

SERVICE AGREEMENT

This Service Agreement (“Agreement”) is dated January 27, 2026 and is between each provider listed in Exhibit A “Provider List,”, collectively referred to as Contractor, and the County of Fresno, a political subdivision of the State of California (“County”).

Recitals

6 A. County, through its Department of Behavioral Health (DBH), is in need of a qualified
7 agency to operate a Children's Full-Service Partnership (FSP) Continuum of Care program
8 including; an FSP program as defined in Title 9 of the California Code of Regulations (C.C.R)
9 sections 32000.130 and 3620, an Intensive Case Management (ICM) program, and an
10 Outpatient (OP) program for underserved or unserved high-risk children between the ages of 0-
11 10 years with Serious Emotional Disturbance (SED);

12 B. County, through its DBH, is a Behavioral Health Plan (BHP) as defined by C.C.R. Title 9,
13 Section 1810.226.

14 C. County has determined that Contractor is qualified and willing to operate said Children's
15 Full-Service Partnership Continuum of Care, including FSP, ICM, and OP levels and provide
16 services pursuant to the terms and conditions of the agreement.

17 D. County entered into Agreement No. 23-276 with Contractor on June 20, 2023, amended
18 by Agreement No. 23-455 on September 5, 2023, and Agreement No. 25-287 on June 24, 2025,
19 which expired September 30, 2025.

20 E. The parties desire to execute this Agreement effective retroactive to October 1, 2025, to
21 evidence the intent and actions of the parties for an agreement of Children's FSP Continuum of
22 Care program services, based on the terms and conditions of Agreement No. 23-276 as
23 amended.

The parties therefore agree as follows:

25 1. **Original Agreement.** Notwithstanding anything to the contrary in Agreement No.
26 23-276 as amended, Agreement No. 23-276 is incorporated herein as though its terms and
27 conditions are fully set forth below, and together with the terms and conditions set forth below,
28 constitute the entire agreement and understanding between Contractor and County concerning

1 the subject matter hereof for the term hereof, and supersede all previous negotiations,
2 proposals, commitments, writings, advertisements, publications, and understandings of any
3 nature whatsoever unless expressly included in and modified by this Agreement.

4 2. **Term.** This Agreement is effective retroactive to October 1, 2025 and terminates
5 on December 31, 2025.

6 3. **Compensation.** The County agrees to pay, and the Contractor agrees to
7 receive, compensation for the performance of its services under this Agreement as described in
8 Exhibit B to this Agreement, titled “Fresno County Department of Behavioral Health Financial
9 Terms and Conditions.” In no event shall services performed under this Agreement be in
10 excess of reimbursement rates during the term of this Agreement.

11 4. **Additional Fiscal Requirements.** The Contractor shall comply with all Fiscal
12 requirements in Exhibit B to this Agreement.

13 5. **Electronic Signatures.** The parties agree that this Agreement may be executed
14 by electronic signature as provided in this section.

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

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

25 (C) The provisions of this section satisfy the requirements of Civil Code section
26 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3,
27 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 Agreement is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this Agreement with an original handwritten signature.

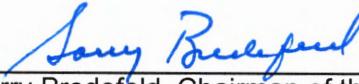
6. **Counterparts.** This Agreement may be signed in counterparts, each of which is an original, and all of which together constitute this Agreement.

7. Because this Agreement is effective retroactive to October 1, 2025, any services that have been performed, and for which compensation or reimbursement of expenses has been paid, prior to the execution of this Agreement are hereby approved and ratified by the parties. Except as modified herein, the terms and conditions of Agreement No. 23-276, as amended, are ratified and restated herein in full, and all remaining terms and conditions contained in Agreement No. 23-276, as amended, that are not modified herein, shall remain in full force and effect during the term of this Agreement.

[SIGNATURE PAGE FOLLOWS]

1 The parties are signing this Agreement on the date stated in the introductory clause.
2

3 COUNTY OF FRESNO
4

5 
6 Garry Bredefeld, Chairman of the Board of
7 Supervisors of the County of Fresno
8

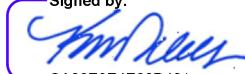
9 **Attest:**
10 Bernice E. Seidel
11 Clerk of the Board of Supervisors
12 County of Fresno, State of California
13

14 By: 
15 Deputy
16

17 For accounting use only:
18

19 Org No.: 56304320
20 Account No.: 7295
21 Fund No.: 0001
22 Subclass No.: 10000
23

1
2 PACIFIC CLINICS

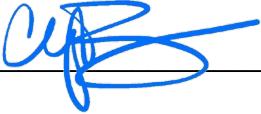
3 Signed by:
4 By: 
CA06E8E4E66D401

5 Print Name: Kim M. Wells

6
7 Title: Chief Legal Officer

8 Date: 12/29/2025

1
2 COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.
3

4 By: 
5

6 Print Name: Cynthia Burton LCSW
7

8 Title: Executive Director
9

10 Date: 12/15/2025
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Bright Beginnings for Families
Full Service Partnership Services for Children Ages 0-10 Years

PROVIDER LIST

Pacific Clinics

251 Llewellyn Avenue
Campbell, CA 95008
Phone: (909) 226-2713
(951) 441-4682
Contact: Maria Murillo, Executive Director-Interior California

Comprehensive Youth Services of Fresno, Inc.

4545 N. West Avenue
Fresno, CA 93705
Phone: (559) 229-3561
Contact: Cynthia Burton, Executive Director

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH FINANCIAL TERMS AND CONDITIONS

Fresno County Department of Behavioral Health is committed to ensuring timely and accurate compensation for the delivery of services in our communities and fulfilling all associated responsibilities of the funding sources related to this Agreement. This document provides guidance on this Agreement's financial terms and conditions, responsibilities of each party, which includes but not limited to, maximum compensation, compensation structure, invoicing, payments, billing, recoupments, audits, reviews, examinations, and other fiscal related requirements.

