profit, 501 (c)(3) corporation

Business Address: 9465 Farnham Street  
San Diego, California 92123

Contact: James C. Callaghan, President & CEO  
[jcallaghan@turnbhs.org](mailto:jcallaghan@turnbhs.org)

Target Population: Adult and Older Adult with Serious Mental Illness (SMI)  
Level of Care: Outpatient/Intensive Case Management and Full-Service Partnership

**Assisted Outpatient Treatment (AOT)  
Scope of Work**

**CONTRACTOR:** Mental Health Systems, Inc. dba TURN Behavioral Health Services

**CONTACT:** James C. Callaghan, President & CEO  
Jcallaghan@turnbhs.org

**SITE ADDRESS:** 2550 West Clinton Avenue, Bldg. W Fresno, CA 93705

**SERVICES:** Assisted Outpatient Treatment Services

**PROGRAM DESCRIPTION**

On September 28, 2002, Assembly Bill (AB) 1421 established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law, which provides court-ordered community treatment for individuals with a history of violence or repeated hospitalizations. AOT permits California Counties to utilize courts, probation, and mental health systems to address the needs of individuals unable to participate in community mental health treatment programs without supervision. On September 25, 2020, AB 1976 was chaptered into law amending the current legislation associated with AOT to require all California Counties to begin AOT implementation effective July 1, 2021. On September 30, 2021, Senate Bill (SB) 507 amended the current legislation to expand criteria for individuals who are qualified to be petitioned to receive court ordered AOT services. This law also repealed the sunset date of Laura's Law extending it indefinitely.

The California Department of Health Care Services (DHCS) required all counties to begin implementation of AOT services to begin July 1, 2021, with actual services to begin July 1, 2022. Fresno County Department of Behavioral Health (DBH) began the implementation process for AOT services during FY 2021-22, as required by the State. DBH made the determination that AOT services shall be provided at the Full Service Partnership (FSP) level.

DBH's intention is to be able to serve individuals who historically have refused voluntary treatment services and whose safety in the community continues to deteriorate as a result of their mental illness. The primary goal of AOT is to encourage the development of an ongoing positive relationship between the treatment team and the participant so that, in time, the person served engages in voluntary treatment.

CONTRACTOR shall provide the following services, further described herein:

- Training and education regarding AOT Services to all of the stakeholders in the community
- Assertive outreach and engagement
- AOT petition processing
  - Including investigations
- Court processes
- Care coordination meetings
- FSP treatment services
- AOT program objectives and deliverables
- Data collection and tracking for DHCS annual reporting requirements

AOT involves a process of determining whether an individual meets specific criteria [Welfare & Institutions Code (W&IC) 5346] for court ordered outpatient treatment and monitoring specifically for those with severe and persistent mental illness. AOT is a tool which utilizes a community-based service delivery model designed for individuals most at risk for the negative consequences of untreated mental illness. AOT is a civil (not criminal) legal procedure. The goal is to help participants engage in treatment, not to punish them when they do not.

The first step of the AOT process shall begin with an Assertive Outreach and Engagement (AOE) level of service to help engage individuals. Immediately upon receipt of the referral, the provider will work to support the individual served in accepting voluntary services. If voluntary services continue to be refused, the individual may be approved for an AOT petition for treatment.

CONTRACTOR shall be responsible to file the AOT petition with Superior Court. They will also be responsible to walk the individual who is the subject of the petition through the court process and attend all court hearings with them. If AOT is implemented by the judge, the CONTRACTOR will begin to provide FSP treatment services. The CONTRACTOR will be responsible for all treatment components related to the individual's care and will assist with oversight in the court process for hearings and evaluations.

### **TARGET POPULATION:**

The target population for AOT services includes any adult (18 years and older) within Fresno County who has been historically unwilling to engage in treatment services voluntarily. The individual must also meet all nine (9) of the criteria (W&IC 5346) required before an AOT petition can be considered.

The typical characteristics of the target population include the following:

- Having an untreated severe and persistent mental illness that severely affects the individual's ability to function in the community including, but not limited to mental health disorders such as bipolar disorder, schizophrenia, schizoaffective disorder
- Among common symptoms: paranoia, delusions, hallucinations, mania, depressive mood
- Unable to participate in treatment voluntarily due to severe symptoms and severe lack of awareness of one's own illness (anosognosia)
- Frequent emergency contacts
- Homeless, or at risk of homelessness
- Increased risk of victimization
- Decompensating (grave disability)
- Possible extensive history of psychiatric hospitalizations
- Likelihood of co-occurring substance use disorder
- Recent or past history of criminal justice involvement due to symptoms and substance use disorder
- Unmet 5150 threshold, despite significant distress
- LPS conserved individuals may be considered, as appropriate, as part of transitional plan to a lower level of restrictive treatment and support

## **LOCATION OF SERVICES**

Services shall be provided wherever the individual is at (e.g., home, community-based location, or court). Telehealth, mobile services, and co-location in natural supports and gathering places for the intended population are additional options to increase the frequency of individuals obtaining needed services.

## **HOURS OF OPERATION**

The hours of operation for the AOT services will coincide with the FSP contract's existing office hours. The proposed hours of operation must ensure availability to individuals and families, as needed. A minimum of eight (8) hours, five (5) days per week is required. Should individuals/family members require services during non-traditional office hours, CONTRACTOR will work to accommodate them in the most appropriate manner. CONTRACTOR shall provide details of business hours made available outside of traditional business hours.

The hours of operation for the AOE services shall be made available at all times of the day. The intention for AOE services is to engage those typically unwilling to be engaged; therefore, the providers need to be available any time of the day, whenever the individual may be ready to engage. This falls in line with FSP programs' regulatory requirement for 24 hours/day and 7 days/week (24/7) access to services. CONTRACTOR must provide a plan to detail 24/7 coverage and support, as appropriate for the individuals served. CONTRACTOR shall provide clinic hours for the highest need for this target population. On-call hours staffed with program staff shall be proposed; hotlines will not suffice.

For after-hours needs, services will be continuously available to individuals with the first point of access being a phone call to the program. Exempt staff will rotate through an on-call schedule on a regular basis so that the persons served are able to reach program staff directly, 24 hours per day, 7 days per week. Phone-calls to the program after-hours will connect with these exempt staff who will determine the type of service required by the person served or family member and ensure that those services are provided with minimal wait time. Because cases are discussed in the context of High-Risk Resource Team meetings, and because persons served enjoy the welcoming environment of the clinic setting and choose to engage in social activities there, the individuals are known to all case managers, nursing staff, clinicians and supervisors. On-call shifts after hours are staffed with these same people, therefore the persons served will be able to reach someone who knows them, any time of day.

## **SERVICES START DATE:**

The AOT services, as identified herein, are anticipated to start July 1, 2025. DBH requires that CONTRACTOR begin attending meetings with stakeholders immediately. Implementation for training and education (as further defined herein) regarding AOT services to the community stakeholders shall begin July 1, 2025.

## **DESCRIPTION OF SERVICES**

CONTRACTOR shall provide the following services as described herein in an individual centered, recovery oriented, trauma informed manner. Individuals shall be served with cultural humility and shall support the individual systematically (family support, physical health, housing, vocational services, etc.).

### **TRAINING AND EDUCATION PLAN**

According to DHCS requirements and W&I Code 5349.1(a), all counties implementing AOT must have a training and education development plan established prior to implementation of AOT services. CONTRACTOR will be required to develop a training and education plan as one of the first services performed in preparation for providing AOT services.

