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_____ and is between MENTAL HEALTH SYSTEMS, INC. dba TURN Behavioral Health Services, a private, Non-Profit, 501(c)(3) Corporation (“Contractor”), and the County of Fresno, a political subdivision of the State of California (“County”).

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 7, 2023, the County and the Contractor entered into Agreement No. 23-597(“Amendment No. 1”), which amended the Agreement to reflect the correct scope of work and update the rate sheet to include Supplemental/Add On service codes that were previously added by the DBH Director through her authority on Article 25 of the Agreement to accommodate state mandated rate increases.

E. On January 28, 2025, the County and the Contractor entered into Agreement No. 25-032 (“Amendment No.3”), which amended the Agreement to increase the Mental Health Services Act (MHSA) maximum compensation for housing support funds.

F. On May 6, 2025, the County and the Contractor entered into Agreement No. 25-171 (Amendment No. 4”), which amended the Agreement to increase the maximum compensation due to an increase in billable services which will allow Contractor to continue to submit billing claims for services rendered and received through the entire fiscal year.

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

5 The parties therefore agree as follows:

6 1. **Term.** This Amendment extends the term of the Agreement through September 30,
7 2025. The term of this Agreement may be extended for no more than one three-month period
8 only upon written approval of both parties at least thirty (30) days before the first day of the
9 three-month extension period. The County's DBH Director, or designee, is authorized to sign the
10 written approval on behalf of the County based on the Contractor's satisfactory performance.
11 The extension of this Agreement by the County is not a waiver or compromise of any default or
12 breach of this Agreement by the Contractor existing at the time of the extension whether or not
13 known to the County.

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

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

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

27 "The maximum compensation payable to Contractor under this Agreement for the
28 period of July 1, 2025, through September 30, 2025, for Non-Medi-Cal Supports

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

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

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

13 5. All references in the Agreement to Exhibit G1 shall be deemed references to "Revised
14 Exhibit G1-1," which is attached and incorporated by this reference.

15 6. When both parties have signed this Amendment No. 5, the Agreement, Amendment No.
16 1, Amendment No. 2, Amendment No. 3, Amendment No. 4, and this Amendment No. 5
17 together constitute the Agreement.

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

19 a. The Contractor is duly authorized and empowered to sign and perform its obligations
20 under this Amendment.

21 b. The individual signing this Amendment on behalf of the Contractor is duly authorized
22 to do so and his or her signature on this Amendment legally binds the Contractor to
23 the terms of this Amendment.

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

26 a. An "electronic signature" means any symbol or process intended by an individual
27 signing this Amendment to represent their signature, including but not limited to (1) a
28 digital signature; (2) a faxed version of an original handwritten signature; or (3) an

electronically scanned and transmitted (for example by PDF document) version of an original handwritten signature.

- b. Each electronic signature affixed or attached to this Amendment (1) is deemed equivalent to a valid original handwritten signature of the person signing this Amendment for all purposes, including but not limited to evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as the valid original handwritten signature of that person.
- c. The provisions of this section satisfy the requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1).
- d. Each party using a digital signature represents that it has undertaken and satisfied the requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely upon that representation.
- e. This Amendment is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this Amendment with an original handwritten signature.

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

10. The Agreement as amended by this Amendment No. 5 is ratified and continued. All provisions of the Agreement not amended by this Agreement No. 5 remain in full force and effect.

[SIGNATURE PAGE FOLLOWS]

1 The parties are signing this Amendment No. 5 on the date stated in the introductory
2 clause.

3 Mental Health Systems, Inc. dba TURN
4 Behavioral Health Services

COUNTY OF FRESNO

5 
6 James Callaghan (May 27, 2025 15:39 PDT)
7 James C. Callaghan, Jr., CEO & President

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

8 
9 David Tanner (May 27, 2025 15:38 PDT)
10 David Tanner, VP of Corporate Finance

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

11 9465 Farnham Street
12 San Diego, CA 92123

By: _____
Deputy

13 For accounting use only:

14 Org No.: 56304562
15 Account No.: 7295
Fund No.: 0001
Subclass No.: 10000

Co-Occuring Full Service Partnership
MHS Fresno Impact
Fiscal Year (FY) 2025-26 (July 1, 2025-September 30, 2025)

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101			\$ -	\$ -	\$ -
1102			-	-	-
1103			-	-	-
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
1121			-	-	-
1122			-	-	-
1123			-	-	-
1124			-	-	-
1125			-	-	-
1126			-	-	-
1127			-	-	-
1128			-	-	-
1129			-	-	-
1130			-	-	-
1131			-	-	-
1132			-	-	-
1133			-	-	-
1134			-	-	-
1135			-	-	-
Personnel Salaries Subtotal		0.00	\$ -	\$ -	\$ -
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ -	\$ -	\$ -
1202	Worker's Compensation		-	-	-
1203	Health Insurance		-	-	-
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-

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

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

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

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

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

5000: 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)	-
SPECIAL EXPENSES TOTAL:		\$ -