I. Compensation

The County agrees to pay, and the Contractor agrees to receive, compensation for the performance of its services as described below.

a. Specialty Mental Health Services (SMHS) Maximum Compensation

The maximum compensation payable to Pacific Clinics under this Agreement for the period of October 1, 2025 through December 31, 2025 for SMHS is One Million Two Hundred Thirty-Eight Thousand One Hundred Thirty and No/100 Dollars (\$1,238,130.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Comprehensive Youth Services of Fresno, Inc. under this Agreement for the period of October 1, 2025 through December 31, 2025 for SMHS is Four Hundred Seven Thousand Two Hundred Ninety-Six and No/100 Dollars (\$407,296.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

b. Non-Treatment Supports Maximum Compensation

The maximum compensation for Non-Treatment Supports payable to Pacific Clinics under this Agreement for the period of October 1, 2025 through December 31, 2025 is Two Thousand Four Hundred Eleven and No/100 Dollars (\$2,411.00), which will be reimbursed based on actual cost in accordance with the budget in Exhibit B – Attachment B.

The maximum compensation for Non-Treatment Supports payable to Comprehensive Youth Services of Fresno, Inc. under this Agreement for the period of October 1, 2025 through December 31, 2025 is One Thousand Three Hundred Twelve and No/100 Dollars (\$1,312.00), which will be reimbursed based on actual cost in accordance with the budget in Exhibit B – Attachment B.

c. Total Maximum Compensation

In no event shall the maximum contract amount for all the services provided by the Contractor to County under the terms and conditions of this Agreement be in excess of One

Million Six Hundred Forty-Nine Thousand One Hundred Forty Nine and No/100 Dollars (\$1,649,149.00) during the entire term of this Agreement.

The Contractor acknowledges that the County is a local government entity and does so with notice that the County's powers are limited by the California Constitution and by State law, and with notice that the Contractor may receive compensation under this Agreement only for services performed according to the terms of this Agreement and while this Agreement is in effect, and subject to the maximum amount payable under this section.

The Contractor further acknowledges that County employees have no authority to pay the Contractor except as expressly provided in this Agreement.

d. Fee-For-Service Reimbursement Rate Categories

The services provided by the Contractor under this Agreement shall be reimbursed according to the rate schedule as indicated in Exhibit B – Attachment A, attached hereto and incorporated herein by reference and made part of this Agreement. The Full Service Partnership (FSP) services provided by Pacific Clinics under this Agreement shall be reimbursed according to the FSP rate schedule as indicated on Exhibit B – Attachment A, attached hereto and incorporated herein by reference and made part of this Agreement. The Outpatient and Intensive Case Management services provided by Pacific Clinics under this Agreement shall be categorized as Field Based and the Contractor(s) shall be compensated according to the Field Based rate schedule as indicated on Exhibit B – Attachment A, attached hereto and incorporated herein by reference and made part of this Agreement. The FSP services provided by Comprehensive Youth Services of Fresno, Inc. under this Agreement shall be reimbursed according to the FSP rate schedule as indicated on Exhibit B – Attachment A, attached hereto and incorporated herein by reference and made part of this Agreement. The Outpatient and Intensive Case Management services provided by Comprehensive Youth Services of Fresno, Inc under this Agreement shall be categorized as Field Based and the Contractor(s) shall be compensated according to the Field Based rate schedule as indicated on Exhibit B – Attachment A, attached hereto and incorporated herein by reference and made part of this Agreement:

- i. Clinic-Site Based: Clinic-Site Based programs shall be defined as programs who provide less than fifty percent (50%) of services in the field. In the field services are those services that do not occur through telehealth and do not occur in designated sites in which the Contractor is afforded regular access. Designated sites shall be identified by the Contractor and approved by County's DBH Director or designee in writing. Only billable services will be considered for the purpose of this calculation.

1. Clinic-Sites Based locations are defined as the following SmartCare (EHR) Locations (CMS Places of Service) for this Agreement and will be utilized to calculate the ratio of Clinic-Site Bases to Field Based services: Office, Telehealth Provided Other than in Patient's Home, Telehealth Provided in Patient's Home, and all locations where the mode of delivery is Video Conference/Telephone/Written. All other SmartCare (EHR) Locations (CMS Places of Service) will be considered as Field Based services under this Agreement.
- ii. Field Based: Field based programs shall be defined as programs that provide more than fifty percent (50%) of services in the field.
 1. During the term of this Agreement, Contractor is eligible to submit a proposal for compensation at the Field Based reimbursement rate category ninety (90) days prior to each new fiscal year to County's DBH for consideration. County's DBH will provide a decision to Contractor prior to the start of the next fiscal year. If approved, County's DBH will issue a rate change notification according to the modification section of the agreement and Contractor's performance will be monitored for the Field Based mode of service delivery requirements as outlined above.
 2. If Contractor is deemed eligible to receive compensation at the Field Based reimbursement rates in accordance with the above paragraph and Contractor is subsequently unable to meet the mode of service delivery requirements, as defined above, Contractor will be subjected to recoupment at County's discretion.
 3. County's DBH will complete Field Based mode of service delivery analysis and recoupment reconciliation for said Contractor within ninety (90) days following the end of the targeted quarter or within ninety (90) days after all billable services for the targeted quarter has been entered in the Electronic Health Record (EHR) by the Contractor, whichever is later. The recoupment amount will be the difference in value of any services paid to Contractor throughout the targeted quarter after being reconciled at the respective fiscal year's Clinic-Site Based rate schedule and after any claiming adjustments may have been applied, if any. County's DBH will inform the

Contractor of the result and, if necessary, the recoupment shall be processed and applied based on terms, conditions, and limitations as set forth herein.