The training and education plan shall be developed in collaboration with DHCS, persons served and family advocacy agencies, County Counsel, and other stakeholders regarding appropriateness of the training/curriculum. The plan shall highlight the potential partners in AOT services, type of trainings needed for AOT, potential resources, and means to inform stakeholders and making information on AOT services available. The training and education plan must describe how training will be provided to mental health treatment providers and to other stakeholders in the community, including, but not limited to, law enforcement officials and certification hearing officers involved in making treatment and involuntary commitment decisions. The training will inform not just the program design, but process, eligibility, legal considerations, as well as public and system education, and service evaluation. The plan shall inform stakeholders what AOT is and is not, the eligibility criteria for AOT in Fresno County, the referral process in Fresno County, and alternative resources (info on substance use treatment services, housing services, crisis, and other supports). General public information will be available as collateral materials (such as brochures, flyers, and other specific materials in the COUNTY's threshold languages).

DHCS requires that the training must include the following:

- Information relative to legal requirements for detaining a person for involuntary inpatient and outpatient treatment, including criteria to be considered with respect to determining if a person is considered to be gravely disabled.
- Methods for ensuring that decisions regarding involuntary treatment as provided in AOT, directs individuals toward the most effective treatment. Training shall include an emphasis on each individual's rights to provide informed consent for assistance.

### Community Stakeholders

CONTRACTOR shall work with an array of community partners including, but not limited to the following:

#### **Legal and Justice Partners**

- County Counsel
- District Attorney's Office
- Superior Court
- Office of the Public Defender
- Central California Legal Services
- Fresno and Metro CIT teams
- Sheriffs (Corrections)
- Probation

**Community Partners**

- NAMI-Fresno
- Patients' Rights Advocate
- Family Advocacy
- FSP Providers
- Crisis Providers
- Board of Supervisors

**Public Partners**

- Family Members
- Peers and Peer Support
- Persons Served
- Behavioral Health Board

**ASSERTIVE OUTREACH AND ENGAGEMENT**

CONTRACTOR shall provide Assertive Outreach and Engagement (AOE) to all individuals for whom a referral for AOT has been received. The goal is to motivate the individuals to engage into voluntary services before any legal proceedings need to be implemented. DBH's definition of Assertive Outreach and Engagement is the following:

"Outreach attempts that are persistent, thorough, and are sensitive to readiness and present stage of change and acknowledges that individuals might not be ready to engage with the system of care. Attempts are specific and tailored to the individual and may include attempts to visit the individual's residence, or other places the individual is known to frequent such as places of work, leisure, or worship. Outreach may include consulting with wellness centers, crisis centers/programs, local inpatient units, previous providers, homeless shelters, and other agencies to determine if the individual has been seen at those locations or in the community. All efforts and types of attempts are specific to the individual, are clinically based (not protocol-based), are person centered and are clearly documented in the chart. The individuals should be encouraged to accept services and supports that they perceive as beneficial and will be the driving force in planning in their recovery process respecting the stages of change."

AOE services shall be initiated immediately upon receiving a referral from DBH that has been triaged and vetted to be an appropriate referral for possible AOT services. Every effort at fostering engagement should occur prior to the initiation of the AOT petition process. Parties acknowledge that CONTRACTOR has up to thirty (30) days to provide AOE services prior to initiating the AOT Petition Processing steps. On a case-by-case basis, CONTRACTOR may opt to provide an additional thirty (30) days of AOE services if in their clinical judgment the person served may be considering the possibility for voluntary services. CONTRACTOR may opt up to provide two (2) additional thirty (30) days extensions of AOE services, for a total of no more than ninety (90) days of AOE services.

Engagement is the foundation of continued program involvement and continued program involvement is a key aspect to success. This service will be provided directly by different members of the CONTRACTOR's treatment team, through direct contact with the person served. Services will be delivered in a culturally and linguistically appropriate manner. The services will be provided through direct face-to-face contact with the individual and their

family/support person when appropriate. Due to the importance of engagement, it is a prominent part of all levels of service. The importance of engagement is increasingly vital before an individual has accepted services and during the initial stages of service. Individuals who may be referred for AOT services will likely be ambivalent to accept services or to be involved with the program, so it is the task of the program to work to engage these individuals. This may be accomplished by, and not limited to, allowing the referred individual the opportunity to visit the program, to meet with various members of the team, learn about the services, understand the program benefits, and to move at their own pace while being provided culturally appropriate outreach as needed.

The AOT program is voluntary and as such it becomes the task of the program to engage the individual as well as to assist the individual in discovering the value of participating in services. CONTRACTOR shall follow the “whatever it takes” model in engaging persons served. This may often require multiple contacts with an individual at a variety of community settings to create a level of trust with the individual. The goal of engagement is to assist the individual in exploring the benefits of participating in the program. Some may be initially hesitant to accept services, but after a period of attempted engagement an individual may agree to partial services. An individual's agreement to partial services is acceptable and additional services will continue to be offered. This agreement to partial services is viewed as an opportunity to continue to engage the individual. CONTRACTOR understands that some are hesitant, due to a number of factors, to readily embrace the program and often require additional engagement time and/or attempts before fully accepting all offers of support.

The choice of service acceptance is always the individual's prerogative, and the responsibility of the program is to assist them in understanding the values of the variety of services. CONTRACTOR shall meet the individual where they are with a culturally sensitive approach and with full understanding that an individual's willingness to participate in a program can change.

### **AOT PETITION PROCESSING**

The AOT petition process is initiated when it is determined that the individual subject to the referral received by a qualified requestor continues to refuse engagement and it is the determination of CONTRACTOR that no further AOE services will likely result in the individual engaging voluntarily. An AOT referral can be requested by concerned family members, caregivers, or other qualified referral sources for people who may be too ill to recognize the need for services.

#### **Requestors of an AOT Petition**

Per W&I Code 5346(b)(2), only the following are considered a “qualified party” to be able to submit a referral for possible AOT petition:

- A person 18 years of age or older
- A person who is the parent, spouse, or sibling or child 18 years of age or older
- The director of a public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services
- The director of a hospital where the person is hospitalized.
- A licensed mental health treatment provider
- A peace officer, parole officer, or probation officer

- A judge of a superior court before whom the person who is the subject of the petition appears.

With the passage of SB 317, community-based programs working with incarcerated individuals who are deemed Misdemeanor Incompetent to Stand Trial (MIST) are considered an appropriate referral source for an AOT petition. Courts reviewing MIST individual cases can also make referrals to AOT if the court has determined that they are ineligible for mental health diversion.

#### Investigation

While AOE services are provided, CONTRACTOR will simultaneously conduct an investigation to determine if the individual in question meets the criteria for an AOT petition. If the individual meets criteria, the CONTRACTOR will generate the AOT petition, which must be signed by the DBH Director (or designee) and then be submitted to the court. It should be noted the DBH Director (or designee) can only file an AOT petition if there is a reasonable likelihood that the elements can be proven by clear and convincing evidence. Once evidence is confirmed, the provider will notify the DBH Director (or designee) that a petition can be filed.

#### Petition

The petition will be signed and submitted by the DBH Director (or designee) to the Fresno County Superior Court shall be accompanied by an affidavit of a licensed mental health treatment provider designated by the local mental health director who shall state, if applicable, either of the following:

1. That the licensed mental health treatment provider has personally examined the person who is the subject of the petition no more than ten (10) days prior to the submission of the petition, the facts and reasons why the person who is the subject of the petition meets the criteria in subdivision (a), that the licensed mental health treatment provider recommends assisted outpatient treatment for the person who is the subject of the petition, and that the licensed mental health treatment provider is willing and able to testify at the hearing on the petition.
2. That no more than ten (10) days prior to the filing of the petition, the licensed mental health treatment provider, or designee, has made appropriate attempts to elicit the cooperation of the person who is the subject of the petition, but has not been successful in persuading that person to submit to an examination, that the licensed mental health treatment provider has reason to believe that the person who is the subject of the petition meets the criteria for assisted outpatient treatment, and that the licensed mental health treatment provider is willing and able to examine the person who is the subject of the petition and testify at the hearing on the petition.