6000: ADMINISTRATIVE EXPENSES

Acct #	Line Item Description	Amount
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 for Program Purposes)	-
6008	Other (specify)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ -

7000: 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	\$ 173,930
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PROGRAM FUNDING SOURCES

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

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

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

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

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

TOTAL PROGRAM FUNDING SOURCES:	\$ 173,930
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NET PROGRAM COST:	\$ -
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Co-Occuring Full Service Partnership

MHS Fresno Impact

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

Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS			-	
Employee Salaries			-	
	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	-	
	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	-	
	1135	0	-	
Employee Benefits			-	
	1201	Retirement	-	
	1202	Worker's Compensation	-	
	1203	Health Insurance	-	
	1204	Other (specify)	-	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Payroll Taxes & Expenses:			-	
	1301	OASDI	-	
	1302	FICA/MEDICARE	-	
	1303	SUI	-	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
2000: CLIENT SUPPORT			173,930	
	2001	Child Care	143	Estimated wrap expenses related to child care for clients
	2002	Client Housing Support	155,066	Estimated expenses for housing support for clients
	2003	Client Transportation & Support	7,566	Cost of transporting clients by staff (mileage reimbursement or gas for vehicles) and bus passes/cards for client transportation needs.
	2004	Clothing, Food, & Hygiene	7,298	Estimated expenses for food & for clothing
	2005	Education Support	143	Estimated wrap expenses related to education support for clients
	2006	Employment Support	143	Estimated wrap expenses related to employment support for clients
	2007	Household Items for Clients	3,428	Estimated wrap expenses related to household items for clients
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	143	Estimated wrap expenses related to utility vouchers for clients

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2011	Other (specify)	-	
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

3000: 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: FACILITIES & EQUIPMENT				
	4001	Building Maintenance	-	
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	-	
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	-	
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

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

6000: ADMINISTRATIVE EXPENSES				
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
	6008	Other (specify)	-	
	6009	Other (specify)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	

7000: FIXED ASSETS				
	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)	-	

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

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

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 173,930

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 173,930

BUDGET CHECK: -

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

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101			\$ -	\$ -	\$ -
1102			-	-	-
1103			-	-	-
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
1121			-	-	-
1122			-	-	-
1123			-	-	-
1124			-	-	-
1125			-	-	-
1126			-	-	-
1127			-	-	-
1128			-	-	-
1129			-	-	-
1130			-	-	-
1131			-	-	-
1132			-	-	-
1133			-	-	-
1134			-	-	-
1135			-	-	-
Personnel Salaries Subtotal		0.00	\$ -	\$ -	\$ -
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ -	\$ -	\$ -
1202	Worker's Compensation		-	-	-
1203	Health Insurance		-	-	-
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-

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

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

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

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

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

5000: 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)	-
SPECIAL EXPENSES TOTAL:		\$ -

6000: ADMINISTRATIVE EXPENSES

Acct #	Line Item Description	Amount
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 for Program Purposes)	-
6008	Other (specify)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ -

7000: 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	\$ 173,930
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PROGRAM FUNDING SOURCES

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

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

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

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

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

TOTAL PROGRAM FUNDING SOURCES:	\$ 173,930
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NET PROGRAM COST:	\$ -
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Co-Occuring Full Service Partnership

MHS Fresno Impact

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

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS			-	
Employee Salaries			-	
	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	-	
	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	-	
	1135	0	-	
Employee Benefits			-	
	1201	Retirement	-	
	1202	Worker's Compensation	-	
	1203	Health Insurance	-	
	1204	Other (specify)	-	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Payroll Taxes & Expenses:			-	
	1301	OASDI	-	
	1302	FICA/MEDICARE	-	
	1303	SUI	-	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
=Budget FY 25-26 Q2'IB68			173,930	
	2001	Child Care	143	Estimated wrap expenses related to child care for clients
	2002	Client Housing Support	155,066	Estimated expenses for housing support for clients
	2003	Client Transportation & Support	7,566	Cost of transporting clients by staff (mileage reimbursement or gas for vehicles) and bus passes/cards for client transportation needs.
	2004	Clothing, Food, & Hygiene	7,298	Estimated expenses for food & for clothing
	2005	Education Support	143	Estimated wrap expenses related to education support for clients
	2006	Employment Support	143	Estimated wrap expenses related to employment support for clients
	2007	Household Items for Clients	3,428	Estimated wrap expenses related to household items for clients
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	143	Estimated wrap expenses related to utility vouchers for clients

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2011	Other (specify)	-	
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

3000: 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: FACILITIES & EQUIPMENT			-	
	4001	Building Maintenance	-	
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	-	
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	-	
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

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

6000: ADMINISTRATIVE EXPENSES			-	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
	6008	Other (specify)	-	
	6009	Other (specify)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	

7000: FIXED ASSETS			-	
	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)	-	

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

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

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 173,930

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 173,930

BUDGET CHECK: -