4. If Contractor does not meet the Field Based mode of service delivery requirements after any targeted quarterly review, County's DBH shall recommend and reassign the Contractor to the Clinic-Site Based rate category. Contractor may appeal the rate category reassignment to County's DBH within thirty (30) days of receiving notice or the rate category change will stand with a written notification as set forth below.

County's DBH shall continuously monitor the Contractor and analyze data to review accuracy of rate categories assigned. County's DBH Director or designee shall have the authority to reassign rate categories, and the Contractor will be notified in writing of any such changes, as outlined in Article 5.

II. Invoices

The Contractor shall submit monthly invoices, in arrears by the fifteenth (15th) day of each month, in the format directed by the County. The Contractor shall submit invoices electronically to: dbhinvicereview@fresnocountyca.gov; dbh-invoices@fresnocountyca.gov; and the assigned County's DBH Staff Analyst.

At the discretion of County's DBH Director or designee, if an invoice is incorrect or is otherwise not in proper form or substance, County's DBH Director, or designee, shall have the right to withhold payment as to only the portion of the invoice that is incorrect or improper after five (5) days prior notice to Contractor. Contractor agrees to continue to provide services for a period of ninety (90) days after notification of an incorrect or improper invoice. If after the ninety (90) day period, the invoice is still not corrected to County's satisfaction, County's DBH Director, or designee, may elect to terminate this Agreement, pursuant to the termination provisions stated in Article 6 of this Agreement. If County's DBH does not provide notice of incorrect or otherwise improper invoices and causes delay in the reimbursement process, Contractor will follow the escalation process through the County's DBH Finance Division's Invoice Review Team, up to the DBH Finance Division Manager, and including the County's DBH Director and/or designee for the timely reimbursement of payment to Contractor.

Withholdings to an invoice by County's DBH shall be addressed by the Contractor and/or Contractor shall communicate any delays in resolving the incorrect or improper form with

County's DBH within ninety (90) days of receiving notice or the withholdings will stand in perpetuity, or subject to County's discretion.

All final invoices for any fiscal year shall be submitted by Contractor within one hundred and twenty (120) days following the final month for which payment is claimed in that fiscal year. No action may be taken by County on any invoices submitted after one hundred and twenty (120) days of the end of the fiscal year where services are performed.

a. Specialty Mental Health Claimable Services Invoices

For specialty mental health services, invoices shall be based on claims entered into the County's electronic health record (EHR) for the prior month.

Monthly payments for claimable services shall only be based on the units of time assigned to each CPT or HCPCS code entered in the County's billing and transactional database multiplied by the practitioner service rates in Exhibit B – Attachment A.

Any claimable services pending determination from Medicare, OHC, and any other third-party source will not be reimbursed until Explanation of Benefits (EOB) are processed and the balance is transferred to the Medi-Cal coverage plan, and ready to claim to the Medi-Cal coverage plan, or the appropriate coverage plan(s), as deemed appropriate by the Agreement's funding resources or approval by County's DBH. Claimable services that are pending determinations must be addressed and invoiced to County's DBH within one hundred and twenty (120) days following the month of service. Any delays to invoicing must be communicated to and approved by County's DBH within one hundred and twenty (120) days following the month of service or the services may be ineligible for payment at County's discretion.

County's payments to Contractor for performance of claimed services are provisional and subject to adjustment until the completion of all settlement activities. County's adjustments to provisional payments for claimed services shall be based on the terms, conditions, and limitations of this Agreement or the reasons for recoupment set forth herein.

Any claimable services entered into the County's EHR beyond four (4) months from the month of service may be ineligible for payment, subject to the determination of the County.

b. Cost Reimbursement Based Invoices

Invoices for cost reimbursement services shall be based on actual expenses incurred in the month of service. Contractor shall submit monthly invoices and general ledgers to County that itemize the line item charges for monthly program costs. The invoices and general ledgers will serve as tracking tools to determine if Contractor's costs are in accordance with its budgeted

cost. Failure to submit reports and other supporting documentation shall be deemed sufficient cause for County to withhold payments until there is compliance.

Contractor must report all revenue collected from a third-party, client-pay or private-pay in each monthly invoice. In addition, Contractor shall submit monthly invoices for reimbursement that equal the amount due less any revenue collected and/or unallowable cost such as lobbying or political donations from the monthly invoice reimbursements.

c. Corrective Action Plans

Contractor shall enter services into the County's EHR/billing and transactional database and submit invoices in accordance with the specified deadlines, ensuring all information is accurate. Failure to meet the requirements set forth above will result in the implementation of a corrective action plan at the discretion of the County's DBH Director, or designee, and may result in financial penalties or termination of Agreement per Article 6 of this Agreement.

III. Payment

Payments shall be made by County to Contractor in arrears, for services provided during the preceding month, within forty-five (45) days after the date of receipt, verification, and approval by County. All final invoices shall be submitted by Contractor within one hundred and twenty (120) days following the final month of service for which payment is claimed for each fiscal year. No action shall be taken by County on claims submitted beyond the one hundred and twenty (120) day closeout period of each fiscal year. Any compensation which is not expended by Contractor pursuant to the terms and conditions of this Agreement shall automatically revert to County.