The individual who is the subject of the petition shall have the right to be represented by counsel at all stages of an AOT proceeding commenced. If the person so elects, the court shall immediately appoint the public defender or other attorney to assist the person in all stages of the proceedings. The individual shall pay the cost of the legal services, if able.

#### Petition is Reviewed

The court will review the submitted AOT petition to determine if there is sufficient evidence to proceed to a hearing. If necessary, the Court may order that the respondent (person described in the petition) be evaluated.



## **COURT PROCESSES**

There are three (3) stages to the court processes for AOT. CONTRACTOR will be responsible to walk the individual through each stage.

### Pre-Hearing

If the AOT petition is deemed valid and the Court decides to proceed with the case, the Court will set a date for the hearing. If petition is not contested, the hearing will be set within five (5) court days of receiving the petition.

### Court Hearing and Due Process Requirements

The individual subject to the AOT petition is entitled to full due process protections. It is the responsibility of the petitioner to convince the judge (or person representing the court) that the respondent meets the AOT commitment criteria. In other words, the “the burden of proof” is on the petitioner. Experts, including psychiatrists and/or other licensed mental health professionals, shall provide testimony in support or opposition to the petition. If the evidence is “clear and convincing,” the judge may order the person to receive involuntary treatment for a period of time called “commitment” of which FSP treatment services will be provided to the individual.

### Court Settlement Process:

If an individual elects to voluntarily engage in services after an AOT petition is officially filed, a Settlement Agreement will need to be written. It is still considered a legal court order, but identifies the individual is willingly agreeing to services. Court reports are still required every 60 days as long as the Settlement Agreement is valid.

### Court Progress Reports

The CONTRACTOR's treatment team will present regular progress reports or status summaries, to the court at a timeline to be determined by the judge, but no less than every sixty (60) days. Prior to the expiration of the period of court ordered AOT services (commitment), the treatment team will decide whether to ask the court to extend the period of court-ordered services. The court must find clear and convincing evidence that the person meets criteria before it can order the person to continue receiving court ordered AOT services.

The length of time a person is required to participate in AOT services will vary from person to person. CONTRACTOR's FSP treatment team may recommend dismissal of the individual's case at any time prior to the expiration of the court order if it is determined that the person will voluntarily consent to treatment. The FSP treatment team may let the commitment period expire without requesting a continuation or they can also request a period of an additional 180 days.

## **DISCHARGE PLANNING**

Once an individual has successfully completed their court ordered AOT services, CONTRACTOR will work with the individual to assist them with either continuing FSP services with CONTRACTOR or connecting via warm handoff to other outpatient services, as their identified level of care requires.

## **FSP TREATMENT SERVICES**

If AOT services are court-ordered, the individual will be assigned to CONTRACTOR's Vista FSP Program, described herein in Exhibit B-1. Beginning August 15, 2022, CONTRACTOR will be assigned a maximum capacity of twenty (20) slots for AOT-court ordered specific individuals.

FSP Services:

CONTRACTOR shall provide comprehensive mental health services, including housing and community supports, to their AOT-specific individuals. The FSP treatment services will encompass a unified team approach, in which the provider shall commit to do "whatever-it-takes" and "meet the individual where they are" to assist them to reach their personal recovery, resiliency and wellness goals and aim to reduce the number of days of hospitalization, incarceration and/or homelessness. The individual will be encouraged to actively participate in the establishment of goals and objectives, with specific criteria for evaluating progress toward meeting those goals and objection. All FSP services shall follow all terms and conditions provided for within this Agreement.

Staffing:

The staffing pattern for the provision of AOT services shall meet all State licensing and regulatory requirements for an FSP provider. All licensed or certified staff must be licensed or certified within the State of California. Staff should be reflective of and responsive to the needs of the target population and shall be comprised of a community-based, multidisciplinary, highly trained mental health team.

Staffing for AOT-court ordered specific individuals must be provided treatment by a staff-to-individual ratio must be no more than ten (10) individuals served per team member (W&IC 5348). CONTRACTOR must staff a licensed mental health professional assigned to the caseload who will be responsible for all of the court appearances on behalf of the AOT-petitioned individuals.

Medications

Most individuals who will be engaged in AOT services will require medications while receiving FSP treatment services; however, the provider cannot force medications on any individual receiving court ordered AOT services.

**AOT PROGRAM OBJECTIVES AND DELIVERABLES**

CONTRACTOR shall meet the following objectives and deliverables as defined in W&IC 5348:

- A. Provision for services to meet the needs of persons who are physically disabled.
- B. Provision for services to meet the special needs of older adults.
- C. Provision for family support and consultation services, parenting support and consultation services, and peer support or self-help group support, if appropriate.
- D. Provision for services to be individual-directed and that employ psychosocial rehabilitation and recovery principles.
- E. Provision for psychiatric and psychological services that are integrated with other services and for psychiatric and psychological collaboration in overall service planning.

- F. Provision for services specifically directed to young adults with serious mental illness (18 to 25 years of age) who are homeless or at significant risk of becoming homeless. These provisions may include continuation of services that still would be received through other funds had eligibility not been terminated as a result of age.
- G. Services reflecting special needs of women from diverse cultural backgrounds, including supportive housing that accepts children, personal services coordinator therapeutic treatment, and substance treatment programs that address gender-specific trauma and abuse in the lives of persons with mental illness, and vocational rehabilitation programs that offer job training programs free of gender bias and sensitive to the needs of women.
- H. Provision for housing for individuals that is immediate, transitional, permanent, or all of these.
- I. Provision for individuals who have been suffering from an untreated severe mental illness for less than one year, and who do not require the full range of services, but who are at risk of becoming homeless unless a comprehensive individual and family support services plan is implemented. These individuals shall be served in a manner that is designed to meet their needs.
- J. Each individual shall have a clearly designated mental health personal services coordinator who may be part of a multidisciplinary treatment team that is responsible for providing or ensuring needed services. Responsibilities include complete assessment of the individual's needs, development of the personal services plan, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure each individual receives those services that are agreed to in the personal services plan. Each individual shall participate in the development of their personal services plan, and responsible staff shall consult with the designated conservator, if one has been appointed, and, with the consent of the individual, shall consult with the family and other significant persons as appropriate.
- K. The individual personal services plan shall ensure that persons subject to assisted outpatient treatment programs receive age-appropriate, gender-appropriate, and culturally appropriate services, to the extent feasible, that are designed to enable recipients to:
  - a. Live in the most independent, least restrictive housing feasible in the local community, and, for those with children, to live in a supportive housing environment that strives for reunification with their children or assists persons served in maintaining custody of their children, as is appropriate.
  - b. Engage in the highest level of work or productive activity appropriate to their abilities and experience.
  - c. Create and maintain a support system consisting of friends, family, and participation in community activities.
  - d. Access an appropriate level of academic education or vocational training.
  - e. Obtain an adequate income.
  - f. Self-manage their illnesses and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives.
  - g. Access necessary physical health care and maintain the best possible physical health.

- h. Reduce or eliminate serious antisocial or criminal behavior, and thereby reduce or eliminate their contact with the criminal justice system.
- i. Reduce or eliminate the distress caused by the symptoms of mental illness.
- j. Have freedom from dangerous addictive substances.

### **ADMINISTRATIVE REQUIREMENTS**

1. CONTRACTOR shall meet with COUNTY staff monthly, or as often as needed, for monitoring of program services, capacity trends, 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 providers of FSP services on a quarterly basis, or as often as needed, to discuss program trends and resolution of concerns and problems across all providers.
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.
5. CONTRACTOR will complete and submit annual outcome reports, as determined by DBH and as indicated by this Agreement.