Payments shall be made upon certification or other proof satisfactory to the County that services have been performed or actual expenditures incurred by the Contractor, as specified in this Agreement.

a. Incidental Expenses

The Contractor is solely responsible for all of its costs and expenses that are not specified as payable by the County under this Agreement. If Contractor fails to comply with any provision of this Agreement, County shall be relieved of its obligation for further compensation.

b. Applicable Fees

Contractor shall not charge any persons served or third-party payers any fee for service unless directed to do so by the County's DBH Director or designee at the time the individual is referred for services. When directed to charge for services, Contractor shall use the uniform billing and collection guidelines prescribed by DHCS.

Contractor will perform eligibility and financial determinations, in accordance with DHCS' Uniform Method of Determining Ability to Pay (UMDAP), see BHIN 98-13, available at dhcs.ca.gov, for all individuals unless directed otherwise by the County's DBH Director or designee.

Contractor shall not submit a claim to, or demand or otherwise collect reimbursement from, the person served or persons acting on behalf of the person served for any specialty mental health or related administrative services provided under this Agreement, except to collect other health insurance coverage, share of cost, and co-payments (California Code of Regulations, Title 9, §1810.365(c)).

The Contractor must not bill persons served, for covered services, any amount greater than would be owed if the County provided the services directly and otherwise not bill persons served as set forth in 42 C.F.R. § 438.106.

IV. Specialty Mental Health Services Claiming Responsibilities

Contractor shall enter claims data into the County's EHR/billing and transactional database system using the California Mental Health Services Authority (CalMHSA) Smart Care Procedure Codes (available at <https://2023.calmhsa.org/procedure-code-definitions/>) by the fifteenth (15th) of every month for actual services rendered in the previous month. County's EHR/billing and transactional database system will convert the CalMHSA Procedure Codes to Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, as provided in the DHCS Billing Manual available at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, as from time to time amended.

Claims shall be complete and accurate and must include all required information regarding the claimed services. Claims data entry into the County's EHR system shall be the responsibility of Contractor. County shall monitor the volume of services, billing amounts and service types entered into County's EHR system. Any and all audit exceptions resulting from the provision and reporting of specialty mental health services by Contractor shall be the sole responsibility of Contractor. Contractor will comply with all applicable policies, procedures, directives, and guidelines regarding the use of County's EHR/information system.

Contractor must provide all necessary data to allow County to bill Medi-Cal for services and meet State and Federal reporting requirements. The necessary data can be provided by a variety of means, including but not limited to: 1) direct data entry into County's electronic health record/information system; 2) providing an electronic file compatible with County's electronic health record/information system; or 3) integration between County's electronic health

record/information system and Contractor's information system(s). Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all possible Medi-Cal services and correcting denied services for resubmission as needed.

If a person served has dual coverage, such as other health coverage (OHC) or Federal Medicare, Contractor will be responsible for billing the carrier and obtaining a payment/denial or have validation of claiming with no response for ninety (90) days after the claim was mailed. Contractor must report all third-party collections for Medicare, third-party or client-pay or private-pay in each month. A copy of an explanation of benefits or CMS 1500 form (if no response is received from the carrier after 90 days from date of submission of the CMS 1500) is required as documentation. Contractor must comply with all laws and regulations governing the Federal Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C. section 1395 et seq; and 2) the regulation and rules promulgated by the Federal Centers for Medicare and Medicaid Services as they relate to participation, coverage and claiming reimbursement. To the extent they are applicable, Contractor will be responsible for compliance as of the effective date of each Federal, State or local law or regulation specified.

V. Recoupments, Audits, Reviews, and Examinations

County shall recapture from Contractor the value of any services or other expenditures determined to be ineligible based on the County or State monitoring results. The County reserves the right to enter into a repayment agreement with Contractor, with the term of the repayment agreement not to exceed twelve (12) months from the date of the repayment agreement, to recover the amount of funds to be recouped. The County has the discretion to extend the term of repayment plan up to a total of twenty-four (24) months from the date of the repayment agreement. The repayment agreement may be made with the signed written approval of County's DBH Director, or designee, and respective Contractor through a repayment agreement. The monthly repayment amounts may be netted against the Contractor's monthly billing for services rendered during the month, or the County may, in its sole discretion, forego a repayment agreement and recoup all funds immediately. This remedy is not exclusive, and County may seek requital from any other means, including, but not limited to, a separate contract or agreement with Contractor.

Contractor shall be held financially liable for any and all future disallowances/audit exceptions due to Contractor's deficiency discovered through the State audit process and County utilization review for services provided during the course of this Agreement. At County's election, the disallowed amount will be remitted within forty-five (45) days to County upon notification or shall be withheld from subsequent payments to Contractor. Contractor shall not

receive reimbursement for any units of services rendered that are disallowed or denied by the Fresno County MHP utilization review process or claims review process or through the State of California DHCS audit and review process, cost report audit settlement if applicable, for Medi-Cal eligible beneficiaries.

a. Reasons for Recoupment

County will conduct periodic audits of Contractor files to ensure appropriate clinical documentation, that original third-party source documents support costs invoiced under hybrid or cost reimbursement agreements, high quality service provision and compliance with applicable federal, state and county or other funding source regulations.

Such audits may result in requirements for Contractor to reimburse County for services previously paid in the following circumstances:

- i. Identification of Fraud, Waste or Abuse as defined in federal regulation
 1. Fraud and abuse are defined in C.F.R. Title 42, § 455.2 and W&I Code, section 14107.11, subdivision (d).
 2. Definitions for “fraud,” “waste,” and “abuse” can also be found in the Medicare Managed Care Manual available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals>
- ii. Overpayment of Contractor by County due to errors in claiming or documentation.
- iii. Other reasons specified in the SMHS Reasons for Recoupment document released annually by DHCS and posted on the DHCS BHIN website.

Contractor shall reimburse County for all overpayments identified by Contractor, County, and/or state or federal oversight agencies as an audit exception within the timeframes required by law or Country or state or federal agency. Funds owed to County will be due within forty-five (45) days of notification by County, or County shall withhold future payments until all excess funds have been recouped by means of an offset against any payments then or thereafter owing to County under this or any other Agreement between the County and Contractor.

b. Internal Audits/Reviews

Contractor is responsible for ensuring the accuracy of all claims submitted for reimbursement. This includes, but is not limited to, verifying that the services billed are properly documented, correctly coded, and align with applicable SMHS definitions and standards. Contractor must also ensure that all supporting documentation is accurate, complete, and reflects the services actually rendered.

In addition, Contractors with medication prescribing authority shall adhere to County's medication monitoring review practices. Contractor shall provide County with notification and a summary of any internal audit exceptions, and the specific corrective actions taken to sufficiently reduce the errors that are discovered through Contractor's internal audit process. Contractor shall provide this notification and summary to County as requested by the County.

c. Confidentiality in Audit/Review Process

Contractor and County mutually agree to maintain the confidentiality of Contractor's records and information of persons served, in compliance with all applicable State and Federal statutes and regulations, including but not limited to HIPAA and California Welfare and Institutions Code, Section 5328. Contractor shall inform all of its officers, employees, and agents of the confidentiality provisions of all applicable statutes.

Contractor's fiscal records shall contain sufficient data to enable auditors to perform a complete audit and shall be maintained in conformance with standard procedures and accounting principles.

Contractor's records shall be maintained as required by DBH and DHCS on forms furnished by DHCS or the County. All statistical data or information requested by the County's DBH Director or designee shall be provided by the Contractor in a complete and timely manner.

d. Cooperation with Audits/Reviews

Contractor shall cooperate with County in any review and/or audit initiated by County, DHCS, or any other applicable regulatory body. This cooperation may include such activities as onsite program, fiscal, or chart reviews and/or audits.

In addition, Contractor shall comply with all requests for any documentation or files including, but not limited to, files for persons served and personnel files.

Contractor shall notify the County of any scheduled or unscheduled external evaluation or site visits when it becomes aware of such visit. County shall reserve the right to attend any or all parts of external review processes.

Contractor shall allow inspection, evaluation and audit of its records, documents and facilities for ten (10) years from the term end date of this Agreement or in the event Contractor has been notified that an audit or investigation of this Agreement has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later pursuant to 42 C.F.R. §§ 438.3(h) and 438.230I(3)(i-iii).

e. Single Audit Clause

If Contractor expends One Million No/100 Dollars (\$1,000,000.00) or more in Federal and Federal flow-through monies, Contractor agrees to conduct an annual audit in accordance

with the requirements of the Single Audit Standards as set forth in Office of Management and Budget (OMB) 2 CFR 200. Contractor shall submit said audit and management letter to County. The audit must include a statement of findings or a statement that there were no findings. If there were negative findings, Contractor must include a corrective action plan signed by an authorized individual. Contractor agrees to take action to correct any material non-compliance or weakness found as a result of such audit. Such audit shall be delivered to County's DBH Finance Division for review within nine (9) months of the end of any fiscal year in which funds were expended and/or received for the program. Failure to perform the requisite audit functions as required by this Agreement may result in County performing the necessary audit tasks, or at County's option, contracting with a public accountant to perform said audit, or may result in the inability of County to enter into future agreements with Contractor. All audit costs related to this Agreement are the sole responsibility of Contractor.

A single audit report is not applicable if Contractor's Federal contracts do not exceed the One Million and No/100 Dollars (\$1,000,000.00) requirement. If a single audit is not applicable, a program audit must be performed and a program audit report with management letter shall be submitted by Contractor to County as a minimum requirement to attest to Contractor solvency. Said audit report shall be delivered to County's DBH Finance Division for review no later than nine (9) months after the close of the fiscal year in which the funds supplied through this Agreement are expended. Failure to comply with this Act may result in County performing the necessary audit tasks or contracting with a qualified accountant to perform said audit. All audit costs related to this Agreement are the sole responsibility of Contractor who agrees to take corrective action to eliminate any material noncompliance or weakness found as a result of such audit. Audit work performed by County under this paragraph shall be billed to Contractor at County cost, as determined by County's Auditor-Controller/Treasurer-Tax Collector.

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

f. Financial Audit Report Requirements for Pass-Through Entities

If County determines that Contractor is a "subrecipient" (also known as a "pass-through entity") as defined in 2 C.F.R. § 200 et seq., Contractor represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by County as set forth in 2 C.F.R. § 200 et seq., as may be amended from time

to time. Contractor shall observe and comply with all applicable financial audit report requirements and standards.

Financial audit reports must contain a separate schedule that identifies all funds included in the audit that are received from or passed through the County. County programs must be identified by Agreement number, Agreement amount, Agreement period, and the amount expended during the fiscal year by funding source.

Contractor will provide a financial audit report including all attachments to the report and the management letter and corresponding response within six months of the end of the audit year to the County's DBH Director or designee. The County's Director or designee is responsible for providing the audit report to the County Auditor.

Contractor must submit any required corrective action plan to the County simultaneously with the audit report or as soon thereafter as it is available. The County shall monitor implementation of the corrective action plan as it pertains to services provided pursuant to this Agreement.

In the event this Agreement is terminated, Contractor shall be entitled to compensation for all Specialty Mental Health Services (SMHS) satisfactorily provided pursuant to the terms and conditions of this Agreement through and including the effective date of termination. This provision shall not limit or reduce any damages owed to the County due to a breach of this Agreement by Contractor.