### **PERFORMANCE OUTCOMES AND MEASURES**

CONTRACTOR is required to submit measurable 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 measurable 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.

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.

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.

Access - Organizations' capacity to provide services to those who desire or need services. Barriers or lack thereof for persons obtaining services. The ability of individuals 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.

Satisfaction - Satisfaction measures are usually oriented towards individuals, family, staff, and stakeholders. The degree to which the individuals, 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 this 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 data, such as demographics, will be maintained.

## **DATA COLLECTION & TRACKING FOR DHCS ANNUAL REPORTING**

### **Data Collection & Tracking**

It is required by DHCS that all counties providing AOT services provide specific data requirements to be collected and tracked. CONTRACTOR shall track data outcomes for the following required elements, based on information that is available:

- Number of persons served by the program, and of those, the number who are able to maintain housing and the number who maintain contact with the treatment system
- Contacts with local law enforcement, and the extent to which local and state
- incarceration of persons in the program has been reduced or avoided
- Number of persons in the program participating in employment services programs, including competitive employment
- Days of hospitalization of persons in the program that have been reduced or avoided
- Adherence to prescribed treatment by persons in the program
- Other indicators of successful engagement, if any, by persons in the program
- Victimization of persons in the program
- Violent behavior of persons in the program
- Substance use by persons in the program
- Type, intensity, and frequency of treatment of persons in the program
- Extent to which enforcement mechanisms are used by the program, when applicable
- Social functioning of persons in the program
- Skills in independent living of persons in the program
- Satisfaction with program services both by those receiving them, and by their families, when relevant

### **DHCS Annual Reporting: AOT Survey Tool**

CONTRACTOR shall assist DBH with the DHCS required annual submittal of an "AOT Survey Tool" containing requested data tracked and outcomes reported in a comprehensive evaluation report. The annual report is due to DHCS by October 1 of each year.

AOT & CARE Act Administrative Activities Reimbursement Rates				
	Fiscal Year:	25-26		
	Activity		Activity Hourly Rate	
1	Court Report Activity		\$114.95	
2	Court Hearing Time Activity		\$91.63	
3	Notice Activity		\$65.40	
4	Outreach and Engagement Activity		\$78.68	
5	Data Reporting		\$97.08	

- **Court Hearing Time:** Includes activities that occur during court time such as court staffing meetings for individuals who have been petitioned through the AOT civil court process, AOT petition hearings, and any subsequent AOT hearings; initial hearings, hearings on the merits, case management hearings, CARE agreement process meetings, clinical evaluation review hearings, CARE plan review hearings, regular status update hearings, one-year status hearings, evidentiary hearings, graduation hearings, reappointment to CARE hearings, and hearings that can occur at any time during the AOT or CARE process to address a change of circumstances.

- **Court Report:** Includes drafting AOT petitions, affidavits, and reports; reports such as prima facie county reports, CARE agreement reports, clinical evaluation reports, CARE plan reports, supplemental reports, regular status update reports for CARE Act scheduled hearings, one-year status reports, graduation plan reports, and reappointment to CARE reports.

- **Outreach and Engagement:** Includes all AOT assertive outreach and engagement activities required to determine eligibility and encourage voluntary participation in services; all CARE outreach and engagement activities required pursuant to W&I Code, sections 5977(a)(5)(A) and 5977(c)(2) to engage the respondent in voluntary services, to develop a CARE agreement with the respondent, and outreach done to engage the respondent in jointly preparing a graduation plan pursuant to W&I Code, section 5977.3(a)(3).

- **Notice:** Includes drafting notices that may include but are not limited to, AOT hearing on the petition notices, subsequent hearing notices, hearing on the issue of noncompliance with the agreement notices, and 60 day review hearing notices; prima facie respondent county notices, 30 additional days to engage respondent notices, initial appearance notices, investigation report notices, hearing on the merits notices, case management hearing notices, CARE agreement progress meeting notices, clinical evaluation review hearing notices, CARE plan review hearing notices, regular status update report (every 60 days) notices, one-year status hearing (month 11) notices, evidentiary hearing notices, graduation hearing notices, and reappointment to CARE notices.

- **Data Reporting:** Includes providing AOT specified data to be reported to DHCS annually pursuant to W&I Code, section 5348(d), including but not limited to, number of persons served by the program, contacts with law enforcement, days of hospitalization, adherence to prescribed treatment, victimization, violent behavior, substance abuse, and other data as determined by the department and other stakeholders as outlined in the DHCS AOT Data Dictionary; collecting and reporting data measures outlined in BHIN 23-052, including but not limited to, demographics of participants, housing placements, continuation of treatment information, and other data as determined by the department and other stakeholders.

**Adult FSP Master Agreement - Vista  
Turning Point of Central California, Inc.  
Fiscal Year (FY) 2023-24**

**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			-		-

<b>Direct Personnel Admin Salaries Subtotal</b>	<b>0.00</b>	<b>\$ -</b>		<b>\$ -</b>
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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				-	-

<b>Direct Personnel Program Salaries Subtotal</b>	<b>0.00</b>		<b>\$ -</b>	<b>\$ -</b>
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		<b>Admin</b>	<b>Program</b>	<b>Total</b>
<b>Direct Personnel Salaries Subtotal</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**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)	-	-	-

<b>Direct Employee Benefits Subtotal:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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**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)	-	-	-

<b>Direct Payroll Taxes &amp; Expenses Subtotal:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>	<b>Admin</b>	<b>Program</b>	<b>Total</b>
	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS PERCENTAGE:</b>	<b>Admin</b>	<b>Program</b>
	<b>#DIV/0!</b>	<b>#DIV/0!</b>

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	547,998
2003	Client Transportation & Support	3,000
2004	Clothing, Food, & Hygiene	2,800
2005	Education Support	
2006	Employment Support	
2007	Household Items for Clients	
2008	Medication Supports	39,750
2009	Program Supplies - Medical	4,300
2010	Utility Vouchers	12,000
2011	Client Building Maintenance	
2012	Client Therapy	
2013	Client Activities/Recreation	6,500
2014	Client Personal Needs	
2015	Client Food	1,500
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 617,848

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	\$ 617,848
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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	Turning Point Vista Adult FSP	\$ 617,848
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 617,848

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:	\$ 617,848
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NET PROGRAM COST:	\$ -
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**Adult FSP Master Agreement - Vista**  
**Turning Point of Central California, Inc.**  
**Fiscal Year (FY) 2023-24 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>617,848</b>	
	2001	Child Care	-	
	2002	Client Housing Support	547,998	10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.)
	2003	Client Transportation & Support	3,000	10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.)
	2004	Clothing, Food, & Hygiene	2,800	10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.)
	2005	Education Support	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	39,750	10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract
	2009	Program Supplies - Medical	4,300	10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc.
	2010	Utility Vouchers	12,000	10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits.
	2011	Client Building Maintenance	-	
	2012	Client Therapy	-	
	2013	Client Activities/Recreation	6,500	7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.)
	2014	Client Personal Needs	-	
	2015	Client Food	1,500	7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.)
	2016	Other (specify)	-	

<b>3000: DIRECT OPERATING EXPENSES</b>			-	
	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)	-	

<b>4000: DIRECT FACILITIES &amp; EQUIPMENT</b>			-	
	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)	-	

<b>5000: DIRECT SPECIAL EXPENSES</b>			-	
	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)	-	

<b>6000: INDIRECT EXPENSES</b>			-	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	

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

<b>7000: DIRECT FIXED ASSETS</b>			-	
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	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)	-	

**TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 617,848**

**TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 617,848**

**BUDGET CHECK: -**

**Adult FSP Master Agreement - Vista  
Turning Point of Central California, Inc.  
Fiscal Year (FY) 2024-25**

**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			-		-

<b>Direct Personnel Admin Salaries Subtotal</b>	<b>0.00</b>	<b>\$ -</b>		<b>\$ -</b>
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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				-	-