VI. Property of County

This section shall only apply to the program components and services provided under Cost Reimbursement. County and Contractor recognize that fixed assets are tangible and intangible property obtained or controlled under County for use in operational capacity and will benefit County for a period more than one (1) year.

a. Agreement Assets

Assets shall be tracked on an agreement-by-agreement basis. All assets shall fall into the "Equipment" category unless funding source allows for additional types of assets. Items of sensitive nature shall be purchased and allocated to a single Agreement. All items containing Health Insurance Portability and Accountability Act (HIPAA)/Protected Health Information (PHI) data are considered sensitive. At a minimum, the following types of items are considered to be assets:

- i. Computers (desktops and laptops);
- ii. Copiers, cell phones, tablets, and other devices with any HIPAA data;
- iii. Modular furniture

- iv. Land
- v. Any items over \$5,000
- vi. Items of \$500 or more with a lifespan of at least two (2) years:
 - 1. Televisions
 - 2. Washers/Dryers
 - 3. Printers
 - 4. Digital Cameras;
 - 5. Other equipment/furniture
 - 6. Items in total when purchased or used as a group fall into one or more of the above categories

Contractor shall ensure proper tracking for contact assets that include the following asset attributes at a minimum:

- i. Description of the asset;
- ii. The unique identifier of the asset if applicable, i.e., serial number;
- iii. The acquisition date;
- iv. The quantity of the asset;
- v. The location of the asset or to whom the asset is assigned;
- vi. The cost of the asset at the time of acquisition;
- vii. The source of grant funding if applicable;
- viii. The disposition date, and
- ix. The method of disposition (surplus, transferred, destroyed, lost).

b. Retention and Maintenance

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

- i. Maintain all items of equipment in good working order and condition, normal wear and tear excepted;
- ii. Label all items of equipment with County assigned program number, to perform periodic inventories as required by County and to maintain an inventory list

- showing where and how the equipment is being used in accordance with procedures developed by County. All such lists shall be submitted to County within ten (10) days of any request therefore; and
- iii. Report in writing to County immediately after discovery, the loss or theft of any items of equipment. For stolen items, the local law enforcement agency must be contacted, and a copy of the police report submitted to County.

c. Equipment Purchase

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

d. Modification of Assets

Contractor must obtain prior written approval from County's DBH whenever there is any modification or change in the use of any property acquired or improved, in whole or in part, using funds under this Agreement. If any real or personal property acquired or improved with said funds identified herein is sold and/or is utilized by Contractor for a use which does not qualify under this Agreement, Contractor shall reimburse County in an amount equal to the current fair market value of the property, less any portion thereof attributable to expenditures of funds not provided under this Agreement. These requirements shall continue in effect for the life of the property. In the event this Agreement expires, the requirements for this paragraph shall remain in effect for activities or property funded with said funds, unless action is taken by the State government to relieve County of these obligations.

VII. Other Financial Requirements

a. Notification of Changes

Contractor shall notify County in writing of any change in organizational name, Head of Service or principal business at least fifteen (15) business days in advance of the change. Contractor shall notify County of a change of service location at least six (6) months in advance to allow County sufficient time to comply with site certification requirements. Said notice shall become part of this Agreement upon acknowledgment in writing by the County, and no further amendment of the Agreement shall be necessary provided that such change of address does not conflict with any other provisions of this Agreement.

Contractor must immediately notify County of a change in ownership, organizational status, licensure, or ability of Contractor to provide the quantity or quality of the contracted services in no event more than fifteen (15) days of the change.

b. Record Maintenance

Contractor shall maintain all records and management books pertaining to service delivery and demonstrate accountability for agreement performance and maintain all fiscal, statistical, and management books and records pertaining to the program. Records should include, but not be limited to, monthly summary sheets, sign-in sheets, and other primary source documents. Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Fiscal records must also comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter 11, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

All records shall be complete and current and comply with all requirements in this Agreement. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding of payments for billings submitted and for termination of this Agreement.

Contractor shall maintain records of persons served and community service in compliance with all regulations set forth by local, state, and federal requirements, laws, and regulations, and provide access to clinical records by County staff.

Contractor shall comply with all local, state, and federal laws and regulations regarding relinquishing or maintaining medical records.

Contractor shall agree to maintain and retain all appropriate service and financial records for a period of at least ten (10) years from the date of final payment, the final date of this Agreement, final settlement, or until audit findings are resolved, whichever is later.

c. Financial Reports

Contractor shall submit audited financial reports on an annual basis to the County. The audit shall be conducted in accordance with Generally Accepted Accounting Principles and generally accepted auditing standards.

d. Agreement Termination

In the event this Agreement is terminated, ends its designated term, or Contractor ceases operation of its business, Contractor shall deliver or make available to County all financial records that may have been accumulated by Contractor or subcontractor under this

Agreement, whether completed, partially completed or in progress within seven (7) calendar days of said termination/end date.

e. Restrictions and Limitations

This Agreement shall be subject to any restrictions, limitations, and/or conditions imposed by County or state or federal funding sources that may in any way affect the fiscal provisions of, or funding for this Agreement. This Agreement is also contingent upon sufficient funds being made available by County, state, or federal funding sources for the term of this Agreement. If the federal or state governments reduce financial participation in the Medi-Cal program, County agrees to meet with Contractor to discuss renegotiating the services required by this Agreement.

Funding is provided by fiscal year. Any unspent fiscal year appropriation does not roll over and is not available for services provided in subsequent years.

In the event that funding for these services is delayed by the State Controller, County may defer payments to Contractor. The amount of the deferred payment shall not exceed the amount of funding delayed by the State Controller to the County. The period of time of the deferral by County shall not exceed the period of time of the State Controller's delay of payment to County plus forty-five (45) days.

f. Additional Financial Requirements

County has the right to monitor the performance of this Agreement to ensure the accuracy of claims for reimbursement and compliance with all applicable laws and regulations.

Contractor must comply with the False Claims Act employee training and policy requirements set forth in 42 U.S.C. 1396a(a)(68) and as the Secretary of the United States Department of Health and Human Services may specify.

Contractor agrees that no part of any federal funds provided under this Agreement shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <https://www.opm.gov/> (U.S. Office of Personnel Management), as from time to time amended.

Federal Financial Participation is not available for any amount furnished to an Excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].

Contractor must maintain financial records for a minimum period of ten (10) years or until any dispute, audit or inspection is resolved, whichever is later. Contractor will be responsible for any disallowances related to inadequate documentation.

g. Contractor Prohibited from Redirection of Contracted Funds

Contractor may not redirect or transfer funds from one funded program to another funded program under which Contractor provides services pursuant to this Agreement except through a duly executed amendment to this Agreement.

Contractor may not charge services delivered to an eligible person served under one funded program to another funded program unless the person served is also eligible for services under the second funded program.

FEE-FOR-SERVICE RATES

**Fee-for-Service rates are established by the Department of Health Care Services. Contractor acknowledges that the provider rates in the table below are all-inclusive rates which account for program operating expenses. This includes, but is not limited to, staff time spent on direct patient care, staff time not spent on direct patient care (e.g. time spent on documentation, travel, and paid time off), total staff compensation (e.g., salaries and wages, benefits, bonuses, and other incentives), vehicle expenses (e.g. gas, maintenance, insurance), training, assets/capital assets, utilities, and any direct and indirect overhead and operating costs. Indirect cost expenses shall be determined by the Contractor under the Fee-for-Service reimbursement structure.

FSP and AOT	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$1,176.12
Physicians Assistant	\$527.47
Nurse Practitioner	\$584.86
RN	\$477.73
Certified Nurse Specialist	\$584.86
LVN	\$250.97
Medical Assistant	\$172.52
Pharmacist	\$562.98
Licensed Psychiatric Technician	\$215.15
Psychologist/Pre-licensed Psychologist	\$473.00
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$306.09
Occupational Therapist	\$407.45
Mental Health Rehab Specialist	\$230.28
Peer Recovery Specialist	\$241.80
Other Qualified Providers - Other Designated MH staff that bill medical	\$230.28

Flat Rate Type	Unit	Maximum Units That Can Be Billed	Rate
Interactive Complexity	15 min per unit	1 per allowed procedure per provider per person	\$18.32
Sign Language/Oral Interpretive Services	15 min per unit	Variable	\$30.92

Field Based (at least 50% of services are provided in the field)	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$1,019.30
Physicians Assistant	\$457.15
Nurse Practitioner	\$506.88
RN	\$414.03
Certified Nurse Specialist	\$506.88
LVN	\$217.50
Medical Assistant	\$149.51
Pharmacist	\$487.92
Licensed Psychiatric Technician	\$186.46
Psychologist/Pre-licensed Psychologist	\$409.93
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$265.28
Occupational Therapist	\$353.13
Mental Health Rehab Specialist	\$199.58
Peer Recovery Specialist	\$209.56
Other Qualified Providers - Other Designated MH staff that bill medical	\$199.58

Flat Rate Type	Unit	Maximum Units That Can Be Billed	Rate
Interactive Complexity	15 min per unit	1 per allowed procedure per provider per person	\$18.32
Sign Language/Oral Interpretive Services	15 min per unit	Variable	\$30.92

Clinic/Site Based (less than 50% of services are provided in the field)	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$940.90
Physicians Assistant	\$421.99
Nurse Practitioner	\$467.89
RN	\$382.18
Certified Nurse Specialist	\$467.89
LVN	\$200.77
Medical Assistant	\$138.01
Pharmacist	\$450.39
Licensed Psychiatric Technician	\$172.11
Psychologist/Pre-licensed Psychologist	\$378.40
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$244.88
Occupational Therapist	\$325.96
Mental Health Rehab Specialist	\$184.23
Peer Recovery Specialist	\$193.44
Other Qualified Providers - Other Designated MH staff that bill medical	\$184.23

Flat Rate Type	Unit	Maximum Units That Can Be Billed	Rate
Interactive Complexity	15 min per unit	1 per allowed procedure per provider per person	\$18.32
Sign Language/Oral Interpretive Services	15 min per unit	Variable	\$30.92

BRIGHT BEGINNINGS FOR FAMILIES
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.
Fiscal Year (FY) 2025-2026 | October 1, 2025 to December 31, 2025

PROGRAM EXPENSES				
1000: DIRECT SALARIES & BENEFITS				
Direct Employee Salaries				
Acct #	Administrative Position	FTE	Admin	Program
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
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	
2002	Client Housing Support	
2003	Client Transportation & Support	262
2004	Clothing, Food, & Hygiene	650
2005	Education Support	400
2006	Employment Support	
2007	Household Items for Clients	
2008	Medication Supports	
2009	Program Supplies - Medical	
2010	Utility Voucher	
2011	Other	
2012	Other	
2013	Other	
2014	Other	
2015	Other	
2016	Other	-
DIRECT CLIENT CARE TOTAL:		\$ 1,312

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%
---------------------------	--------------

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	\$ 1,312
-------------------------------	-----------------

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		\$ 1,312
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
	MHSA TOTAL	\$ 1,312	

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:	\$ 1,312
---------------------------------------	-----------------

NET PROGRAM COST:	\$ -
--------------------------	-------------

BRIGHT BEGINNINGS FOR FAMILIES
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.