<b>Direct Personnel Program Salaries Subtotal</b>	<b>0.00</b>		<b>\$ -</b>	<b>\$ -</b>
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		<b>Admin</b>	<b>Program</b>	<b>Total</b>
<b>Direct Personnel Salaries Subtotal</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**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)	-	-	-

<b>Direct Employee Benefits Subtotal:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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**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)	-	-	-

<b>Direct Payroll Taxes &amp; Expenses Subtotal:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>	<b>Admin</b>	<b>Program</b>	<b>Total</b>
	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:**

<b>Admin</b>	<b>Program</b>
<b>#DIV/0!</b>	<b>#DIV/0!</b>

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 100
2002	Client Housing Support	612,309
2003	Client Transportation & Support	3,000
2004	Clothing, Food, & Hygiene	2,800
2005	Education Support	1,000
2006	Employment Support	500
2007	Household Items for Clients	100
2008	Medication Supports	38,500
2009	Program Supplies - Medical	4,300
2010	Utility Vouchers	12,000
2011	Client Building Maintenance	100
2012	Client Therapy	100
2013	Client Activities	6,500
2014	Other (specify)	1,000
2015	Client Food	1,500
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 683,809

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	\$ 683,809
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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	Turning Point Vista Adult FSP	\$ 683,809
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 683,809

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:	\$ 683,809
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NET PROGRAM COST:	\$ -
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**Adult FSP Master Agreement - Vista**  
**Turning Point of Central California, Inc.**  
**Fiscal Year (FY) 2024-25 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>-</b>	
<b>Administrative Positions</b>			<b>-</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>			<b>-</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>			<b>-</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>			<b>-</b>	
	1301	OASDI	-	
	1302	FICA/MEDICARE	-	
	1303	SUI	-	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
<b>2000: DIRECT CLIENT SUPPORT</b>			<b>683,809</b>	
	2001	Child Care	100	Child Care
	2002	Client Housing Support	612,309	10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.)
	2003	Client Transportation & Support	3,000	10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.)
	2004	Clothing, Food, & Hygiene	2,800	10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.)



PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2005	Education Support	1,000	10-7150 Client Educational Material: Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational class
	2006	Employment Support	500	10-7022 Client Employment Support: Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.)
	2007	Household Items for Clients	100	Household Items for Clients
	2008	Medication Supports	38,500	10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract
	2009	Program Supplies - Medical	4,300	10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc.
	2010	Utility Vouchers	12,000	10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits.
	2011	Client Building Maintenance	100	10-7190 Client Building Maintenance: Cost of building repair or maintenance paid for on client's behalf. (Examples: handyman work, plumbing, drywall, roofing, carpet cleaning, air/furnace filters, keys, key tags, padlocks, etc.)
	2012	Client Therapy	100	10-7050 Client Therapy: Cost of therapy services not covered by insurance and therapeutic supplies for clients to use outside of the program. (Examples: exercise videos/equipment, relaxation audio/visual recordings, artistic expression supplies, etc.)
	2013	Client Activities/Recreation	6,500	7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.)
	2014	Client Personal Needs	1,000	7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.)
	2015	Client Food	1,500	7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.)
	2016	Other (specify)	-	

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)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>5000: DIRECT SPECIAL EXPENSES</b>				
			-	
	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)	-	
<b>6000: INDIRECT EXPENSES</b>				
			-	
	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)	-	
<b>7000: DIRECT FIXED ASSETS</b>				
			-	
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	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)	-	
<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>			<b>683,809</b>	
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>			<b>683,809</b>	
<b>BUDGET CHECK:</b>			-	

**Adult FSP Master Agreement - Vista**  
**Turning Point of Central California, 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
			\$ -	\$ -	\$ -

<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS PERCENTAGE:</b>	<b>Admin</b>	<b>Program</b>
	<b>#DIV/0!</b>	<b>#DIV/0!</b>

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 25
2002	Client Housing Support	153,077
2003	Client Transportation & Support	750
2004	Clothing, Food, & Hygiene	700
2005	Education Support	250
2006	Employment Support	125
2007	Household Items for Clients	25
2008	Medication Supports	9,625
2009	Program Supplies - Medical	1,075
2010	Utility Vouchers	3,000
2011	Client Building Maintenance	25
2012	Client Therapy	25
2013	Client Activities/Recreation	1,625
2014	Client Personal Needs	250
2015	Client Food	375
2016	Client Furnishings	-
DIRECT CLIENT CARE TOTAL		\$ 170,952

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	\$ 170,952
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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	Turning Point Vista Adult FSP	\$ 170,952
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 170,952

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:	\$ 170,952
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NET PROGRAM COST:	\$ 0
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**Adult FSP Master Agreement - Vista  
Turning Point of Central California, 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>170,952</b>		
2001	Child Care	25	Child Care	
2002	Client Housing Support	153,077	10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.)	
2003	Client Transportation & Support	750	10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.)	
2004	Clothing, Food, & Hygiene	700	10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.)	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2005	Education Support	250	10-7150 Client Educational Material: Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational class
2006	Employment Support	125	10-7022 Client Employment Support: Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.)
2007	Household Items for Clients	25	Household Items for Clients
2008	Medication Supports	9,625	10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract
2009	Program Supplies - Medical	1,075	10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc.
2010	Utility Vouchers	3,000	10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits.
2011	Client Building Maintenance	25	10-7190 Client Building Maintenance: Cost of building repair or maintenance paid for on client's behalf. (Examples: handyman work, plumbing, drywall, roofing, carpet cleaning, air/furnace filters, keys, key tags, padlocks, etc.)
2012	Client Therapy	25	10-7050 Client Therapy: Cost of therapy services not covered by insurance and therapeutic supplies for clients to use outside of the program. (Examples: exercise videos/equipment, relaxation audio/visual recordings, artistic expression supplies, etc.)
2013	Client Activities/Recreation	1,625	7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.)
2014	Client Personal Needs	250	7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.)
2015	Client Food	375	7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.)
2016	Client Furnishings	-	10-7024 Client Furnishings: Cost of purchasing furniture for client's home. (Examples: couch, bed, mattress, television, entertainment stand, dinette set, telephone, radio, etc.)

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)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	4009	Other (specify)	-	
	4010	Other (specify)	-	

<b>5000: DIRECT SPECIAL EXPENSES</b>			-	
	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)	-	

<b>6000: INDIRECT EXPENSES</b>			-	
	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)	-	

<b>7000: DIRECT FIXED ASSETS</b>			-	
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	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)	-	

**TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 170,952**

**TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 170,952**

**BUDGET CHECK: -**



**Adult FSP Master Agreement - Vista**  
**Turning Point of Central California, 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
			\$ -	\$ -	\$ -

<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS PERCENTAGE:</b>	<b>Admin</b>	<b>Program</b>
	<b>#DIV/0!</b>	<b>#DIV/0!</b>

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 25
2002	Client Housing Support	153,077
2003	Client Transportation & Support	750
2004	Clothing, Food, & Hygiene	700
2005	Education Support	250
2006	Employment Support	125
2007	Household Items for Clients	25
2008	Medication Supports	9,625
2009	Program Supplies - Medical	1,075
2010	Utility Vouchers	3,000
2011	Client Building Maintenance	25
2012	Client Therapy	25
2013	Client Activities/Recreation	1,625
2014	Client Personal Needs	250
2015	Client Food	375
2016	Client Furnishings	-
DIRECT CLIENT CARE TOTAL		\$ 170,952

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	\$ 170,952
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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	Turning Point Vista Adult FSP	\$ 170,952
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 170,952