Fiscal Year (FY) 2025-2026 | October 1, 2025 to December 31, 2025 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		-	
Administrative Positions		-	
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	-	
Program Positions		-	
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	-	
Direct Employee Benefits		-	
1201	Retirement	-	
1202	Worker's Compensation	-	
1203	Health Insurance	-	
1204	Other (Benefits listed under ARPA Grant)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		-	
1301	OASDI	-	
1302	FICA/MEDICARE	-	
1303	SUI	-	
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		1,312	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	262	Gas cards are distributed to clients who need financial assistance to travel to therapy sessions at the CYS main office. Transportation challenges are a known barrier to accessing mental health services, and this funding ensures that clients can attend their appointments consistently.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2004	Clothing, Food, & Hygiene	650	Gift cards are provided to clients to assist with purchasing essential items such as food, toiletries, and hygiene products. By addressing these basic needs, the funds help alleviate immediate stressors that may hinder a client's focus on mental health treatment. To align with MHSA's focus on health and well-being, the cards are restricted from being used for alcohol, tobacco, firearms, or lottery items. This ensures funds are utilized in a manner consistent with supporting clients' health and stability. By providing this resource, clients experience reduced financial strain, enabling them to focus more fully on their therapeutic goals and mental health improvement.
2005	Education Support	400	Zoo tickets or event tickets are utilized as an incentive for young clients participating in Parent-Child Interaction Therapy (PCIT). These tickets are awarded either after a few sessions or at the program's conclusion to recognize progress, reinforce commitment, and strengthen the therapeutic relationship. By offering enriching family activities such as zoo visits, the program fosters positive family interactions, reinforces learned skills in a real-world setting, and provides clients with meaningful experiences that contribute to emotional well-being.
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Voucher	-	
2011	Other	-	
2012	Other	-	
2013	Other	-	
2014	Other	-	
2015	Other	-	
2016	Other	-	

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

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

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

6000: INDIRECT EXPENSES			
6001	Administrative Overhead	-	
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used	-	
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (Indirect Cost under ARPA Grant)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS	-
7001	Computer Equipment & Software
7002	Copiers, Cell Phones, Tablets, Devices to Contain 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: 1,312

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,312

BUDGET CHECK: -

BRIGHT BEGINNINGS FOR FAMILIES
PACIFIC CLINICS
Fiscal Year (FY) 2025-2026 | 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	
2002	Client Housing Support	195
2003	Client Transportation & Support	313
2004	Clothing, Food, & Hygiene	1,132
2005	Education Support	48
2006	Employment Support	
2007	Household Items for Clients	290
2008	Medication Supports	
2009	Program Supplies - Medical	
2010	Utility Voucher	144
2011	Client Housing Operating Expenditures	289
2012	Other	
2013	Other	
2014	Other	
2015	Other	
2016	Other	-
	DIRECT CLIENT CARE TOTAL	\$ 2,411

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 (<i>Provider-Owned Equipment to be Used for Program Purposes</i>)	
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%
---------------------------	--------------

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	\$ 2,411
-------------------------------	-----------------

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		\$ 2,411
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL		\$ 2,411	

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:	\$ 2,411
---------------------------------------	-----------------

NET PROGRAM COST:	\$ -
--------------------------	-------------

BRIGHT BEGINNINGS FOR FAMILIES
PACIFIC CLINICS

Fiscal Year (FY) 2025-2026 | October 1, 2025 to December 31, 2025 Budget Narrative

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		-	
Administrative Positions		-	
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	-	
Program Positions		-	
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	-	
Direct Employee Benefits		-	
1201	Retirement	-	
1202	Worker's Compensation	-	
1203	Health Insurance	-	
1204	Other (Benefits listed under ARPA Grant)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		-	
1301	OASDI	-	
1302	FICA/MEDICARE	-	
1303	SUI	-	
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT		2,411	
2001	Child Care	-	
2002	Client Housing Support	195	This includes, but is not limited to: housing subsidies for permanent, transitional and temporary housing, master leases, motel and other housing vouchers, rental security deposits, first and last month rental payments, and other fiscal housing supports resources.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2003	Client Transportation & Support	313	This includes bus vouchers and reimbursements for other travel expenses as lack of transportation is frequently a major barrier for families in accessing services. This also includes other non-traditional supports to meet the needs that families may have.
2004	Clothing, Food, & Hygiene	1,132	Supports for these basic needs aids in fully realizing the benefits provided through Full Service Partnerships. In addition to vouchers for these basic necessities, food/snacks for families are provided during treatment sessions.
2005	Education Support	48	This includes, but is not limited to assistance for youth with linkages to educational resources and supports, as well as support in addressing any barriers that impact educational success.
2006	Employment Support	-	
2007	Household Items for Clients	290	Supports the purchase of household items to assist in maintaining a safe, healthy, and secure home environment.
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Voucher	144	Supports emergency assistance with maintaining electricity, gas, water, trash pic-up, etc. to maintain a safe and healthy home environment.
2011	Client Housing Operating Expenditures	289	This includes, but is not limited to building repair and maintenance, utilities, housing agency management fees, insurance, property taxes and assessments, credit reporting fees, and other operating costs incurred in providing child and family housing supports.
2012	Other	-	
2013	Other	-	
2014	Other	-	
2015	Other	-	
2016	Other	-	

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

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

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

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
5005	Other (specify)	-	
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

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

7000: DIRECT FIXED ASSETS -			
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain 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: **2,411**

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: **2,411**

BUDGET CHECK: -