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:	\$ 170,952
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NET PROGRAM COST:	\$ 0
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**Adult FSP Master Agreement - Vista  
Turning Point of Central California, 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>170,952</b>		
2001	Child Care	25	Child Care	
2002	Client Housing Support	153,077	10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.)	
2003	Client Transportation & Support	750	10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.)	
2004	Clothing, Food, & Hygiene	700	10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.)	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2005	Education Support	250	10-7150 Client Educational Material: Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational class
	2006	Employment Support	125	10-7022 Client Employment Support: Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.)
	2007	Household Items for Clients	25	Household Items for Clients
	2008	Medication Supports	9,625	10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract
	2009	Program Supplies - Medical	1,075	10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc.
	2010	Utility Vouchers	3,000	10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits.
	2011	Client Building Maintenance	25	10-7190 Client Building Maintenance: Cost of building repair or maintenance paid for on client's behalf. (Examples: handyman work, plumbing, drywall, roofing, carpet cleaning, air/furnace filters, keys, key tags, padlocks, etc.)
	2012	Client Therapy	25	10-7050 Client Therapy: Cost of therapy services not covered by insurance and therapeutic supplies for clients to use outside of the program. (Examples: exercise videos/equipment, relaxation audio/visual recordings, artistic expression supplies, etc.)
	2013	Client Activities/Recreation	1,625	7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.)
	2014	Client Personal Needs	250	7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.)
	2015	Client Food	375	7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.)
	2016	Client Furnishings	-	10-7024 Client Furnishings: Cost of purchasing furniture for client's home. (Examples: couch, bed, mattress, television, entertainment stand, dinette set, telephone, radio, etc.)

<b>3000: DIRECT OPERATING EXPENSES</b>			-	
	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)	-	

<b>4000: DIRECT FACILITIES &amp; EQUIPMENT</b>			-	
	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)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
4010	Other (specify)	-	

<b>5000: DIRECT SPECIAL EXPENSES</b>		-	
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)	-	

<b>6000: INDIRECT EXPENSES</b>		-	
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)	-	

<b>7000: DIRECT FIXED ASSETS</b>		-	
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
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)	-	

**TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 170,952**

**TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 170,952**

**BUDGET CHECK: -**

**Adult FSP Master Agreement - Sunrise  
Turning Point of Central California, Inc.  
Fiscal Year (FY) 2023-24**

**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			-		-

<b>Direct Personnel Admin Salaries Subtotal</b>	<b>0.00</b>	<b>\$ -</b>		<b>\$ -</b>
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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				-	-

<b>Direct Personnel Program Salaries Subtotal</b>	<b>0.00</b>		<b>\$ -</b>	<b>\$ -</b>
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		<b>Admin</b>	<b>Program</b>	<b>Total</b>
<b>Direct Personnel Salaries Subtotal</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**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)	-	-	-

<b>Direct Employee Benefits Subtotal:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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**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)	-	-	-

<b>Direct Payroll Taxes &amp; Expenses Subtotal:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>	<b>Admin</b>	<b>Program</b>	<b>Total</b>
	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:**

Admin	Program
<b>#DIV/0!</b>	<b>#DIV/0!</b>

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	538,898
2003	Client Transportation & Support	1,600
2004	Clothing, Food, & Hygiene	9,000
2005	Education Support	150
2006	Employment Support	100
2007	Household Items for Clients	
2008	Medication Supports	38,200
2009	Program Supplies - Medical	6,500
2010	Utility Vouchers	8,000
2011	Client Building Maintenance	1,000
2012	Client Therapy	200
2013	Client Activities/Recreation	10,000
2014	Client Personal Needs	1,000
2015	Client Food	2,000
2016	Client Furnishings	1,200
DIRECT CLIENT CARE TOTAL		\$ 617,848

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	s	\$ -
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	\$ 617,848
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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	Turnign Point Sunrise Adult FSP	\$ 617,848
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 617,848

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:	\$ 617,848
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NET PROGRAM COST:	\$ -
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**Adult FSP Master Agreement - Sunrise  
Turning Point of Central California, Inc.  
Fiscal Year (FY) 2023-24 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>617,848</b>	
	2001	Child Care	-	
	2002	Client Housing Support	538,898	10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.)
	2003	Client Transportation & Support	1,600	10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.)
	2004	Clothing, Food, & Hygiene	9,000	10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.)

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2005	Education Support	150	10-7150 Client Educational Material: Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational class
	2006	Employment Support	100	10-7022 Client Employment Support: Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.)
	2007	Household Items for Clients	-	
	2008	Medication Supports	38,200	10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract
	2009	Program Supplies - Medical	6,500	10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc.
	2010	Utility Vouchers	8,000	10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits.
	2011	Client Building Maintenance	1,000	10-7190 Client Building Maintenance: Cost of building repair or maintenance paid for on client's behalf. (Examples: handyman work, plumbing, drywall, roofing, carpet cleaning, air/furnace filters, keys, key tags, padlocks, etc.)
	2012	Client Therapy	200	10-7050 Client Therapy: Cost of therapy services not covered by insurance and therapeutic supplies for clients to use outside of the program. (Examples: exercise videos/equipment, relaxation audio/visual recordings, artistic expression supplies, etc.)
	2013	Client Activities/Recreation	10,000	7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.)
	2014	Client Personal Needs	1,000	7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.)
	2015	Client Food	2,000	7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.)
	2016	Client Furnishings	1,200	10-7024 Client Furnishings: Cost of purchasing furniture for client's home. (Examples: couch, bed, mattress, television, entertainment stand, dinette set, telephone, radio, etc.)

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)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	4009	Other (specify)	-	
	4010	Other (specify)	-	

<b>5000: DIRECT SPECIAL EXPENSES</b>			-	
	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)	-	

<b>6000: INDIRECT EXPENSES</b>			-	
	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)	-	

<b>7000: DIRECT FIXED ASSETS</b>			-	
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	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)	-	

**TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 617,848**

**TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 617,848**

**BUDGET CHECK: -**

**Adult FSP Master Agreement - Sunrise  
Turning Point of Central California, Inc.  
Fiscal Year (FY) 2024-25**

**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			-		-

<b>Direct Personnel Admin Salaries Subtotal</b>	<b>0.00</b>	<b>\$ -</b>		<b>\$ -</b>
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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				-	-

<b>Direct Personnel Program Salaries Subtotal</b>	<b>0.00</b>		<b>\$ -</b>	<b>\$ -</b>
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		<b>Admin</b>	<b>Program</b>	<b>Total</b>
<b>Direct Personnel Salaries Subtotal</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**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)	-	-	-

<b>Direct Employee Benefits Subtotal:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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**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)	-	-	-

<b>Direct Payroll Taxes &amp; Expenses Subtotal:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>	<b>Admin</b>	<b>Program</b>	<b>Total</b>
	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:**

<b>Admin</b>	<b>Program</b>
<b>#DIV/0!</b>	<b>#DIV/0!</b>

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 100
2002	Client Housing Support	675,436
2003	Client Transportation & Support	1,600
2004	Clothing, Food, & Hygiene	9,000
2005	Education Support	150
2006	Employment Support	100
2007	Household Items for Clients	100
2008	Medication Supports	38,200
2009	Program Supplies - Medical	6,500
2010	Utility Vouchers	7,800
2011	Client Building Maintenance	1,000
2012	Client Therapy	200
2013	Client Activities/Recreation	10,000
2014	Client Personal Needs	1,000
2015	Client Food	2,000
2016	Client Furnishings	1,200
DIRECT CLIENT CARE TOTAL		\$ 754,386

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	\$ 754,386
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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	Turnign Point Sunrise Adult FSP	\$ 754,386
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 754,386

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:	\$ 754,386
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NET PROGRAM COST:	\$ -
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**Adult FSP Master Agreement - Sunrise  
Turning Point of Central California, Inc.  
Fiscal Year (FY) 2023-24 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>754,386</b>	
	2001	Child Care	100	Child Care
	2002	Client Housing Support	675,436	10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.)
	2003	Client Transportation & Support	1,600	10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.)
	2004	Clothing, Food, & Hygiene	9,000	10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.)



PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2005	Education Support	150	10-7150 Client Educational Material: Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational class
	2006	Employment Support	100	10-7022 Client Employment Support: Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.)
	2007	Household Items for Clients	100	Household Items for Clients
	2008	Medication Supports	38,200	10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract
	2009	Program Supplies - Medical	6,500	10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc.
	2010	Utility Vouchers	7,800	10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits.
	2011	Client Building Maintenance	1,000	10-7190 Client Building Maintenance: Cost of building repair or maintenance paid for on client's behalf. (Examples: handyman work, plumbing, drywall, roofing, carpet cleaning, air/furnace filters, keys, key tags, padlocks, etc.)
	2012	Client Therapy	200	10-7050 Client Therapy: Cost of therapy services not covered by insurance and therapeutic supplies for clients to use outside of the program. (Examples: exercise videos/equipment, relaxation audio/visual recordings, artistic expression supplies, etc.)
	2013	Client Activities/Recreation	10,000	7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.)
	2014	Client Personal Needs	1,000	7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.)
	2015	Client Food	2,000	7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.)
	2016	Client Furnishings	1,200	10-7024 Client Furnishings: Cost of purchasing furniture for client's home. (Examples: couch, bed, mattress, television, entertainment stand, dinette set, telephone, radio, etc.)

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)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	4009	Other (specify)	-	
	4010	Other (specify)	-	

<b>5000: DIRECT SPECIAL EXPENSES</b>			-	
	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)	-	

<b>6000: INDIRECT EXPENSES</b>			-	
	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)	-	

<b>7000: DIRECT FIXED ASSETS</b>			-	
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	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)	-	

**TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 754,386**

**TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 754,386**

**BUDGET CHECK: -**

**Adult FSP Master Agreement - Sunrise  
Turning Point of Central California, 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
			\$ -	\$ -	\$ -

<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS PERCENTAGE:</b>	<b>Admin</b>	<b>Program</b>
	<b>#DIV/0!</b>	<b>#DIV/0!</b>

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 25
2002	Client Housing Support	168,859
2003	Client Transportation & Support	400
2004	Clothing, Food, & Hygiene	2,250
2005	Education Support	38
2006	Employment Support	25
2007	Household Items for Clients	25
2008	Medication Supports	9,550
2009	Program Supplies - Medical	1,625
2010	Utility Vouchers	1,950
2011	Client Building Maintenance	250
2012	Client Therapy	50
2013	Client Activities/Recreation	2,500
2014	Client Personal Needs	250
2015	Client Food	500
2016	Client Furnishings	300
DIRECT CLIENT CARE TOTAL		\$ 188,597

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	s	\$ -
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	\$ 188,597
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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	Turnign Point Sunrise Adult FSP	\$ 188,597
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 188,597

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:	\$ 188,597
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NET PROGRAM COST:	\$ -
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**Adult FSP Master Agreement - Sunrise  
Turning Point of Central California, 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>188,597</b>		
2001	Child Care	25	Child Care	
2002	Client Housing Support	168,859	10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.)	
2003	Client Transportation & Support	400	10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.)	
2004	Clothing, Food, & Hygiene	2,250	10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.)	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2005	Education Support	38	10-7150 Client Educational Material: Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational class
	2006	Employment Support	25	10-7022 Client Employment Support: Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.)
	2007	Household Items for Clients	25	Household Items for Clients
	2008	Medication Supports	9,550	10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract
	2009	Program Supplies - Medical	1,625	10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc.
	2010	Utility Vouchers	1,950	10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits.
	2011	Client Building Maintenance	250	10-7190 Client Building Maintenance: Cost of building repair or maintenance paid for on client's behalf. (Examples: handyman work, plumbing, drywall, roofing, carpet cleaning, air/furnace filters, keys, key tags, padlocks, etc.)
	2012	Client Therapy	50	10-7050 Client Therapy: Cost of therapy services not covered by insurance and therapeutic supplies for clients to use outside of the program. (Examples: exercise videos/equipment, relaxation audio/visual recordings, artistic expression supplies, etc.)
	2013	Client Activities/Recreation	2,500	7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.)
	2014	Client Personal Needs	250	7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.)
	2015	Client Food	500	7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.)
	2016	Client Furnishings	300	10-7024 Client Furnishings: Cost of purchasing furniture for client's home. (Examples: couch, bed, mattress, television, entertainment stand, dinette set, telephone, radio, etc.)

<b>3000: DIRECT OPERATING EXPENSES</b>			-	
	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)	-	

<b>4000: DIRECT FACILITIES &amp; EQUIPMENT</b>			-	
	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)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
4010	Other (specify)	-	

<b>5000: DIRECT SPECIAL EXPENSES</b>		-	
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)	-	

<b>6000: INDIRECT EXPENSES</b>		-	
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)	-	

<b>7000: DIRECT FIXED ASSETS</b>		-	
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
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)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 188,597

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 188,597

BUDGET CHECK: -



**Adult FSP Master Agreement - Sunrise**  
**Turning Point of Central California, 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
			\$ -	\$ -	\$ -

<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS PERCENTAGE:</b>	<b>Admin</b>	<b>Program</b>
	<b>#DIV/0!</b>	<b>#DIV/0!</b>

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 25
2002	Client Housing Support	168,859
2003	Client Transportation & Support	400
2004	Clothing, Food, & Hygiene	2,250
2005	Education Support	38
2006	Employment Support	25
2007	Household Items for Clients	25
2008	Medication Supports	9,550
2009	Program Supplies - Medical	1,625
2010	Utility Vouchers	1,950
2011	Client Building Maintenance	250
2012	Client Therapy	50
2013	Client Activities/Recreation	2,500
2014	Client Personal Needs	250
2015	Client Food	500
2016	Client Furnishings	300
DIRECT CLIENT CARE TOTAL		\$ 188,597

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	s	\$ -
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	\$ 188,597
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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	Turnign Point Sunrise Adult FSP	\$ 188,597
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 188,597

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:	\$ 188,597
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NET PROGRAM COST:	\$ -
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**Adult FSP Master Agreement - Sunrise**  
**Turning Point of Central California, 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>188,597</b>		
2001	Child Care	25	Child Care	
2002	Client Housing Support	168,859	10-7060 Client Housing Assistance: Cost of rent, housing assistance and deposit paid on behalf of client. (Examples: first/last month deposit, late fees, monthly rent, hotel charges, room & board, board & care, etc.)	
2003	Client Transportation & Support	400	10-7015 Client Transportation: Cost for client transportation. (Examples: bus tokens/passes, taxi, other public transportation, bicycles, etc.)	
2004	Clothing, Food, & Hygiene	2,250	10-7021 Client Clothing & Hygiene: Cost of client hygiene supplies and non-work related clothing. (Examples: clothes, shoes, hats, beanies, scarves, soap, toothpaste, deodorant, grooming supplies, hair accessories, diapers, etc.)	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2005	Education Support	38	10-7150 Client Educational Material: Cost of course fees and educational materials distributed to clients and prospective clients. Including court ordered educational class
	2006	Employment Support	25	10-7022 Client Employment Support: Cost of client pre-employment preparation and employment retention. (Examples: job search and interview attire, work boots and tools required for employment, etc.)
	2007	Household Items for Clients	25	Household Items for Clients
	2008	Medication Supports	9,550	10-7030 Client Medical Expense: Cost of medical supplies or treatment/medical expense for a specific client. (Examples: co-pays*, prescription/lab work not covered by insurance, over-the-counter medications*, first aid kit/supplies for client's use at home, etc.) *if allowable per contract
	2009	Program Supplies - Medical	1,625	10-6122 Program Supplies-Medical: Cost of medical supplies to be used by staff or clients at the program location to meet program objective. Such items are to remain at the program location and not sent home with the client. Such items include, but are not limited to first aid kits, blood pressure monitor, latex gloves, syringes, hazard disposal service, sunblock, insect repellent, *over-the-counter medication/vitamins-if allowable per contract*, etc.
	2010	Utility Vouchers	1,950	10-7023 Client Utility/Rental Security Deposits: Cost of client utility bills and/or security deposits.
	2011	Client Building Maintenance	250	10-7190 Client Building Maintenance: Cost of building repair or maintenance paid for on client's behalf. (Examples: handyman work, plumbing, drywall, roofing, carpet cleaning, air/furnace filters, keys, key tags, padlocks, etc.)
	2012	Client Therapy	50	10-7050 Client Therapy: Cost of therapy services not covered by insurance and therapeutic supplies for clients to use outside of the program. (Examples: exercise videos/equipment, relaxation audio/visual recordings, artistic expression supplies, etc.)
	2013	Client Activities/Recreation	2,500	7010 Client Activities/Recreation: Cost for client activities & recreation events. (Examples: cable bill, food/drinks/utensils/decorations needed for a specific client event, incentive rewards, cash reinforcer, admission fees to events, etc.)
	2014	Client Personal Needs	250	7020 Client Personal Needs: Cost of supplying clients with necessary personal items not detailed in other accounts. (Examples: birth certificate, DMV fee for ID or license, clients household cleaning products/house supplies/kitchen supplies for their own home, pots/pans/dishes, linens, locker lock, paper towels and child related expenses such as car seat/stroller/play pin/toys, special food for allergies, reinforcers from P & I funds, laptop, tablet, etc.)
	2015	Client Food	500	7025 Client Food Non-Resident: Cost of food for a particular client to be consumed while off site of program location. (Examples: groceries for client's home, prepared meal, restaurant gift card *w/clients initials/#, etc.)
	2016	Client Furnishings	300	10-7024 Client Furnishings: Cost of purchasing furniture for client's home. (Examples: couch, bed, mattress, television, entertainment stand, dinette set, telephone, radio, etc.)

<b>3000: DIRECT OPERATING EXPENSES</b>			-	
	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)	-	

<b>4000: DIRECT FACILITIES &amp; EQUIPMENT</b>			-	
	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)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
4010	Other (specify)	-	

<b>5000: DIRECT SPECIAL EXPENSES</b>		-	
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)	-	

<b>6000: INDIRECT EXPENSES</b>		-	
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)	-	

<b>7000: DIRECT FIXED ASSETS</b>		-	
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
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)	-	

**TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 188,597**

**TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 188,597**

**BUDGET CHECK: -**

**Adult FSP Master Agreement - D.A.R.T. West**  
**Mental Health Systems, 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	643
2002	Client Housing Support	285,483
2003	Client Transportation & Support	8,683
2004	Clothing, Food, & Hygiene	3,472
2005	Education Support	643
2006	Employment Support	643
2007	Household Items for Clients	5,107
2008	Medication Supports	-
2009	Program Supplies - Medical	2,100
2010	Utility Vouchers	161
2011	Other (specify)	\$ -
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 306,933

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	\$ 306,933
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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	Turn BHS/MHS D.A.R.T. West Adult FSP	\$ 306,933
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 306,933

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:	\$ 306,933
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NET PROGRAM COST:	\$ 0
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**Adult FSP Master Agreement - D.A.R.T. West**  
**Mental Health Systems, 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>306,933</b>	
	2001	Child Care	643	Estimated wrap expenses related to child care for clients
	2002	Client Housing Support	285,483	Estimated expenses for housing support for clients
	2003	Client Transportation & Support	8,683	Cost of transporting clients by staff (mileage reimbursement or gas for vehicles) and bus passes/cards for client transportation needs.
	2004	Clothing, Food, & Hygiene	3,472	Estimated expenses for food & for clothing
	2005	Education Support	643	Estimated wrap expenses related to education support for clients
	2006	Employment Support	643	Estimated wrap expenses related to employment support for clients
	2007	Household Items for Clients	5,107	Estimated wrap expenses related to household items for clients
	2008	Medication Supports	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2009	Program Supplies - Medical	2,100	Medical supplies that consist of miscellaneous items such as latex gloves, cotton, alcohol swipes, etc., in addition to charges for laboratory tests for clients (i.e. blood tests).
	2010	Utility Vouchers	161	Estimated wrap expenses related to utility vouchers for clients
	2011	Other (specify)	-	
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

<b>3000: DIRECT OPERATING EXPENSES</b>			-	
	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)	-	

<b>4000: DIRECT FACILITIES &amp; EQUIPMENT</b>			-	
	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)	-	

<b>5000: DIRECT SPECIAL EXPENSES</b>			-	
	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)	-	

<b>6000: INDIRECT EXPENSES</b>			-	
	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)	-	Insurance, timekeeping, audit fees, corporate costs for processing invoices
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

<b>7000: DIRECT FIXED ASSETS</b>			-	
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	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)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	7007	Other (specify)	-	
	7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	306,933
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TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	306,933
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BUDGET CHECK:	-
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**Adult FSP Master Agreement - D.A.R.T. West**  
**Mental Health Systems, 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	643
2002	Client Housing Support	285,483
2003	Client Transportation & Support	8,683
2004	Clothing, Food, & Hygiene	3,472
2005	Education Support	643
2006	Employment Support	643
2007	Household Items for Clients	5,107
2008	Medication Supports	-
2009	Program Supplies - Medical	2,100
2010	Utility Vouchers	161
2011	Other (specify)	\$ -
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 306,933

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	\$ 306,933
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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	Turn BHS/MHS D.A.R.T. West Adult FSP	\$ 306,933
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ 306,933

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:	\$ 306,933
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NET PROGRAM COST:	\$ 0
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**Adult FSP Master Agreement - D.A.R.T. West**  
**Mental Health Systems, 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>306,933</b>	
	2001	Child Care	643	Estimated wrap expenses related to child care for clients
	2002	Client Housing Support	285,483	Estimated expenses for housing support for clients
	2003	Client Transportation & Support	8,683	Cost of transporting clients by staff (mileage reimbursement or gas for vehicles) and bus passes/cards for client transportation needs.
	2004	Clothing, Food, & Hygiene	3,472	Estimated expenses for food & for clothing
	2005	Education Support	643	Estimated wrap expenses related to education support for clients
	2006	Employment Support	643	Estimated wrap expenses related to employment support for clients
	2007	Household Items for Clients	5,107	Estimated wrap expenses related to household items for clients
	2008	Medication Supports	-	



PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2009	Program Supplies - Medical	2,100	Medical supplies that consist of miscellaneous items such as latex gloves, cotton, alcohol swipes, etc., in addition to charges for laboratory tests for clients (i.e. blood tests).
	2010	Utility Vouchers	161	Estimated wrap expenses related to utility vouchers for clients
	2011	Other (specify)	-	
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

<b>3000: DIRECT OPERATING EXPENSES</b>			-	
	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)	-	

<b>4000: DIRECT FACILITIES &amp; EQUIPMENT</b>			-	
	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)	-	

<b>5000: DIRECT SPECIAL EXPENSES</b>			-	
	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)	-	

<b>6000: INDIRECT EXPENSES</b>			-	
	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)	-	Insurance, timekeeping, audit fees, corporate costs for processing invoices
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

<b>7000: DIRECT FIXED ASSETS</b>			-	
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	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)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	7007	Other (specify)	-	
	7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	306,933
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TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	306,933
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BUDGET CHECK:	-
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